



## UNIFORM BORROWER ASSISTANCE FORM

If you are experiencing a temporary or long-term hardship and need help, you must complete and submit this form along with other required documentation to be considered for available solutions. On this page, you must disclose information about (1) you and your intentions to either keep or transition out of your home; (2) the property's status; (3) real estate taxes; (4) homeowner's insurance premiums; (5) bankruptcy; (6) your credit counseling agency, and (7) other liens, if any, on your property.

On Page 2 you must disclose information about all of your income, expenses and assets. Page 2 also lists the required income documentation that you must submit in support of your request for assistance. The on Page 3, you must complete the Hardship Affidavit in which you disclose the nature of your hardship. The Hardship Affidavit informs you of the required documentation that you must submit in support of your hardship claim.

**NOTICE: In addition, when you sign and date this form, you will make important certifications, representations and agreements, including certifying that all of the information in this Borrower Assistance Form is accurate and truthful and any identified hardship has contributed to your submission of this request for mortgage relief.**

**REMINDER: The Borrower Response Package you need to return consists of: (1) this completed, signed and dated Borrower Assistance Form; (2) completed and signed IRS Form 4506T-EZ; (3) required income documentation, and (4) required hardship documentation.**

Loan I.D. Number \_\_\_\_\_ (usually found on your monthly mortgage statement)

I want to:             Keep the property             Sell the property             Deed the property to lienholder

The property is currently:     My Primary Residence     Second Home             An Investment Property  
*Provide verification of occupancy (i.e. cable/cell phone bill)*

The property is currently:     Owner Occupied             Renter Occupied             Vacant

Borrower		Co-Borrower/Non-Obligor	
BORROWER'S NAME		CO-BORROWER'S NAME	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE OF BIRTH
HOME PHONE NUMBER WITH AREA CODE		HOME PHONE NUMBER WITH AREA CODE	
CELL OR WORK NUMBER WITH AREA CODE		CELL OR WORK NUMBER WITH AREA CODE	
Selene is authorized to call and text this cell phone number for loss mitigation efforts <input type="checkbox"/> Yes <input type="checkbox"/> No		Selene is authorized to call and text this cell phone number for loss mitigation efforts <input type="checkbox"/> Yes <input type="checkbox"/> No	
BEST TIME TO CALL		BEST PHONE NUMBER TO CALL	
MAILING ADDRESS			
PROPERTY ADDRESS (IF SAME AS MAILING ADDRESS, JUST WRITE SAME)		EMAIL ADDRESS	
Estimated value: \$ _____		Have you contacted a credit counseling agency for help? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the property listed for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please complete the counselor contact information below: Counselor's Name: _____ Agency's Name: _____ Counselor's Phone Number: _____ Counselor's Email Address: _____	
If yes, what was the listing date? _____ Listing Price? \$ _____			
If property has been listed for sale, have you received an offer on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date of offer: _____ Amount of Offer: \$ _____			
Agent's Name: _____			
Agent's Phone Number: _____			
For Sale by Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have condominium or homeowner association (HOA) fees? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Total monthly payment amount: _____ Name and address that fees are paid to? _____			
Have you filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes: <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 13                            Filing Date: _____			
Has your bankruptcy been discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No		Bankruptcy case Number: _____	

## UNIFORM BORROWER ASSISTANCE FORM

Monthly Household Income		Monthly Household Debt		Household Assets (associated with the property and/or borrower(s))		Monthly Household Expenses	
Monthly gross wages	\$	First Mortgage Payment	\$	Checking Account(s)	\$	Food	\$
Overtime	\$	Second Mortgage Payment	\$	Checking Account(s)	\$	Water / Gas / Electric	\$
Child Support / Alimony*	\$	Homeowner's Insurance	\$	Savings or Money Market Acct(s)	\$	Transportation	\$
Non-taxable social security/SSDI	\$	Property Taxes	\$	CDs	\$	Child Care	\$
Taxable SS benefits or other monthly income from annuities or retirement plans	\$	Credit Cards / Installment Loan(s) (total minimum payment per month)	\$	Stocks / Bonds	\$	Life / Auto Insurance	\$
Tips, commissions, bonus and self-employed income	\$	HOA/Condo Fees/Property Maintenance	\$	Other Cash on Hand	\$	Cable/Satellite	\$
Rents Received	\$	Car Lease Payments	\$	Other Real Estate (estimated value)	\$	Religious / Charity	\$
Unemployment Income	\$	Alimony, child support payments	\$	401K / 403B / IRA	\$	MISC Expenses	\$
Food Stamps/Welfare	\$	Mortgage Payments on other properties	\$	Other_____	\$		\$
Other_____	\$	Other_____	\$		\$		\$
<b>Total (Gross income)</b>	<b>\$</b>	<b>Total Debt</b>	<b>\$</b>	<b>Total Assets</b>	<b>\$</b>	<b>Total Expenses</b>	<b>\$</b>

\*Notice: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered for repaying this loan.

Type (Rental, 2nd Home, Primary)	Additional Properties Owned: Address/Mortgage Company	Rents	Mortgage
		\$	\$
		\$	\$
		\$	\$

### Required Income Documentation - For All Household Members and Mortgagors

<input type="checkbox"/> <b>Do you earn a wage?</b> For each borrower who is a salaried employee or hourly wage earner, include the most recent pay stub that reflects at least 30 days of year-to-date earnings for each borrower. <i>(w-2's, tax returns, 2 bank statements (all pages, all accounts))</i> Employer: _____ Date of Hire: _____	<input type="checkbox"/> <b>Are you self-employed?</b> For each borrower who receives self-employed income, include two years of completed, signed individual federal income tax returns and, as applicable, the business tax return; AND either the most recent signed and dated quarterly or year-to-date profit/loss statement that reflects activity for the most recent three months; OR copies of bank statements for all accounts for the last six months evidencing continuation of business activity.
<input type="checkbox"/> <b>Seasonal Worker/Teacher?</b> Annual Start Date: _____ Annual End Date: _____ Average Months worked per yr: _____	
<input type="checkbox"/> <b>Do you have any additional sources of income?</b> Provide for each borrower as applicable: <b>"Other Earned Income" such as bonuses, commissions, housing allowance, tips, or overtime:</b> <input type="checkbox"/> Reliable third-party documentation describing the amount and nature of the income (e.g., paystub, employment contract or printouts documenting tip income). <b>Social Security, disability or death benefits, pension, public assistance, or adoption assistance:</b> <input type="checkbox"/> Documentation showing the amount and frequency of the benefits, such as letters, exhibits, disability policy or benefits statement from the provider, and <input type="checkbox"/> Documentation showing the receipt of payment, such as copies of the two most recent bank statements showing deposit amounts. <b>Rental income:</b> <input type="checkbox"/> Copy of the most recent filed federal tax return with all schedules, including Schedule E—Supplement Income and Loss. Rental income for qualifying purposes will be 75% of the gross rent you reported, reduced by the monthly debt service on the property, if applicable; or <input type="checkbox"/> If rental income is not reported on Schedule E – Supplemental Income and Loss, provide a copy of the current lease agreement with either bank statements or cancelled rent checks demonstrating receipt of rent. <b>Investment income:</b> <input type="checkbox"/> Copies of the two most recent investment statements or bank statements supporting receipt of this income. <b>Alimony, child support, or separation maintenance payments as qualifying income:*</b> <input type="checkbox"/> Copy of 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 time over which the payments will be received, and <input type="checkbox"/> Copies of your two most recent bank statements or other third-party documents showing receipt of payment.	

\*Notice: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered for repaying this loan.



## UNIFORM BORROWER ASSISTANCE FORM

### HARDSHIP AFFIDAVIT

**(provide a written explanation with this request describing the specific nature of your hardship)**

I am requesting review of my current financial situation to determine whether I qualify for temporary or permanent mortgage loan relief options.

**Date Hardship Began is:** \_\_\_\_\_

I believe that my situation is:

- Short-term (under 6 months)  
 Medium-term (6 – 12 months)  
 Long-term or Permanent Hardship (greater than 12 months)

**I am having difficulty making my monthly payment because of reason set forth below:**

*(Please check all that apply and submit required documentation demonstrating your primary hardship)*

If Your Hardship is:	Then the Required Hardship Documentation is:
<input type="checkbox"/> Unemployment Start Date: _____ End Date: _____	<input type="checkbox"/> State Unemployment Letter, Unemployment Compensation Form 1099 G for the time frames listed or tax returns for those year(s)
<input type="checkbox"/> Underemployment	<input type="checkbox"/> Pay stubs, W2's, and Tax Returns for the time frames during which you were underemployed.
<input type="checkbox"/> Income reduction (e.g., elimination of overtime, reduction in regular working hours, or a reduction in base pay)	<input type="checkbox"/> Pay stubs, W2's, and Tax Returns for the time frames during which your income was reduced. Income Before: _____ Incoming After: _____
<input type="checkbox"/> Increase in Household Expenses	<input type="checkbox"/> Tax returns to support increase in number of dependents
<input type="checkbox"/> Divorce or legal separation; Separation of Borrowers unrelated by marriage, civil union or similar domestic partnership under applicable law	<input type="checkbox"/> Divorce decree signed by the court; OR <input type="checkbox"/> Separation agreement signed by the court; OR <input type="checkbox"/> Recorded quitclaim deed evidencing that the non-occupying Borrower or co- Borrower has relinquished all rights to the property
<input type="checkbox"/> Death of a borrower or death of either the primary or secondary wage earner in the household	<input type="checkbox"/> Original Death certificate; OR <input type="checkbox"/> Obituary or newspaper article reporting the death <input type="checkbox"/> Probated Will
<input type="checkbox"/> Long-term or permanent disability; Serious illness of a borrower/co-borrower or dependent family member	<input type="checkbox"/> Doctor's certificate of illness or disability; OR <input type="checkbox"/> Medical bills; OR <input type="checkbox"/> Proof of monthly insurance benefits or government assistance (if applicable)
<input type="checkbox"/> Disaster (natural or man-made) adversely impacting the property or Borrower's place of employment	<input type="checkbox"/> Insurance claim; OR <input type="checkbox"/> Federal Emergency Management Agency grant or Small Business Administration loan; OR <input type="checkbox"/> Borrower or Employer property located in a federally declared disaster area
<input type="checkbox"/> Distant employment transfer	<input type="checkbox"/> <b>For active duty service members:</b> Notice of Permanent Change of Station (PCS) or actual PCS orders. <input type="checkbox"/> <b>For employment transfers/new employment:</b> Copy of signed offer letter or notice from employer showing transfer to a new employment location, Paystub from new employer, or Written explanation (if neither item listed above is applicable). <input type="checkbox"/> <b>In addition, documentation that reflects the amount of any relocation assistance provided, if applicable</b> (not required for those with PCS orders).
<input type="checkbox"/> Business Failure	<input type="checkbox"/> Tax return from the previous year (including all schedules) AND <input type="checkbox"/> Proof of business failure supported by one of the following: <ul style="list-style-type: none"> <li>• Bankruptcy filing for the business; OR</li> <li>• Two months recent bank statements for the business account evidencing cessation of business activity; OR</li> <li>• Most recent signed and dated quarterly or year-to-date profit and loss statement</li> </ul>

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### **Borrower/Co-Borrower Acknowledgement and Agreement**

1. I certify that all of the information in this Borrower Assistance Form is truthful and the hardship(s) identified above has contributed to submission of this request for mortgage relief.
2. I understand and acknowledge that the Servicer, owner or guarantor of my mortgage, or their agent(s) may investigate the accuracy of my statements, may require me to provide additional supporting documentation, and that knowingly submitting false information may violate Federal and other applicable law.
3. I understand the Servicer will obtain a current credit report on all borrowers obligated on the Note.
4. I understand that if I have intentionally default on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this request for mortgage relief or if I do not provide all required documentation, the Servicer may cancel any mortgage relief granted and may pursue foreclosure on my home and/or pursue any available legal remedies.
5. I certify that my property has not received a condemnation notice.
6. I certify that I am willing to provide all requested documents and to respond to all Servicer communications in a timely manner. I understand that time is of the essence.
7. I understand that the Servicer will use this information to evaluate my eligibility for available relief options and foreclosure alternatives, but the Servicer is not obligated to offer me assistance based solely on the representations in this document or other documentation submitted in connection with my request.
8. If I am eligible for a trial period plan, repayment plan, or forbearance plan, and I accept and agree to all terms of such plan, I also agree that the terms of this Acknowledgment and Agreement are incorporated into such plan by reference as if set forth in such plan in full. My first timely payment following my Servicer's determination and notification of my eligibility or prequalification for a trial period plan, repayment plan, or forbearance plan (when applicable) will serve as acceptance of the terms set forth in the notice sent to me that sets forth the terms and conditions of the trial period plan, repayment plan, or forbearance plan.
9. I agree that when the Servicer accepts and posts a payment during the term of any repayment plan, trial period plan, or forbearance plan it will be without prejudice to, and will not be deemed a waiver of, the acceleration of my loan of foreclosure action and related activities and shall not constitute a cure of my default under my loan unless such payments are sufficient to completely cure my entire default under my loan.
10. I agree that any prior waiver as to my payment of escrow items to the Servicer in connection with my loan has been revoked.
11. If I qualify for and enter into a repayment plan, forbearance plan, and trial period plan, I agree to the establishment of an escrow account and the payment of escrow items if an escrow account never existed on my loan.
12. I understand that the Servicer will collect and record personal information that I submit in this Borrower Response Package and during the evaluation process, including, but not limited to, my name, address, telephone number, social security number, credit score, income, payment history, and information about my account balances and activity. I understand and consent to the Servicer's disclosure of my personal information and the terms of any relief or foreclosure alternative that I receive to any investor, insurer, guarantor, or servicer that owns, insures, guarantees, or services my first lien or subordinate lien (if applicable) mortgage loan(s) or to any HUD-certified housing counselor.
13. If I am eligible for foreclosure prevention relief under the federal Making Home Affordable Program, I understand and consent to the disclosure of my personal information and the terms of any Making Home Affordable Agreement by the Servicer to (a) the U.S. Department of the Treasury, (b) Fannie Mae and Freddie Mac in connection with their responsibilities under the Homeowner Affordability and Stability Plan, and (c) companies that perform support services in conjunction with Making Home Affordable.
14. I consent to being contacted concerning this request for mortgage assistance at any cellular or mobile telephone number I have provided to the Lender. This includes text messages, telephone calls and emails to my cellular or mobile telephone.
15. I understand, acknowledge, and agree that the Servicer of my mortgage loan ("Servicer") and Other Loan Participants can obtain, use and share 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 Servicer includes the Servicer'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 sub servicers or service providers for these parties and any of aforementioned parties' successors and assigns.

\_\_\_\_\_  
Borrower Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Borrower Signature

\_\_\_\_\_  
Date

## Additional Income

If you are using additional income from a non-borrower in the review of your loss mitigation package, please have them complete the below. We will use the information they provide to help us identify the assistance you may be eligible to receive.

**Additional Applicant 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  Home  Work  Other

**Additional Applicant 2 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  Home  Work  Other

## Additional Applicant Certification and Agreement

I hereby consent to the servicer or authorized third-party\* obtaining a current credit report for the undersigned additional applicant(s).

\* An authorized third-party may include, but is not limited to, a housing counseling agency, Housing Finance Agency (HFA) or other similar entity that is assisting me in obtaining a foreclosure prevention alternative.

Additional Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Applicant 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Real Estate Fraud Certification<sup>1</sup>

This Certification is being requested by your servicer and is required, for certain additional incentives, by the federal government under, as applicable, the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 *et seq.*), the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203), or the Federal Housing Enterprises Financial Safety and Soundness Act of 1992 (Pub. L. 102-550), as amended by Housing and Economic Recovery Act of 2008 (Pub. L. 110-289) (12 U.S.C. 4501 *et seq.*). Federal law provides that no person shall be eligible to begin receiving assistance from the Making Home Affordable Program, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony larceny, theft, fraud, or forgery, (B) money laundering or (C) tax evasion. Providing the requested Certification is voluntary; however, if you do not provide this Certification, you will not be eligible to receive the sixth year “pay for performance” incentive under the Making Home Affordable Program. Therefore, you are required to furnish this Certification if you wish to receive the sixth year “pay for performance” incentive under the Making Home Affordable Program.

By signing below, I/we represent that I/we have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:

- (a) felony larceny, theft, fraud, or forgery,
- (b) money laundering, or
- (c) tax evasion.

I/we understand that my/our signature below authorizes the servicer to share this Certification with its agents and the U.S. Department of the Treasury, Fannie Mae, Freddie Mac or their respective agents, each of whom may investigate the accuracy of my statements by obtaining a current consumer report, and performing background checks, including automated searches of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/we also understand that knowingly submitting false information may violate Federal law and may result in civil or criminal penalties, as well as loss of benefits or incentives provided under the Making Home Affordable Program and that are posted to my/our mortgage account after the effective date of this Certification. This Certification is effective on the earlier of the date executed as listed below or the date received by your servicer.

I/we also certify under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

_____	_____	_____	_____
Borrower Signature	Social Security Number	Date of Birth	Date Executed
_____	_____	_____	_____
Co-Borrower Signature	Social Security Number	Date of Birth	Date Executed

1

This Certification is being requested by your servicer and is required, for certain additional incentives, by the federal government under, as applicable, the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 *et seq.*), the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203), or the Federal Housing Enterprises Financial Safety and Soundness Act of 1992 (Pub. L. 102-550), as amended by Housing and Economic Recovery Act of 2008 (Pub. L. 110-289) (12 U.S.C. 4501 *et seq.*). Federal law provides that no person shall be eligible to begin receiving assistance from the Making Home Affordable Program, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony larceny, theft, fraud, or forgery, (B) money laundering or (C) tax evasion. Providing the requested Certification is voluntary; however, if you do not provide this Certification, you will not be eligible to receive the sixth year “pay for performance” incentive under the Making Home Affordable Program. Therefore, you are required to furnish this Certification if you wish to receive the sixth year “pay for performance” incentive under the Making Home Affordable Program.



**X. INFORMATION FOR GOVERNMENT MONITORING PURPOSES**

The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under Federal regulations, this lender is required to note the information on the basis of visual observation and surname if you have made this application in person. If you do not wish to furnish the information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the particular type of loan applied for.)

<b>BORROWER</b> <input type="checkbox"/> I do not wish to furnish this information		<b>CO-BORROWER</b> <input type="checkbox"/> I do not wish to furnish this information	
<b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino	<b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino
<b>Race:</b> <input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian <input type="checkbox"/> Black or African American	<b>Race:</b> <input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian <input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White
<b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male		<b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	

To be Completed by Loan Originator:

This information was provided:

- In a face-to-face interview
- In a telephone interview
- By the applicant and submitted by fax or mail
- By the applicant and submitted via e-mail or the Internet

\_\_\_\_\_  
Borrower Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Borrower Signature

\_\_\_\_\_  
Date

\*\*\*\*\*FOR FLORIDA PROPERTIES ONLY\*\*\*\*\*



LOAN NUMBER: \_\_\_\_\_

FEE AGREEMENT FOR LOAN MODIFICATION SERVICES

FLORIDA LAW REQUIRES THAT WE PROVIDE FLORIDA RESIDENTS WITH THIS AGREEMENT ALTHOUGH WE DO NOT CHARGE YOU A FEE FOR LOAN MODIFICATION SERVICES.

THIS AGREEMENT FOR LOAN MODIFICATION SERVICES ("AGREEMENT") IS MADE AND ENTERED INTO THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_, BY AND BETWEEN SELENE FINANCE LP (SELENE) AND \_\_\_\_\_ (BORROWER/S) FOR THE MORTGAGE LOAN MODIFICATION SERVICES DESCRIBED HEREIN.

SELENE IS A MORTGAGE LOAN SERVICER WHOSE ADDRESS IS: 9990 RICHMOND AVENUE, SUITE 400 S, HOUSTON, TEXAS 77042. SELENE IS OFFERING TO ASSIST YOU IN MODIFYING THE LOAN ON YOUR PROPERTY.

SELENE WILL NOT CHARGE YOU A FEE FOR ASSISTING YOU IN MODIFYING YOUR LOAN BUT WILL REQUIRE THAT YOU PROVIDE FINANCIAL INFORMATION SO WE CAN DETERMINE YOUR ABILITY TO QUALIFY FOR A MODIFICATION.

SELENE WILL REQUEST A CREDIT REPORT TO CONFIRM YOUR DEBTS AND SUBMIT A PACKAGE TO THE NOTE HOLDER FOR REVIEW AND APPROVAL. SELENE CANNOT GUARANTEE THAT THE NOTE HOLDER WILL AGREE TO MODIFY THE LOAN BUT IF THE NOTE HOLDER AGREES, WE WILL CONTACT YOU TO PROVIDE THE TERMS AND FORWARD THE MODIFICATION AGREEMENT TO YOU FOR EXECUTION.

YOU MAY CANCEL THIS AGREEMENT FOR LOAN MODIFICATION SERVICES WITHOUT ANY PENALTY OR OBLIGATION WITHIN THREE (3) BUSINESS DAYS AFTER THE DATE THE AGREEMENT IS SIGNED BY YOU.

THE LAW REQUIRES THAT THE LOAN ORIGINATOR, MORTGAGE BROKER, OR MORTGAGE LENDER IS PROHIBITED FROM ACCEPTING ANY MONEY, PROPERTY, OR OTHER FORM OF PAYMENT FROM YOU UNTIL ALL PROMISED SERVICES HAVE BEEN COMPLETED. IF FOR ANY REASON YOU HAVE PAID THE CONSULTANT BEFORE CANCELLATION, YOUR PAYMENT MUST BE RETURNED TO YOU WITHIN (10) BUSINESS DAYS AFTER THE CONSULTANT RECEIVES YOUR CANCELLATION NOTICE. THIS DOES NOT APPLY IN THIS CASE BECAUSE SELENE DOES NOT CHARGE ANY FEE FOR MODIFICATION SERVICES.

IF YOU WANT TO CANCEL THIS AGREEMENT, PLEASE SEND A SIGNED AND DATED STATEMENT THAT YOU ARE CANCELING THE AGREEMENT TO SELENE AT 9990 RICHMOND AVENUE, SUITE 400 SOUTH, HOUSTON, TEXAS 77042.

IMPORTANT: THE LAW ALSO REQUIRES THAT WE ADVISE YOU THAT IT IS RECOMMENDED THAT YOU CONTACT YOUR MORTGAGE LENDER OR MORTGAGE SERVICER BEFORE SIGNING THIS AGREEMENT. YOUR LENDER OR SERVICER MAY BE WILLING TO NEGOTIATE A PAYMENT PLAN OR A RESTRUCTURING WITH YOU FREE OF CHARGE. IN THIS CASE, SELENE IS YOUR MORTGAGE SERVICER AND WE DO NOT CHARGE YOU A FEE FOR THESE SERVICES.

\_\_\_\_\_  
BORROWER SIGNATURE DATE SIGNED

\_\_\_\_\_  
CO-BORROWER SIGNATURE DATE SIGNED



### Third Party Authorization

Borrower Information	
First Name	
Last Name	
Last 4 Digits – Social Security Number	
Co-Borrower Information	
First Name	
Last Name	
Last 4 Digits – Social Security Number	
Property Address	
Street	
City/State/Zip Code	
Loan Information	
Loan Number	
Mortgage Company Name	<i>Selene Finance LP</i>

I/We am/are the borrower(s) on the above referenced loan.

By signing below, I/we hereby authorize Selene Finance LP to discuss the loan with the following individual/company:

Authorized Individual or Company	
Street	
City/State/Zip	
Phone Number	

This authorization will remain in effect until I send written notice to Selene Finance LP that the authorization is revoked.

Borrower Signature:	Date Signed
Borrower Printed Name:	
Co-Borrower Signature:	Date Signed
Co-Borrower Printed Name:	

# 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](http://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

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 \_\_\_\_\_

a. <b>Return Transcript</b> , 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	<input type="checkbox"/>
b. <b>Account Transcript</b> , 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	<input type="checkbox"/>
c. <b>Record of Account</b> , 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	<input type="checkbox"/>

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)

/ / / / / / / / / /

**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.**

<b>Sign Here</b>	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		

# 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](http://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.