



P.O. Box 840, Buffalo, NY 14240

Dear Mortgage Customer(s):

Thank you for taking the first step towards resolving your mortgage payment difficulties. The following is M&T Bank's loss mitigation application that contains the required application materials. You will need to provide M&T Bank with the required financial information requested in this package and complete the enclosed forms. Upon receipt of your documentation, we will be able to begin our review to determine if you qualify for a loss mitigation option in accordance with investor guidelines.

Important

Investor guidelines may require that we review your file for home retention options first. If you qualify for a home retention option based on your investor guidelines, you may *not* be qualified to participate in a Pre-foreclosure Sale/Short Sale program.

Getting Started

Please see the next page of this loss mitigation application, for a checklist of the documents you are required to complete and return to us. The Borrower Financial Report and other required documents can be sent back to us by Email in PDF format, Fax, or mail as indicated below.

Email: opsmtgsupport@mtb.com

Fax: 1-855-678-0866

Mail: M&T Bank, P.O. Box 840, Buffalo, NY 14240

Our ability to review your request will depend on how quickly you submit a complete application. It is possible that after our review, additional information may be requested from you. A decision will be reached within thirty (30) days from the date M&T Bank receives all of the required documentation to determine if any loss mitigation options are available. If applicable, this would include approval from the mortgage insurance company. If there are any other mortgage loans secured by the above property, please contact that servicer to discuss any available loss mitigation options. Please note that if we receive a completed package from you with 37 or fewer days before your scheduled foreclosure sale date, there is no guarantee that we will be able to evaluate you for loss mitigation assistance in time to stop the foreclosure sale.

Until a decision is made with respect to your loss mitigation assistance request, you may still receive notices and you should make every attempt to continue making your contractual payments during the review process. There is a possibility that the foreclosure process may commence/continue. If you do not intend to retain ownership of your home, understand that the owner of your loan requires that all properties be maintained until closing. Please keep the property in good condition and repair.

If you need any assistance or have any questions, please do not hesitate to contact our Single Point of Contact Team at 1-800-724-1633. Please note, if you have an FHA-insured mortgage and have not received Consumer Credit Counseling, you should contact HUD-approved credit counseling for assistance. To contact one of these agencies in your area, please call 1-800-569-4287 or visit <http://www.hud.gov/counseling>.

Sincerely,

Single Point of Contact Team

Homeowner Assistance Center

Hours: Mon.-Thur. 8am-9pm; Friday 9am-5pm EST

Phone: 1-800-724-1633

Fax: 1-855-678-0866

Payment Processing: P.O. Box 62182, Baltimore, MD 21264-2182

Notices of Error or Information Requests: M&T Bank, P.O. Box 62986, Baltimore, MD 21264-2986

Mortgage account information: 1 800 724 1633, just a click away at mtb.com.

M&T Bank is attempting to collect a debt and any information obtained will be used for that purpose. To the extent your original obligation was discharged, or is subject to an automatic stay of bankruptcy under Title 11 of the United States Code, this correspondence is for compliance or informational purposes only and does not constitute an attempt to collect a debt or to impose personal liability for such obligation. However, M&T Bank retains rights under its security instruments, including the right to foreclose its lien.

The below forms are *required* documents. These must be completed and signed by *all* borrowers:

- Borrower Financial Report** (attached in this package)
- Certification, Authorization and Acknowledgment Form** (attached in this package)
- IRS Form 4506-C** (this allows us to verify tax return information) (attached in this package)

You must also submit:

- Checking and Savings Account(s) Statements for the last two months**
- Proof of all household income (only send in the following documents that apply):**

- Most recent paystubs for the past 30 days including year to date income
- Social Security Statements
- Military Retirement Statements
- Alimony
- Child Support
- Death Benefits
- Real Estate/Rental Income
- Non-Borrower Contribution
- Unemployment Income
- Self-Employment Income
- Public Assistance/Proof of Food Stamp Income
- Other

- Profit and Loss Statement Template (attached in this package: you are only required to complete this if you are self-employed)**

If you do not intend to maintain ownership of the property, the following information may be required to fully evaluate you for other non-home retention options. If you have any of the below, please include them in your Loss Mitigation Application:

- M&T Bank Arm's Length Addendum (attached in this package: must be signed & dated by the seller(s) & buyer(s))**
- Listing Agreement** (current, non-expired listing agreement signed and dated by the sellers)
- Current MLS print out**
- Signed Authorization for a 3rd Party**
- Purchase Contract** (signed and dated by the seller(s) and buyer(s))
- Preliminary HUD-1 Settlement Statement**
- Buyer's Pre-approval Letter or Proof of Funds for a Cash Offer**

If you have an FHA-insured mortgage, please see the attached Pre-Foreclosure Sale Information Sheet for more information if you are unable to maintain ownership of your property.

CL430

Loan Number: _____

Borrower Financial Report

If you are having mortgage payment challenges, please complete and submit this application, along with the required documentation, to M&T Bank via mail: P.O. Box 840, Buffalo, NY 14240-0840, fax: 1-855-678-0866, or email (in PDF format): opsmtgsupport@mtb.com. We will contact you within five business days to acknowledge receipt and let you know if you need to send additional information or documents. Please retain a copy of all documents mailed.

We will use the information you provide to help us identify the assistance you may be eligible to receive. If you need help completing this application, please contact M&T Bank at 1-800-724-1633.

For a list of HUD-approved housing counseling agencies that can provide foreclosure prevention information, contact one of the following federal government agencies:

- The U.S. Department of Housing and Urban Development (HUD) at (800) 569-4287 or www.hud.gov/counseling
- The Consumer Financial Protection Bureau (CFPB) at (855) 411-2372 or www.consumerfinance.gov/mortgagehelp

If you need assistance with translation or other language assistance, HUD-approved housing counseling agencies may be able to assist you. These services are provided without charge.

If the borrower and co-borrower maintain separate households, each should complete a Borrower Financial Report. If there are three or more borrowers, please complete an additional Borrower Financial Report.

Borrower Information

Borrower Information

Borrower's Name: _____

Social Security Number: _____

E-mail Address: _____

Primary Phone Number: _____

Cell Home Work Other

Alternate Phone Number: _____

Cell Home Work Other

Preferred contact method (choose all that apply):

Cell phone Home phone Work phone Email

Are you a service member? Yes No

Have you recently been deployed away from your principal residence or recently received a permanent change of station order? Yes No

Co-Borrower Information

Co-Borrower's Name: _____

Social Security Number: _____

E-mail Address: _____

Primary Phone Number: _____

Cell Home Work Other

Alternate Phone Number: _____

Cell Home Work Other

Preferred contact method (choose all that apply):

Cell phone Home phone Work phone Email

Are you a service member? Yes No

Have you recently been deployed away from your principal residence or recently received a permanent change of station order? Yes No

Property Status

Property Address: _____

Mailing address (if different from property address): _____

- The property is currently: A primary residence A second home An investment property
- The property is (select all that apply): Owner Occupied Renter Occupied Vacant
- I want to: Keep the property Sell the property Transfer ownership of the property to my servicer Undecided

Is the property listed for sale? No Yes – If yes, provide the listing agent's name, phone number and email address:

Current Listing Price: \$ _____ Date Property was listed: _____

Property Information

Escrow and Homeowner Association Fees:

If the mortgage loan is not escrowed, indicate the monthly insurance premium: \$ _____

If the mortgage loan is not escrowed, indicate the tax amount: \$ _____ Yearly Monthly Quarterly Is the property subject to condominium or homeowners' association (HOA) fees? No Yes – If yes, indicate monthly dues: \$ _____

Borrower Employment Status

Borrower Employment Status (check box)

- Self-Employed**
- Date Business Began: _____
- Employed**
- Primary Job – Date of Hire: _____
 Permanent Temporary – If temporary, how many months are you contracted for? _____
 - Secondary Job – Date of Hire: _____
 Permanent Temporary – If temporary, how many months are you contracted for? _____
- Unemployed**
- Date of Unemployment: _____
 - Are you actively seeking employment?
 Yes No
- Leave of Absence**
- Date Anticipated to Return to Work: _____
- Retired**

Co-Borrower Employment Status (check box)

- Self-Employed**
- Date Business Began: _____
- Employed**
- Primary Job – Date of Hire: _____
 Permanent Temporary – If temporary, how many months are you contracted for? _____
 - Secondary Job – Date of Hire: _____
 Permanent Temporary – If temporary, how many months are you contracted for? _____
- Unemployed**
- Date of Unemployment: _____
 - Are you actively seeking employment?
 Yes No
- Leave of Absence**
- Date Anticipated to Return to Work: _____
- Retired**

Household Composition

How many people are living in the household, including **all** adults and children?

1 2 3 4 5 6 More than 6 – if more than 6, how many? _____

Contribution Amount

Amount of funds available toward arrears: \$ _____

Date Available: _____

Provide proof of the funds, such as a bank account or other financial statement.

Bankruptcy Information

Filed for Bankruptcy?

- Yes
 No

If yes, which chapter?

- Chapter 13

 Chapter 7

Filing Date: _____

Bankruptcy Case Number: _____

Attorney's Name and Telephone Number: _____

Discharged Bankruptcy?

- Yes
 No

Date that the Bankruptcy was discharged: _____

Current Borrower Assets

Exclude retirement funds such as a 401(k) or Individual Retirement Account (IRA), and college savings accounts such as a 529 plan.

Checking account(s) and cash on hand	\$
Savings, money market funds, and Certificates of Deposit (CDs)	\$
Stocks and bonds (non-retirement accounts)	\$
Other:	\$

Title

Are you or the co-borrower known by any other name?

Yes No

If yes, what other names are you or the co-borrower known by?

Transfer of Property:

Have you transferred the property (or any interest therein) to another person, company or trust?

Yes No

If yes, what is the name of the other person, company or trust you transferred title to?

Power of Attorney:

Will a Power of Attorney be used?

Yes No

- **If yes, you must provide a Recorded Copy of the Power of Attorney Document.**

Second Lien Information:

If there is a 2nd Lien associated with this property please provide the information below:

Lien Holder's Name: _____

Lien Holder's Phone Number: _____

Amount of Lien: \$ _____

Loan Number: _____

Marital Status

We are collecting the data on this form for the limited purpose for verifying your marital status so that we can determine whether additional signatures (besides yours) are required to close your loss mitigation option should you be approved.

Borrower Marital Status (check box)

Single

Married

- Date of Marriage: _____

- Maiden Name (if applicable):

- Spouse's Full Name (first, middle, last):

Divorced

- Date of Divorce: _____

- **If divorced, please send a Recorded Divorce Decree and Quit Claim Deed**

Separated

- Date of Separation: _____

- **If separated, please send a Recorded Separation Agreement and Quit Claim Deed**

Widowed

- Date of Death of the Deceased: _____

Co-Borrower Marital Status (check box)

Single

Married

- Date of Marriage: _____

- Maiden Name (if applicable):

- Spouse's Full Name (first, middle, last):

Divorced

- Date of Divorce: _____

- **If divorced, please send a Recorded Divorce Decree and Quit Claim Deed**

Separated

- Date of Separation: _____

- **If separated, please send a Recorded Separation Agreement and Quit Claim Deed**

Widowed

- Date of Death of the Deceased: _____

Hardship

The hardship causing mortgage payment challenges began on approximately (date) _____ and is believed to be:

- A one-time occurrence (please explain on the next page)
- Short-term (up to 6 months)
- Long-term or permanent (greater than 6 months)
- Resolved as of (date) _____

750-4009-1219B - Page 4

TYPE OF HARDSHIP (CHECK ALL THAT APPLY) Please note: Types of Hardship Continue onto the next page	REQUIRED HARDSHIP DOCUMENTATION
<input type="checkbox"/> Unemployment	<ul style="list-style-type: none"> ▪ Date of Unemployment: _____
<input type="checkbox"/> Reduction in income: a hardship that has caused a decrease in your income due to circumstances outside your control (e.g., elimination of overtime, reduction in regular working hours, a reduction in base pay, business failure)	<ul style="list-style-type: none"> ▪ Date of reduced income: _____ ▪ Amount reduced: _____ ▪ Explain: _____ _____
<input type="checkbox"/> Increase in housing-related expenses: a hardship that has caused an increase in your housing expenses due to circumstances outside your control (e.g., uninsured losses, increased property taxes, HOA special assessment)	<ul style="list-style-type: none"> ▪ Date of increased expenses: _____ ▪ Amount increased: _____ ▪ Explain: _____ _____
<input type="checkbox"/> Disaster (natural or man-made) impacting the property or borrower's place of employment	<ul style="list-style-type: none"> ▪ Date of Disaster: _____
<input type="checkbox"/> Divorce or legal separation	<ul style="list-style-type: none"> ▪ Final Divorce Decree or Final Separation Agreement AND ▪ Recorded Quit Claim Deed
<input type="checkbox"/> Distant employment transfer/relocation	<ul style="list-style-type: none"> ▪ For active duty service members: Permanent Change of Station (PCS) orders or letter showing transfer. ▪ For employment transfers/new employment: Copy of signed offer letter or notice from employer showing transfer to a new location or written explanation if employer documentation is not applicable, AND ▪ Documentation that reflects the amount of any relocation assistance provided (not required for those with PCS orders)
<input type="checkbox"/> Separation of borrowers unrelated by marriage, civil union, or similar domestic partnership under applicable law	<ul style="list-style-type: none"> ▪ Recorded Quitclaim Deed OR ▪ Legally binding agreement evidencing that the non-occupying borrower or co-borrower has relinquished all rights to the property
<input type="checkbox"/> Long-term or permanent disability, or serious illness of a borrower/co-borrower or dependent family member	<ul style="list-style-type: none"> ▪ Written statement from the borrower, or other documentation verifying disability illness ▪ NOTE: Detailed medical information is not required, and information from a medical provider is not required
<input type="checkbox"/> Death of borrower or death of either the primary or secondary wage earner	<ul style="list-style-type: none"> ▪ Death certificate

Borrower Income

If there has been a change in your monthly income due to your stated hardship, input both the amount before and after the date of hardship to show the change. If your monthly income was not affected by the hardship, or there has been no change, mark N/A in the 'Before Date of Hardship' field.

INCOME TYPE	Before Date of Hardship	Current Income (After Date of Hardship)	REQUIRED INCOME DOCUMENTATION If you have listed an amount for a certain type of income you <u>must</u> provide us with the below corresponding documentation.
Borrower – Gross (pre-tax) wages, salaries and overtime pay, commissions, tips, and bonuses *Seasonal or School District Employees indicate number of months you are paid each year: _____ If you receive bonus/commission, what is the frequency (i.e.: weekly, quarterly, annually): _____ Are there any changes expected in employment status? <input type="checkbox"/> No <input type="checkbox"/> Yes – If yes, please explain: _____	\$	\$	<ul style="list-style-type: none"> You must provide us with the most recent pay stubs for the past 30 days including year to date income
Co-Borrower – Gross (pre-tax) wages, salaries and overtime pay, commissions, tips, and bonuses *Seasonal or School District Employees indicate number of months you are paid each year: _____ If you receive bonus/commission, what is the frequency (i.e.: weekly, quarterly, annually): _____ Are there any changes expected in employment status? <input type="checkbox"/> No <input type="checkbox"/> Yes – If yes, please explain: _____	\$	\$	<ul style="list-style-type: none"> You must provide us with the most recent pay stubs for the past 30 days including year to date income
Self-Employment Income (including 1099 employees) *List each business/1099 separately: #1: _____ #2: _____ #3: _____	\$	\$	<ul style="list-style-type: none"> You must provide us with the most recent yearly or quarterly Profit and Loss Statement signed and dated. You must provide us with the most recently filed Federal Business and Personal tax returns with all schedules signed and dated. You must provide us with all personal and business bank statements for two (2) months within the last 90 days and within the timeframe of the Profit & Loss Statement. If there are business deposits appearing on the personal bank statement, circle and label those deposits. Complete attached Profit & Loss Statement.
C-Corporation	\$	\$	<ul style="list-style-type: none"> You must provide us with both Federal Corporate and Personal Tax Returns with all schedules signed and dated. You must provide us with pay stubs for the last 30 days including year to date income.
Social Security, Pension, Long-Term Disability, Short-Term Disability, Death Benefits, Personal/Retirement <u>Dependent SSI:</u> Name: _____ D.O.B: _____ Name: _____ D.O.B: _____ Name: _____ D.O.B: _____ Total Supplemental SSI: \$ _____	\$	\$	<ul style="list-style-type: none"> You must provide us with documentation showing the amount and frequency of the benefits, such as letters, policy or benefit statements from the provider and documentation showing the receipt of payment, such as copies of the two most recent bank statements showing deposit amounts. If there are deposits appearing on the bank statement, circle and label those deposits. If applicable, please check a box below for the length of time you will be receiving disability: <ul style="list-style-type: none"> <input type="checkbox"/> Short-Term (less than 12 months) <input type="checkbox"/> Long-Term (12 months or greater)

INCOME TYPE CONTINUED

Before
Date of
Hardship

Current
Income
(After Date
Of Hardship)

REQUIRED INCOME DOCUMENTATION

If you have listed an amount for a certain type of income you **must** provide us with the below corresponding documentation.

*Child Support:

List the names and dates of birth for all children for which child support is being received:

Name: _____

D.O.B: _____

\$

\$

- ***You do not have to provide Alimony, Child Support, or Separate Maintenance income or information if you, the borrower or co-borrower, do not wish to have that information considered for the repayment of this loan.**
- If you want this information considered for the repayment of this loan, **you must provide us with** a copy of a divorce decree, separation agreement, or other written legal agreement filed with a court, or court decree that states the amount of the alimony, child support, or separation maintenance payments, and the period of the time over which the payments will be received.
- If you want this information considered for the repayment of this loan, **you must provide us with** copies of your two most recent bank statements or other third-party documents showing receipt of payment.

*Alimony

\$

\$

Unemployment

\$

\$

- **You must provide us with** a copy of award letter, weekly or monthly amount. The letter must include the length of time the benefits are approved for.
- **You must provide us with** an affidavit signed by the Borrower, stating the date that the borrower became unemployed and stating that the Borrower is actively seeking and is available, for employment.

Non-Borrower Contribution

Name: _____

\$

\$

- **You must provide us with** a signed and notarized letter from the contributor stating the amount and frequency of their contribution.
- **Contributor must also sign the Certification, Authorization and Acknowledgement form in this packet.**
- **You must provide us with** proof of receipt of the contribution amount by the borrower, such as copies of the two most recent bank statements showing deposit amounts.
- If there are deposits appearing on the bank statement, circle and label those deposits.

Real Estate/Rental

\$

\$

- **You must provide us with** proof of deposit and a signed lease agreement with valid dates, or a notarized letter from the tenant that includes the address and the amount paid for rent, along with proof of rents received.

Other

\$

\$

- **You must provide us with** documentation to substantiate income source along with proof of funds received.

Borrower Expenses

If there has been a change in your monthly expenses due to your stated hardship, input both the amount before and after the date of hardship to show the change. If the monthly expense was not affected by the hardship, or there has been no change, mark N/A in the 'Before Date of Hardship' field.

EXPENSE TYPE	Before Date of Hardship	Current Expenses (After Date of Hardship)
Installment Debts (monthly payments)	Monthly Expenses	Monthly Expenses
Credit Card	\$	\$
Student Loans	\$	\$
Installment for Car #1	\$	\$
Installment for Car #2	\$	\$
Second Mortgage	\$	\$
Home Equity Loan	\$	\$
Other Loan #1	\$	\$
Other Loan #2	\$	\$
Total	\$	\$

Food, Clothing & Other	Monthly Expenses	Monthly Expenses
Food (out of pocket amount after any food stamps benefits)	\$	\$
Clothing	\$	\$
Laundry & Dry Cleaning	\$	\$
Housekeeping Supplies	\$	\$
Total	\$	\$

Utilities	Monthly Expenses	Monthly Expenses
Electric & Heating Fuel	\$	\$
Water & Sewer	\$	\$
Telephone/Cell Phone	\$	\$
Garbage	\$	\$
Security/Alarm	\$	\$
Cable TV/Satellite/Internet	\$	\$
Total	\$	\$

Transportation # of Vehicles: _____	Monthly Expenses	Monthly Expenses
Gas	\$	\$
Auto Insurance	\$	\$
Parking	\$	\$
Bus Fare	\$	\$
Subway/Train	\$	\$
Car Pool	\$	\$
Car Maintenance	\$	\$
Other	\$	\$
Total	\$	\$

EXPENSE TYPE	Before Date of Hardship	Current Expenses (After Date of Hardship)
Subject Property Expenses (only those expenses that are not escrowed/paid through the monthly mortgage payment)	Monthly Expenses	Monthly Expenses
Taxes (if not escrowed) Frequency: _____	\$	\$
Homeowner's Insurance (if not escrowed) Frequency: _____	\$	\$
HOA or Condo Fee Frequency: _____	\$	\$
Home Maintenance Frequency: _____	\$	\$
Total	\$	\$

Household Rental Expenses (only complete if you do not live in the subject property)	Monthly Expenses	Monthly Expenses
Monthly Rent	\$	\$
Renter's Insurance	\$	\$
Total	\$	\$

Other Miscellaneous	Monthly Expenses	Monthly Expenses
Child Support (if not deducted from pay check)	\$	\$
Alimony (if not deducted from pay check)	\$	\$
Dependents (not living at home)	\$	\$
Tuition/Other School Expenses	\$	\$
Life Insurance (if not deducted from pay)	\$	\$
Health/Dental Insurance (if not deducted from pay)	\$	\$
Medical and Dental (out of pocket)	\$	\$
Religious/Charity Contribution	\$	\$
Child Care	\$	\$
Other	\$	\$
Total	\$	\$

Authorization to release information: You may use the following authorization, at any time, to obtain any information you need in connection with my/our request.

To Whom It May Concern:

1. M&T Bank ("M&T"), any investor that makes or purchases my loan, and the mortgage insurer of my loan (if any), may verify information contained in my application and in other documents required in connection with my loan, either before or after my loan is closed.
2. I authorize you to provide to M&T and to any investor, to the mortgage insurer of my loan (if any), and to the servicer of my loan, any and all information and documentation that they request. Such information includes but is not limited to, employment history and income, any deposit or investment account balances, and credit history.
3. M&T or any investor of my loan or the mortgage insurer of my loan (if any) may address this authorization to any party in possession of any of the above information.
4. A copy of this authorization may be accepted as an original.

Borrower Consent to the Use of Tax Return Information:

Borrower understands, acknowledges, and agrees that the Lender and Other Loan Participants can obtain, use and share Borrower's tax return information for purposes of (i) providing an offer; (ii) originating, maintaining, managing, monitoring, servicing, selling, insuring, and securitizing a loan; (iii) marketing; or (iv) as otherwise permitted by applicable laws, including state and federal privacy and data security laws. The Lender includes the Lender's affiliates, agents, service providers and any of aforementioned parties' successors and assigns. The Other Loan Participants includes any actual or potential owners of a loan resulting from your loan application, or acquirers of any beneficial or other interest in the loan, any mortgage insurer, guarantor, any servicers or service providers for these parties and any of aforementioned parties' successors and assigns.

I further certify that, to the best of my knowledge and belief, the information in this affidavit is true, complete, and correct.

Borrower	Date	SS Number
----------	------	-----------

Co-Borrower	Date	SS Number
-------------	------	-----------

If you are not obligated under the terms of the loan and want to have your financial information considered for this request, please authorize by signing below.

Additional Contributor	Date	SS Number
------------------------	------	-----------

Loan Number _____

Please submit your completed application, together with the required documentation, to M&T Bank via mail: P.O. Box 840, Buffalo, NY 14240-0840, fax: 1-855-678-0866, or email (in PDF format): opsmtgsupport@mtb.com. We will contact you within five business days to acknowledge receipt and let you know if you need to send additional information or documents.

We will use the information you provided to help us identify the assistance you may be eligible to receive.

IVES Request for Transcript of Tax Return

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Request may be rejected if the form is incomplete or illegible.
- ▶ For more information about Form 4506-C, visit www.irs.gov and search IVES.

1a. Name shown on tax return (if a joint return, enter the name shown first)	1b. First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a. If a joint return, enter spouse's name shown on tax return	2b. Second social security number or individual taxpayer identification number if joint tax return

3. Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)

4. Previous address shown on the last return filed if different from line 3 (see instructions)

5a. IVES participant name, address, and SOR mailbox ID
M&T Bank C/O Data Verify, 875 Greentree Road, 8 Parkway Center, Pittsburgh, PA15220

5b. Customer file number (if applicable) (see instructions)

Caution: This tax transcript is being sent to the third party entered on Line 5a. Ensure that lines 5 through 8 are completed before signing. (see instructions)

6. **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request 1040

- a. **Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years
- b. **Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns
- c. **Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years

7. **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

8. Year or period requested. Enter the ending date of the tax year or period using the mm/dd/yyyy format (see instructions)
12 / 31 / 2018 12 / 31 / 2019 / / / /

Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-C on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-C. See instructions.

Sign Here	Signature (see instructions)	Date	Phone number of taxpayer on line 1a or 2a
	Print/Type name		
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	Date	
	Print/Type name		

750-3496-0121F

Instructions for Form 4506-C, IVES Request for Transcript of Tax Return

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506-C and its instructions, go to www.irs.gov and search IVES. Information about any recent developments affecting Form 4506-C (such as legislation enacted after we released it) will be posted on that page.

What's New. Form 4506-C was created to be utilized by authorized IVES participants to order tax transcripts with the consent of the taxpayer.

General Instructions

Caution: Do not sign this form unless all applicable lines have been completed.

Designated Recipient Notification. Internal Revenue Code, Section 6103(c), limits disclosure and use of return information received pursuant to the taxpayer's consent and holds the recipient subject to penalties for any unauthorized access, other use, or redisclosure without the taxpayer's express permission or request.

Taxpayer Notification. Internal Revenue Code, Section 6103(c), limits disclosure and use of return information provided pursuant to your consent and holds the recipient subject to penalties, brought by private right of action, for any unauthorized access, other use, or redisclosure without your express permission or request.

Purpose of form. Use Form 4506-C to request tax return information through an authorized IVES participant. You will designate an IVES participant to receive the information on line 5a.

Note: If you are unsure of which type of transcript you need, check with the party requesting your tax information.

Where to file. The IVES participant will fax Form 4506-C with the approved IVES cover sheet to their assigned Service Center.

Chart for ordering transcripts

If your assigned Service Center is:	Fax the requests with the approved coversheet to:
Austin Submission Processing Center	Austin IVES Team 844-249-6238
Fresno Submission Processing Center	Fresno IVES Team 844-249-6239
Kansas City Submission Processing Center	Kansas City IVES Team 844-249-8128
Ogden Submission Processing Center	Ogden IVES Team 844-249-8129

Specific Instructions

Line 1b. Enter the social security number (SSN) or individual taxpayer identification number (ITIN) for the individual listed on line 1a, or enter the employer identification number (EIN) for the business listed on line 1a.

Line 3. Enter your current address. If you use a P.O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address, or Form 8822-B, Change of Address or Responsible Party — Business, with Form 4506-C.

Line 5b. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

Note. If you use an SSN, name or combination of both, we will not input the information and the customer file number will reflect a generic entry of "9999999999" on the transcript.

Line 8. Enter the end date of the tax year or period requested in mm/dd/yyyy format. This may be a calendar year, fiscal year or quarter. Enter each quarter requested for quarterly returns. Example: Enter 12/31/2018 for a calendar year 2018 Form 1040 transcript.

Signature and date. Form 4506-C must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506-C within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines, including lines 5a through 8, are completed before signing.



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed if unchecked.

Individuals. Transcripts listed on on line 6 may be furnished to either spouse if jointly filed. Only one signature is required. Sign Form 4506-C exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-C can be signed by:

(1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-C but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-C can be signed by any person who was a member of the partnership during any part of the tax period requested on line 8.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Note: If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506-C for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to sign Form 4506-C.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-C will vary depending on individual circumstances. The estimated average time is:

Learning about the law or the form 10 min.
Preparing the form 12 min.
Copying, assembling, and sending the form to the IRS 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-C simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
 Tax Forms and Publications Division
 1111 Constitution Ave. NW, IR-6526
 Washington, DC 20224

Do not send the form to this address. Instead, see Where to file on this page.

Loan Number: _____

PROFIT AND LOSS STATEMENT (MINIMUM OF LAST FULL THREE MONTHS BUT NO MORE THAN 12)

Please complete a separate Profit and Loss Statement for each business owned by the borrower(s)

*This form also needs to be completed if you are a 1099 employee

Company Name: _____

Type of Business: _____ Percentage of Ownership _____%

Check one: Business is All year OR Seasonal If seasonal enter the number of month's _____

For the Period: _____ through _____ Date of business formation: _____
MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY

Name(s) of Business Owner(s): _____

Income:	Gross Sales and Receipts.....	_____
	Costs of Goods Sold.....	_____
Other Income:	Interest, fees earned, etc.....	_____
	Total Income (Gross Sales + Other Income)	_____

Business-Only		
Expenses:	Officer Wages and Salaries How are the wages received? <input type="checkbox"/> W-2 <input type="checkbox"/> Owner draws (if taxes deducted, provide 30-days current paystubs)	_____
	Employee Wages and Salaries	_____
	Payroll Taxes Business	_____
	Utilities	_____
	Business Rent and/or Mortgage Payments Insurance	_____
	Advertising	_____
	Telephone Office	_____
	Expenses	_____
	Repairs and Maintenance	_____
	Business Travel, Meals, and Entertainment Supplies	_____
	Other Business Expenses.....	_____
	Other Business Expenses.....	_____
	Other Business Expenses.....	_____
	Total Business Expenses	_____
	Net Income/Loss: (Total Income minus Total Business Expenses)	_____

Amounts can be verified with my Business Bank Statements Personal Bank Statements

This form accurately states my/our business expenses and self-employed income for the stated period.

Business Owner's Signature

Date

Business Owner's Signature

Date

M&T Bank ARM's Length Addendum – only complete form if there is a purchase offer on the property

Servicer: M&T Bank	Servicer Loan Number: _____
Property Address: _____	
Date of Purchase Contract: _____	
Seller: _____	Buyer: _____
Seller: _____	Buyer: _____
Listing Agent: _____ Company: _____	Buyer's Agent: _____ Company: _____
Listing Broker: _____ Company: _____	Buyer's Broker: _____ Company: _____
Escrow/Closing Agent: _____ Company: _____	Transaction Facilitator (if applicable): _____

This Pre-Foreclosure Sale Addendum ("Addendum") is given by the Seller(s), Buyer(s), Agent(s), and Facilitator/Negotiator to the Mortgagee of the mortgage loan secured by the Property ("Mortgage") in consideration for the mutual and respective benefits to be derived from the pre-foreclosure sale of the Property.

NOW, THEREFORE, the Seller(s), Buyer(s), Agent(s), and Facilitator/Negotiator do hereby represent, warrant and agree under the pains and penalties of perjury, to the best of each signatory's knowledge and belief, as follows:

- (a) The sale of the Property is an "arm's length" transaction, between Seller(s) and Buyer(s) who are unrelated and unaffiliated by family, marriage, or commercial enterprise. Additionally, the transaction is characterized by a selling price and other conditions that would prevail in an open market environment and there are no hidden terms or special understandings that exist between any of the parties involved in the transaction including, but not limited to the buyer, seller, appraiser, broker, sales agent (including, but not limited to the listing agent and seller's agent), closing agent and mortgagee, except where such provision is expressly prohibited by law;
- (b) Any relationship or affiliation by family, marriage or commercial enterprise to the Seller(s) or Buyer(s) by other parties involved in the sale of the Property has been disclosed to the Mortgagee;
- (c) There are no agreements, understandings or contracts between the Seller(s) and Buyer(s) that the Seller(s) will remain in the Property as tenants or later obtain title or ownership of the Property, except that the Seller(s) are permitted to remain as tenants in the Property for a short term, as is common and customary in the market but no longer than ninety (90) days, in order to facilitate relocation, except where such provision is expressly prohibited by law;

M&T Bank ARM's Length Addendum – only complete this form if there is a purchase offer on the property

- (d) Neither the Seller(s) nor the Buyer(s) will receive any funds or commissions from the sale of the Property except that the Seller(s) may receive a payment if it is offered by the Mortgagee, and, if the payment is made at closing of the sale of the Property, reflected on the HUD-1 Settlement Statement;
- (e) There are no agreements, understandings, current or pending higher offers, or contracts relating to the current sale of subsequent sale of the Property that have not been disclosed to the Mortgagee;
- (f) The current sale transaction is a market real estate transaction, and the buyer is making an outright purchase of real property;
- (g) The current sale transactions will be recorded;
- (h) All amounts to be paid to any person or entity, including holders of other liens on the Property, in connection with the pre-foreclosure sale have been disclosed to and approved by the Mortgagee and will be reflected on the HUD-1 Settlement Statement;
- (i) Each signatory understands, agrees and intends that the Mortgagee is relying upon the statements made in the Addendum as consideration for the reduction of the payoff amount of the Mortgage and agreement to the sale of the Property;
- (j) Each signatory who makes a negligent or intentional misrepresentation agrees to indemnify the Mortgagee for any and all loss resulting from the misrepresentation including, but not limited to, repayment of the amount of the reduced payoff of the Mortgage;
- (k) This Addendum and all representations, warranties and settlements made herein will survive the closing of the pre-foreclosure sale transaction;
- (l) Except for the real estate agents and brokers identified in this addendum, the signatories to this agreement can only serve in one capacity in order to be in compliance with HUD's policies on conflicts of interest and arms-length transactions;
- (m) The listing Agent and Listing Broker certify that the subject property was initially listed in the Multiple Listing Service (MLS) for a period of 15 calendar days before any offers were evaluated;
- (n) If multiple offers were under consideration at the time the offer was submitted for acceptance, the Listing Agent and Listing Broker certify that, of all of the offers meeting HUD's guidelines, this offer yield the highest net return; and
- (o) Each signatory certifies that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001. 1010. 1012; 31 U.S.C. 3729. 3802)

M&T Bank ARM's Length Addendum – only complete this form if there is a purchase offer on the property

IN WITNESS WHEREOF, I have subscribed my name this ____ day of _____, 20__.

(Seller's Signature) By: _____

IN WITNESS WHEREOF, I have subscribed my name this ____ day of _____, 20__.

(Seller's Signature) By: _____

IN WITNESS WHEREOF, I have subscribed my name this ____ day of _____, 20__.

(Listing Agent's Signature) By: _____

IN WITNESS WHEREOF, I have subscribed my name this ____ day of _____, 20__.

(Listing Broker's Signature) By: _____

IN WITNESS WHEREOF, I have subscribed my name this ____ day of _____, 20__.

(Buyer's Signature) By: _____

IN WITNESS WHEREOF, I have subscribed my name this ____ day of _____, 20__.

(Buyer's Signature) By: _____

IN WITNESS WHEREOF, I have subscribed my name this ____ day of _____, 20__.

(Buyer's Agent's Signature) By: _____

IN WITNESS WHEREOF, I have subscribed my name this ____ day of _____, 20__.

(Buyer's Brokers' Signature) By: _____

IN WITNESS WHEREOF, I have subscribed my name this ____ day of _____, 20__.

(Transaction Facilitator's Signature (if applicable)) By: _____

IN WITNESS WHEREOF, I have subscribed my name this ____ day of _____, 20__.

(Escrow Closing Agent's Signature) By: _____

Information Sheet

Pre-foreclosure Sale Procedure

U. S. Department of Housing and
Urban Development
Office of Housing
Federal Housing Commissioner

OMB Approval No. 2502-0589
(exp. 12/31/2019)

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Section 1064 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988 authorizes the Secretary to pay an insurance claim that “bridges the gap” between the fair market value proceeds from the HUD-approved third party sale of a property. The respondents are lenders, counselors, and homeowners who are attempting to sell their properties prior to foreclosure. The Privacy Act of 1974 pledges assurances of confidentiality to respondents. HUD generally discloses this data only in response to a Freedom of Information request.

Homeowners who have defaulted on their mortgages often attempt to sell their properties in order to avoid foreclosure and to protect their credit standing. However, because of declining property values in certain areas, some homeowners cannot realize enough from the sale to pay off their mortgage balances.

Therefore, the Department of Housing and Urban Development (HUD) has implemented the Pre-foreclosure Sale (PFS) Program. This program permits homeowners to attempt to sell their home for a fair market sale price, which can be less than the amount owed to the lender. HUD then reimburses the lender for the difference between the sale proceeds and the outstanding mortgage indebtedness.

Homeowners who sell their properties under the PFS Program may also benefit by avoiding the effect of a foreclosure on their credit rating.

Upon review of the homeowner’s financial situation, the lender will determine the type of PFS process for which the homeowner qualifies: (1) Standard PFS, (2) Streamlined PFS, or (3) Streamlined PFS for Servicemembers with Permanent Change of Station Orders.

Once the type of PFS has been determined, there are certain criteria which must be met before the homeowner may be permitted to pursue a PFS.

Homeowners must engage the services of a real estate broker/agent. The real estate broker/agent selected must have no conflict of interest with the homeowner, lender, appraiser, or buyer associated with the PFS transaction. The transaction must be between two unrelated parties and be characterized by a selling price and other conditions that would

prevail in a typical real estate sales transaction. If the homeowner secures a sales contract prior to receiving the Approval to Participate, the homeowner may submit the contract to the lender for consideration of PFS Program approval.

Owner-occupant homeowners who are not required to make minimum cash reserve contributions and successfully sell their properties using this program are relieved of their mortgage obligation and may be entitled to a cash incentive up to \$3,000. The homeowner may apply a portion or the entire amount of the \$3,000 consideration to resolve junior liens and to offset the sales transaction costs not paid by HUD (including a home warranty plan fee, costs of optional repairs, and buyer’s closing expenses). Eligible homeowners are permitted at closing to receive the remaining amount from the aforementioned \$3,000 consideration. This remaining amount may only be used for transition or relocation assistance.

If, after a good faith effort, an acceptable purchase offer is not obtained within the allotted time, the lender may accept a Deed-in-Lieu (DIL) of Foreclosure from the homeowner. While a DIL is less desirable than a PFS on a homeowner’s credit record, it is still looked upon more favorably by creditors than a foreclosure.

By calling this number, **1-800-724-1633**, the homeowner will receive further details from their lender about the procedure and whether they may qualify. **Please NOTE that the homeowner is under no obligation to make this call.**