

# Loss Mitigation Application Homeowner Checklist

For Your Information Only - Do Not Return with your Loss Mitigation Application

**GET STARTED** – use this checklist to ensure you have completed all required forms and have the right information.

<b>Step 1</b>	<input type="checkbox"/> <b>Review the information provided to help you understand your options, responsibilities, and next steps:</b> <input type="checkbox"/> Avoiding Foreclosure <input type="checkbox"/> Frequently Asked Questions <input type="checkbox"/> Beware Foreclosure Rescue Scams			
<b>Step 2</b>	<input type="checkbox"/> <b>Complete and sign the enclosed Loss Mitigation Application.</b> Must be signed by all borrowers on the mortgage (notarization is not required) and must include: <input type="checkbox"/> All income, expenses, and assets for each borrower. <input type="checkbox"/> An explanation of the financial hardship that makes it difficult to pay the mortgage. <input type="checkbox"/> Your acknowledgment and agreement that all information that you provide is true and accurate.			
<b>Step 3</b>	<input type="checkbox"/> <b>Complete and sign a dated copy of the enclosed IRS 4506-C Form.</b> <input type="checkbox"/> For each borrower, please submit a signed, dated copy of IRS 4506-C Form. <input type="checkbox"/> For borrowers who filed their tax returns jointly, please submit one IRS 4506-C Form signed and dated by both joint filers.			
<b>Step 4</b>	<input type="checkbox"/> <b>Provide the required Hardship Documentation that will be used to verify your hardship.</b> <input type="checkbox"/> Follow the instructions set forth on the Loss Mitigation Application Form (enclosed).			
<b>Step 5</b>	<input type="checkbox"/> <b>Provide required Income Documentation. This documentation will be used to verify your hardship and all of your income (Notice: Alimony, child support, or separate maintenance income does not need to be revealed if you choose not to have it considered for repaying this loan).</b> <input type="checkbox"/> Follow the instructions set forth on the Loss Mitigation Application Form (enclosed). <input type="checkbox"/> You may also disclose any income from a household member who is not on the promissory note (non-borrower contributor), such as a relative, spouse, domestic partner, or fiancé who occupies the property as a primary residence. If you elect to disclose and rely upon this income to qualify, the required income documentation is the same as the income documentation required for a borrower. See Page 4 of the Loss Mitigation Application Form for specific details on income documentation.			
<b>Step 6</b>	<input type="checkbox"/> <b>Gather and send completed documents (signed and dated)—your Loss Mitigation Application.</b> You must send in all required documentation listed in steps 2-4 above, and summarized below: <ul style="list-style-type: none"><li>▪ <b>Loss Mitigation Application Form (enclosed).</b></li><li>▪ <b>Hardship Documentation as outlined on Page 3 of the Loss Mitigation Application Form (enclosed).</b></li><li>▪ <b>Income Documentation as outlined on Page 4 of the Loss Mitigation Application Form (enclosed).</b></li><li>▪ <b>Detailed Loss Mitigation Application—Financial Breakdown Form (enclosed).</b></li><li>▪ <b>IRS 4506-C Form (enclosed).</b></li><li>▪ <b>Optional: Third Party Authorization (enclosed).</b></li></ul> Please send all documents above to us using any of the methods below: <table border="0" style="width: 100%;"><tr><td style="text-align: center;"><u><b>By Mail</b></u> Loss Mitigation W-110-2 5151 Corporate Drive Troy, MI 48098</td><td style="text-align: center;"><u><b>Online</b></u> flagstar.com/myloans</td><td style="text-align: center;"><u><b>Toll-Free Fax:</b></u> (866) 234-9845</td></tr></table>	<u><b>By Mail</b></u> Loss Mitigation W-110-2 5151 Corporate Drive Troy, MI 48098	<u><b>Online</b></u> flagstar.com/myloans	<u><b>Toll-Free Fax:</b></u> (866) 234-9845
<u><b>By Mail</b></u> Loss Mitigation W-110-2 5151 Corporate Drive Troy, MI 48098	<u><b>Online</b></u> flagstar.com/myloans	<u><b>Toll-Free Fax:</b></u> (866) 234-9845		

## IMPORTANT REMINDERS:

- If you cannot provide the documentation within the time frame provided, have other types of income not specified on Page 4 of the Loss Mitigation Application, cannot locate some or all of the required documents, OR have any questions, please call us at (800) 393-4887, Monday through Friday 8:30 a.m. - 9 p.m. ET.
- Keep a copy of all documents and proof of mailing/submission for your records. **Don't send original income or hardship documents. Copies are acceptable.**
- **You can complete the loss mitigation application conveniently online through your account (flagstar.com/myloans).**

**Questions? Call us at (800) 393-4887**

## Information on Avoiding Foreclosure

### For Your Information Only - Do Not Return with Your Loss Mitigation Application

#### Mortgage Programs Are Available to Help

There are a variety of programs available to help you resolve your delinquency and keep your home. You may be eligible to refinance or modify your mortgage to make your payments and terms more manageable, for instance, lowering your monthly payment to make it more affordable. Or, if you have missed a few payments, you may qualify for a temporary (or permanent) solution to help you get your finances back on track. Depending on your circumstances, staying in your home may not be possible. In this case, a short sale or deed-in-lieu of foreclosure may be a better choice than foreclosure – see the table below for more information:

OPTIONS TO STAY IN YOUR HOME	OVERVIEW	BENEFIT
<b>Refinance</b>	Receive a new loan with lower interest rate or other favorable terms.	Makes your payment or terms more affordable.
<b>Reinstatement</b>	Pay the total outstanding payments owed, in a lump sum, by a specific date. This may follow a forbearance plan as described below.	Allows you to avoid foreclosure by bringing your mortgage current if you can show you have funds that will become available at a specific date in the future.
<b>Repayment Plan</b>	Pay back your past-due payments together with your regular payments over an extended period of time.	Allows you time to catch up on late payments without having to come up with a lump sum.
<b>Forbearance Plan</b>	Make reduced mortgage payments or no mortgage payments for a specific period of time.	Have time to improve your financial situation and get back on your feet.
<b>Modification</b>	Receive modified terms of your mortgage to make it more affordable or manageable after successfully making payments during a “trial period” (that is, completing a three- or four-month trial period plan) that approximate the modified payment.	Permanently modifies your mortgage so that your payments or terms are more manageable as a permanent solution to a long-term or permanent hardship.
OPTIONS TO LEAVE YOUR HOME	OVERVIEW	BENEFIT
<b>Short Sale</b>	Sell your home and pay off a portion of your mortgage balance when you owe more on the home than it is worth.	Allows you to transition out of your home without going through foreclosure. In some cases, relocation assistance may be available.
<b>Mortgage Release (Deed-in-Lieu of Foreclosure)</b>	Transfer the ownership of your property to us.	Allows you to transition out of your home without going through foreclosure. In some cases, relocation assistance may be available.

#### We Want to Help

Take action and gain peace of mind and control of your situation. Complete and return the Loss Mitigation Application to start the process of getting the help you need now.

## Frequently Asked Questions

### For Your Information Only - Do Not Return with Your Loss Mitigation Application

#### 1. Why Did I Receive this Package?

You received this package because you have either requested loss mitigation assistance, or because we have not received one or more of your monthly mortgage payments and want to help you keep your home if at all possible. By completing this package, we can work together at exploring options that may help resolve any temporary or long-term financial challenge you face in making your mortgage payments.

#### 2. Where Can I Find More Information on Foreclosure Prevention?

Please see the Avoiding Foreclosure enclosure in this package for more information, or you can call us at **(800) 393-4887**.

#### 3. What if I Don't Want to Stay in My Home Anymore?

You may have good reasons for needing to leave your property, such as a job relocation, a divorce, financial hardship due to the death of a borrower, or some other reason preventing you from keeping your property. If you intend to transition out of your home, please indicate that you want to sell or vacate the property on page 2 of the attached Loss Mitigation Application and we may first evaluate you for a short sale or Mortgage Release (deed-in-lieu of foreclosure). Even if you are approved for one of those workout solutions, we may consider you for a mortgage loan modification.

#### 4. Will it Cost Money to Get Help?

There should never be a fee from your servicer or qualified counselor to obtain assistance or information about foreclosure prevention options. However, foreclosure prevention has become a target for scam artists. Be wary of companies or individuals offering to help you for a fee, and never send a mortgage payment to any company other than the one listed on your monthly mortgage statement or one designated to receive your payments under a state assistance program.

#### 5. What Happens Once I Have Sent the Loss Mitigation Application to You?

We will send you a written notice within five business days of our receipt of your Loss Mitigation Application to confirm that we have received your package and will review it to determine whether it is complete or incomplete. If we determine there is missing information or documentation, we also will send you an incomplete information notice. We cannot guarantee that you will receive any (or a particular type of) assistance.

Within 30 days of receipt of a complete Loss Mitigation Application, we will let you know which foreclosure alternatives, if any, are available to you and will inform you of your next steps to accept our offer. However, if we receive your complete Loss Mitigation Application 37 calendar days or less before a scheduled foreclosure sale date, we will strive to process your request as quickly as possible, but you may not receive a notice of incompleteness or a decision on your request prior to sale. Please submit your Loss Mitigation Application as soon as possible.

#### 6. What Happens to My Mortgage While You Are Evaluating My Loss Mitigation Application?

You remain obligated to make all mortgage payments as they come due, even while we are evaluating the types of assistance that may be available.

#### 7. Will the Foreclosure Process Begin if I Do Not Respond to this Letter?

Depending on the status of your loan if you do not respond to this letter, we may refer your loan to foreclosure in accordance with your mortgage loan documents and applicable law.

#### 8. Should I Still Contact You if I Have Waited Too Long and My Property Has Been Referred to an Attorney for Foreclosure?

Yes, the sooner the better!

## FREQUENTLY ASKED QUESTIONS continued

### 9. What if My Property is Scheduled for a Foreclosure Sale in the Future?

If we receive a complete Loss Mitigation Application 37 calendar days or less before a scheduled foreclosure sale, there is no guarantee we can evaluate you for a foreclosure alternative in time to stop the foreclosure sale. Even if we are able to approve you for a foreclosure alternative prior to a sale, a court with jurisdiction over the foreclosure proceeding (if any) or public official charged with carrying out the sale may not halt the scheduled sale.

### 10. Will My Property be Sold at a Foreclosure Sale if I Accept a Foreclosure Alternative?

No. The property will not be sold at a foreclosure sale if you accept an offer for an alternative to foreclosure and comply with all requirements.

### 11. Will My Credit Report Be Affected by My Late Payments or Being in Default?

The delinquency status of your loan will continue to be reported to credit reporting agencies as well as your entry into a Repayment Plan, Forbearance Plan, or Trial Period Plan in accordance with the requirements of the Fair Credit Reporting Act and the Consumer Data Industry Association requirements.

### 12. Will My Credit Score Be Affected if I Accept a Foreclosure Prevention Option?

While the effect on your credit will depend on your individual credit history, credit scoring companies generally would consider your entry into a plan with reduced payments as increasing your credit risk. As a result, entering into a plan with reduced payments may adversely affect your credit score, particularly if you are current on your mortgage or otherwise have a good credit score. However, bringing your loan current through a reinstatement, Repayment Plan, or loan modification and continuing to make timely payments may improve your credit score over time.

### 13. Is Foreclosure Prevention Counseling Available?

Yes, HUD-approved counselors are available to provide you with the information and assistance you may need to avoid foreclosure. You can use the search tool at [hud.gov/offices/hsg/sfh/hcc/fc/](https://hud.gov/offices/hsg/sfh/hcc/fc/) to find a counselor near you.

### 14. I Have Seen Ads and Flyers from Companies Offering to Help Me Avoid Foreclosure for a Fee. Are These Companies on the Level?

Foreclosure prevention has become a target for scam artists. We suggest using the HUD website referenced in question 13 to locate a counselor near you. Also, please refer to the enclosed "Beware of Foreclosure Rescue Scams" document for more information.

## BEWARE OF FORECLOSURE RESCUE SCAMS — TIPS & WARNING SIGNS

### For Your Information Only - Do Not Return with Your Loss Mitigation Application

Scam artists are stealing millions of dollars from distressed homeowners by promising immediate relief from foreclosure, or demanding cash for counseling services when HUD-approved counseling agencies provide the same services for FREE. If you receive an offer, information or advice that sounds too good to be true, it probably is. Don't let them take advantage of you, your situation, your house, or your money. **Remember, help is FREE.**

**How to Spot a Scam** – beware of a company or person who:

- Asks for a fee in advance to work with your lender to modify, refinance, or reinstate your mortgage.
- Guarantees they can stop a foreclosure or get your loan modified.
- Advises you to stop paying your mortgage company and pay them instead.
- Pressures you to sign over the deed to your home or sign any paperwork that you haven't had a chance to read or don't fully understand.
- Claims to offer "government-approved" or "official government" loan modifications.
- Asks you to release personal financial information online or over the phone and you have not been working with this person and/or do not know them.

**How to Report a Scam** – do one of the following:

- Call (888) 995-HOPE (4673) and tell the counselor about your situation and that you believe you got scammed or know of a scam.
- Call the Federal Trade Commission at (877) 382-4357 to report the suspected scam.
- Contact your state's attorney general. Visit [naag.org/attorneys\\_general.php](http://naag.org/attorneys_general.php) to find the attorney general for your state.
- Contact your state's Consumer Protection Offices. Visit [usa.gov/state-consumer](http://usa.gov/state-consumer) to find the Consumer Protection Offices for your state.

*The Loan Modification Scam Prevention Network is a national coalition of governmental and private organizations led by Fannie Mae, Freddie Mac, NeighborWorks America™ and the Lawyers' Committee for Civil Rights Under Law.*

Loan Number: \_\_\_\_\_

## Loss Mitigation Application

If you are having mortgage payment challenges, please complete and submit this application, along with the required documentation, via mail to: **Loss Mitigation Department, W-110-2, 5151 Corporate Dr., Troy, MI 48098**, online: **flagstar.com/myloans** or fax: **(866) 234-9845**. 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 include your loan number on all pages submitted for review.

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 call us at **(800) 393-4887**.

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 [hud.gov/counseling](http://hud.gov/counseling).
- The Consumer Financial Protection Bureau (CFPB) at (855) 411-2372 or [consumerfinance.gov/mortgagehelp](http://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.

### Borrower Information

**Borrower's Name:** \_\_\_\_\_

Social Security Number (Last 4 Digits): \_\_\_\_\_

Email Address: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_  Cell  Home  Work  Other

Alternate Phone Number: \_\_\_\_\_  Cell  Home  Work  Other

**Co-Borrower's Name:** \_\_\_\_\_

Social Security Number (Last 4 Digits): \_\_\_\_\_

Email 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

Is either borrower on active duty with the military (including the National Guard and Reserves), the dependent of a borrower on active duty, or the surviving spouse of a member of the military who was on active duty at the time of death?  Yes  No

### Non-Borrower Contributor Information

If a non-borrower contributor:

- has agreed to include their income in the review of this Loss Mitigation Application,
- will use their income to contribute toward the mortgage payment, AND
- occupies the property as their primary residence

this section must be completed, the non-borrower contributor's financial information must be provided where indicated throughout the application, and the non-borrower contributor must sign the Borrower, Co-Borrower, and Non-Borrower Contributor Certification and Agreement.

**Non-Borrower Contributor's Name:** \_\_\_\_\_

Full Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

What percentage of your income will you contribute to household expenses and mortgage payments: \_\_\_\_\_%

Loan Number: \_\_\_\_\_

## Property Information

**Property Address** Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

### Mailing Address (If Different From the Property Address)

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

- 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
- Is the property subject to condominium or homeowners association (HOA) fees?  Yes  No – If yes, provide the most-recent HOA statement along with the other required documentation requested in this application.
- I want to:  Keep the property  Sell the property  Transfer ownership of the property to the servicer  Undecided
- Is the property listed for sale?  Yes  No – If yes, please refer to the Short Sale Information section below.

## Short Sale Information

A short sale is an option that permits the sale of your property for less than the balance remaining on your mortgage loan. If you are interested in pursuing this option, and have your property listed for sale, please provide the information listed below along with the other required documentation requested in this application based on your current situation.

PROPERTY STATUS	REQUIRED DOCUMENTATION
Property Listed—Offer Not Received	<ul style="list-style-type: none"> <li>▪ Active MLS</li> <li>▪ Active Listing Agreement</li> <li>▪ Third Party Authorization Form</li> </ul>
Property Listed—Offer Received	<ul style="list-style-type: none"> <li>▪ Active MLS</li> <li>▪ Active Listing Agreement</li> <li>▪ Third Party Authorization Form</li> <li>▪ Purchase Agreement (30+ Days to Closing)</li> <li>▪ Preliminary Closing Disclosure (HUD-1) (30+ Days to Closing)</li> <li>▪ Buyer’s Pre-Approval (30+ Days to Closing)</li> <li>▪ Buyer’s Articles of Incorporation (If Applicable)</li> </ul>

Loan Number: \_\_\_\_\_

## Hardship Information

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

- Short-term (up to 6 months).
- Long-term or permanent (greater than 6 months).
- Resolved as of (date) \_\_\_\_\_.

TYPE OF HARDSHIP (CHECK ALL THAT APPLY)	REQUIRED HARDSHIP DOCUMENTATION
<input type="checkbox"/> Unemployment Actively Seeking Employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>▪ A signed and dated written explanation describing the details of the hardship and any relevant documentation.</li> </ul>
<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)	<ul style="list-style-type: none"> <li>▪ A signed and dated written explanation describing the details of the hardship and any relevant documentation.</li> </ul>
<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"> <li>▪ A signed and dated written explanation describing the details of the hardship and any relevant documentation.</li> </ul>
<input type="checkbox"/> Disaster (natural or man-made) impacting the property or the borrower's place of employment	<ul style="list-style-type: none"> <li>▪ A signed and dated written explanation describing the details of the hardship and any relevant documentation.</li> </ul>
<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"> <li>▪ Written statement from the borrower, or other documentation verifying disability or illness.</li> <li>▪ <b>Note:</b> Detailed medical information is not required, and information from a medical provider is not required.</li> </ul>
<input type="checkbox"/> Divorce or legal separation	<ul style="list-style-type: none"> <li>▪ Final divorce decree or final separation agreement.</li> <li>▪ Recorded quitclaim deed.</li> </ul>
<input type="checkbox"/> Separation of borrowers unrelated by marriage, civil union, or similar domestic partnership under applicable law	<ul style="list-style-type: none"> <li>▪ Legally-binding agreement evidencing that the non-occupying borrower or co-borrower has relinquished all rights to the property.</li> <li>▪ Recorded quitclaim deed.</li> </ul>
<input type="checkbox"/> Death of borrower or death of either the primary or secondary wage earner	<ul style="list-style-type: none"> <li>▪ Death certificate.</li> </ul>
<input type="checkbox"/> Distant employment transfer/relocation	<ul style="list-style-type: none"> <li>▪ <b>For active duty service members:</b> Permanent Change of Station (PCS) orders or letter showing transfer.</li> <li>▪ <b>For employment transfers/new employment:</b> A copy of the signed offer letter or notice from employer showing transfer to a new location or written explanation if employer documentation not applicable, <b>AND</b></li> <li>▪ Documentation that reflects the amount of any relocation assistance provided (not required for PCS orders).</li> </ul>
<input type="checkbox"/> Other – hardship that is not covered above: _____ _____	<ul style="list-style-type: none"> <li>▪ A signed and dated written explanation describing the details of the hardship and any relevant documentation.</li> </ul>

Loan Number: \_\_\_\_\_



## Income

Please enter all borrower and non-borrower contributor income amounts in middle column.

MONTHLY TOTAL APPLICANT INCOME TYPE	AMOUNT FOR ALL APPLICANTS	REQUIRED INCOME DOCUMENTATION
Gross (pre-tax) wages, salaries and overtime pay, commissions, tips, and bonuses	\$	<ul style="list-style-type: none"> <li>▪ Most-recent pay stub(s) and documentation of year-to-date earnings and deductions:                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Biweekly Pay: Three most-recent paystubs</li> <li><input type="checkbox"/> Weekly Pay: Five most-recent paystubs</li> <li><input type="checkbox"/> Semi-monthly Pay: Two most-recent paystubs</li> <li><input type="checkbox"/> Monthly Pay: most-recent paystub</li> </ul> </li> </ul>
Self-employment income	\$	<ul style="list-style-type: none"> <li>▪ Most-recent signed and dated quarterly or year-to-date profit/loss statement (business-related income and expenses only) <b>AND</b></li> <li>▪ Three most-recent bank statements corresponding with the profit/loss statement income amounts <b>AND</b></li> <li>▪ Most-recent complete and signed business tax return <b>OR</b></li> <li>▪ Most-recent complete and signed individual federal income tax return</li> </ul>
Unemployment benefit income	\$	<ul style="list-style-type: none"> <li>▪ Unemployment award letter</li> </ul>
Social Security or disability income, pension, death benefits, adoption assistance, housing allowance, and other public assistance	\$	<ul style="list-style-type: none"> <li>▪ Award letters or other documentation showing the amount and frequency of the benefits <b>AND</b></li> <li>▪ Two most-recent bank statements showing deposit amounts <b>AND</b></li> <li>▪ If received on behalf of a minor: Provide the date of birth for each minor (MM/DD/YYYY)                             <ul style="list-style-type: none"> <li>○ DOB: _____</li> <li>○ DOB: _____</li> <li>○ DOB: _____</li> </ul> </li> </ul>
Rental income (rents received, less expenses other than mortgage expense)	\$	<ul style="list-style-type: none"> <li>▪ Signed Lease Agreement and most-recent tax returns <b>AND</b></li> <li>▪ Three most-recent bank statements demonstrating receipt of rent <b>OR</b></li> <li>▪ Three most-recent deposited rent checks</li> </ul>
Other sources of income not listed above (Note: Only include alimony, child support, or separate maintenance income if you choose to have it considered for repaying this loan)	\$	<ul style="list-style-type: none"> <li>▪ Other documentation showing the amount and frequency of the income (e.g., divorce decree, child support order) <b>AND</b></li> <li>▪ Two most-recent bank statements showing receipt of income</li> <li>▪ <b>Child Support income only:</b> Provide the date of birth for each child (MM/DD/YYYY)                             <ul style="list-style-type: none"> <li>○ DOB: _____</li> <li>○ DOB: _____</li> <li>○ DOB: _____</li> </ul> </li> </ul>

Loan Number: \_\_\_\_\_

**Borrower, Co-Borrower, and Non-Borrower Contributor Certification and Agreement**

1. I certify and acknowledge that all of the information in this Loss Mitigation Application is truthful, and any hardship I identified contributed to the need for mortgage relief. Knowingly submitting false information may violate federal and other applicable law.
2. I agree to provide the servicer with all required documents, including any additional supporting documentation as requested, and will respond in a timely manner to all servicer or authorized third party\* communications.
3. I acknowledge and agree that the servicer is not obligated to offer me assistance based solely on the representations in this document or other documentation submitted in connection with this request.
4. I consent to the servicer or authorized third party\* obtaining a current credit report. Credit reports are required for borrowers, co-borrowers, and non-borrower contributors.
5. I consent to the disclosure by the servicer, authorized third party,\* or any investor/guarantor of the mortgage loan(s), of any personal information collected during the mortgage assistance process and of any information about any relief I receive, to any third party that deals with the first lien or subordinate lien (if applicable) mortgage loan(s), including Fannie Mae, Freddie Mac, or any investor, insurer, guarantor, or servicer of the mortgage loan(s) or any companies that provide support services to them, for purposes permitted by applicable law. Personal information may include, but is not limited to: (a) name, address, telephone number, (b) Social Security number, (c) credit score, (d) income, and (e) payment history and information about account balances and activity.
6. I agree that the terms of this certification and agreement will apply to any modification trial period plan, repayment plan, or forbearance plan that may be offered based on this application. If I receive an offer for a modification trial period plan or repayment plan, I agree that the first timely payment under the plan will serve as acceptance of the plan.
7. I understand, acknowledge, and agree that the servicer and other loan participants can use and share tax return information for purposes of servicing a loan or 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 include any actual or potential owners of a loan resulting from the loan application, loss mitigation 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.
8. I consent to being contacted concerning this application for mortgage assistance at any telephone number, including mobile telephone number, or email address I have provided to the lender, servicer, or authorized third party.\*

\* 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.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Non-Borrower Contributor Signature

\_\_\_\_\_  
Date

Please submit your completed application, together with the required documentation, via mail to: **Loss Mitigation Department, W-110-2, 5151 Corporate Dr., Troy, MI 48098**, online: [flagstar.com/myloans](http://flagstar.com/myloans) or fax: **(866) 234-9845**. 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 include your loan number on all pages submitted for review.

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

Loan Number: \_\_\_\_\_



## Loss Mitigation Application—Financial Breakdown

Please include all items you are currently responsible for, even if you are not current on those payments. Some expense information, such as credit cards and loans, will be obtained from credit reports.

How many people live in the household? (including yourself)	
---	--

INCOME	BORROWER	CO-BORROWER	NON-BORROWER CONTRIBUTOR
Monthly Net Income from Employment	\$	\$	\$
Frequency of Pay Period			
Monthly Government Benefits & Insurance Income	\$	\$	\$
Monthly Unemployment Income	\$	\$	\$
Monthly Rental Income	\$	\$	\$
Monthly Alimony Income	\$	\$	\$
Monthly Child Support Income	\$	\$	\$
Monthly Net Income from Employment	\$	\$	\$
Other Monthly Income <i>Please describe other below:</i>	\$	\$	\$
<b>Total Monthly Income</b>	\$	\$	\$

MONTHLY FAMILY EXPENSES (OUT OF POCKET)	BORROWER	CO-BORROWER	NON-BORROWER CONTRIBUTOR
Monthly Auto Maintenance/Gas	\$	\$	\$
Monthly Auto Insurance	\$	\$	\$
Monthly Food	\$	\$	\$
Monthly Medical/Dental (Out of Pocket Costs, Not Premiums)	\$	\$	\$
Monthly Alimony Paid	\$	\$	\$
Monthly Child Support Paid	\$	\$	\$
Monthly Child Care	\$	\$	\$
Monthly Entertainment	\$	\$	\$
Other Monthly Family Expenses <i>Please describe other below:</i>	\$	\$	\$
<b>Total Monthly Family Expenses</b>	\$	\$	\$

Loan Number: \_\_\_\_\_

HOME EXPENSES: ALL RESIDENCES	BORROWER	CO-BORROWER	NON-BORROWER CONTRIBUTOR
1 <sup>st</sup> Lien Monthly Payment	\$	\$	\$
2 <sup>nd</sup> Lien Monthly Payment	\$	\$	\$
Monthly Rent Payment	\$	\$	\$
Monthly HOA Dues	\$	\$	\$
Monthly Property Taxes & Insurance (If Not Included in the Payment)	\$	\$	\$
Monthly Cable TV/Streaming	\$	\$	\$
Monthly Electricity	\$	\$	\$
Monthly Natural Gas	\$	\$	\$
Monthly Phone/Internet	\$	\$	\$
Monthly Sewer/Water	\$	\$	\$
Other Monthly Home Expenses <i>Please describe other below:</i>	\$	\$	\$
<b>Total Primary Residence Expenses</b>	\$	\$	\$

ASSETS	VALUE	AMOUNT OWED
Property 1	\$	\$
Property 2	\$	\$
401(k) Accounts	\$	\$
Checking Account(s) & Cash on Hand	\$	\$
Savings, Money Market, & CD Accounts	\$	\$
IRA/Keogh Accounts	\$	\$
Stocks/Bonds (Non-Retirement Accounts)	\$	\$
Other Real Estate	\$	\$
Other Assets <i>Please describe other below:</i>	\$	\$

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Non-Borrower Contributor Signature

\_\_\_\_\_  
Date

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.

<b>1a. Current name</b>			<b>2a. Spouse's current name</b> (if joint return and transcripts are requested for both taxpayers)		
i. First name	ii. Middle initial	iii. Last name/BMF company name	i. Spouse's first name	ii. Middle initial	iii. Spouse's last name
<b>1b. First taxpayer identification number</b> (see instructions)			<b>2b. Spouse's taxpayer identification number</b> (if joint return and transcripts are requested for both taxpayers)		
<b>1c. Previous name shown on the last return filed if different from line 1a</b>			<b>2c. Spouse's previous name shown on the last return filed if different from line 2a</b>		
i. First name	ii. Middle initial	iii. Last name	i. First name	ii. Middle initial	iii. Last name
<b>3. Current address</b> (including apt., room, or suite no.), city, state, and ZIP code (see instructions)					
<b>a. Street address</b> (including apt., room, or suite no.)		<b>b. City</b>	<b>c. State</b>	<b>d. ZIP code</b>	
<b>4. Previous address shown on the last return filed if different from line 3</b> (see instructions)					
<b>a. Street address</b> (including apt., room, or suite no.)		<b>b. City</b>	<b>c. State</b>	<b>d. ZIP code</b>	
<b>5a. IVES participant name, ID number, SOR mailbox ID, and address</b>					
i. IVES participant name		ii. IVES participant ID number	iii. SOR mailbox ID		
iv. Street address (including apt., room, or suite no.)		v. City	vi. State	vii. ZIP code	
<b>5b. Customer file number</b> (if applicable) (see instructions)			<b>5c. Unique identifier</b> (if applicable) (see instructions)		
<b>5d. Client name, telephone number, and address</b> (this field cannot be blank or not applicable (NA))					
i. Client name				ii. Telephone number	
iii. Street address (including apt., room, or suite no.)		iv. City	v. State	vi. ZIP code	

**Caution:** This tax transcript is being sent to the third party entered on Line 5a and/or 5d. 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 for line 6 transcripts

**a. Return Transcript**       **b. Account Transcript**       **c. Record of Account**

**7. Wage and Income transcript** (W-2, 1098-E, 1099-G, etc.)

**a.** Enter a max of three form numbers here; if no entry is made, all forms will be sent.

**b.** Mark the checkbox for taxpayer(s) requesting the wage and income transcripts. If no box is checked, transcripts will be provided for all listed taxpayers

Line 1a       Line 2a

**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, if applicable, line 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; however, if both spouses' names and TINs are listed in lines 1a-1b and 2a-2b, both spouses must sign the request. 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 above 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>	<b>Signature for Line 1a</b> (see instructions)		Date	Phone number of taxpayer on line 1a or 2a
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed	
	<b>Print/Type name</b>			
	<b>Title</b> (if line 1a above is a corporation, partnership, estate, or trust)			
	<b>Spouse's signature</b> (required if listed on Line 2a)			Date
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed	
<b>Print/Type name</b>				

# 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 includes the Client company requesting transcripts and increased the number of Wage and Income transcripts requests.

## General Instructions

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

**Designated Recipient Notification.** 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.** 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
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 1a/2a** (if spouse is also requested). For IMF Requests: Enter the First, Middle Initial, and Last Name in the indicated fields. If all characters will not fit, please enter up to 12 for First name and 22 for Last name. For BMF Requests: Enter the company name in the Last Name field. If all characters will not fit, please enter up to 22.

**Line 1b/2b** (if spouse is also requested). Enter the social security number (SSN) or individual taxpayer identification number (ITIN) for the individual listed on line 1a including the dashes in the correct format, or enter the employer identification number (EIN) for the business listed on line 1a including the dashes in the correct format.

**Line 1c/2c** (if spouse is also requested). Enter your previous name as shown on your last filed tax return if different than line 1a.

**Line 3.** Enter your current address in the indicated fields. If you use a P.O. Box, include it and the number in the Current Address field.

**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.

**Line 5c.** Enter up to 10 alpha-numeric characters to create a unique identifier that will show in the mailbox file information. The unique identifier cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

**Note.** If you use an SSN, we will not input the information and the customer file number or unique identifier will reflect a generic entry of "9999999999".

**Line 5d.** Enter the Client company name, address, and phone number in the indicated fields. A Client company receives the requested tax transcripts from the IVES participant. If the IVES participant is also the Client company, the IVES participant information should be entered on Line 5a and 5d. These fields cannot be blank or Not Applicable (NA).

**Line 6.** Enter only one tax form number (1040, 1065, 1120, etc.) per request for all line 6 transcripts request types.

**Line 6a.** Return Transcript 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-H, Form 1120-L, and Form 1120-S. Return transcripts are available for the current year and returns processed during the prior 3 processing years.

**Line 6b.** Account Transcript 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.

**Line 6c.** Record of Account 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.

**Line 7.** The IRS can provide a transcript that includes data from these information returns: Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. Enter up to three information return types. If no specific type is requested, all forms will be provided. 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, Form W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need Form W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213.

**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.



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.

**Signature and date.** Form 4506-C must be signed and dated by the taxpayer listed on line 1a and, if listed, 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.

**Authorized Representative:** A representative can sign Form 4506-C for a taxpayer if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5a, and Form 2848 is attached to the Form 4506-C request. 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. If Form 4506-C is signed by a representative, the Authorized Representative check box must be marked.

**Electronic Signature:** Only IVES participants that opt in to the Electronic Signature usage can accept electronic signatures. Contact the IVES participant for approval and guidance for electronic signatures. If the Form 4506-C is signed electronically, the Electronic Signature check box must be marked.

**Individuals.** Transcripts listed on line 6 may be furnished to either spouse if jointly filed. Signatures are required for all taxpayers listed on Line 1a and 2a.

**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.

**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.

**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:

Complete and sign this Third Party Authorization form to authorize someone other than yourself to access your Flagstar Bank Mortgage Loan Account information. **IMPORTANT: Once completed and signed, please mail, fax, or email to:**  
Mail: Flagstar Bank | Third Party Authorization | E-115-3 | 5151 Corporate Drive | Troy, MI 48098 Fax: 888-848-1071  
Email: SERVICINGMAILHUB@flagstar.com

Please **PRINT**

**Section 1- Your Information**

---

First Name	Middle Name	Last Name
Last 4 Digits of Social Security Number	Best Phone Number	

**Section 2- Authorized Third Party**

---

Expiration date for authorization:  Loan Maturity or  Provide Expiration Date: \_\_\_\_\_

*(Note: If no date is selected, the authorization will be valid for two years from the date signed below)*

Type of Authorization:  Individual  Company

Authorization Description:  Realtor  Attorney

Appraiser  Other: \_\_\_\_\_

---

Name *(Please note: It is not necessary to list individual names for a company authorization.)*

---

Address	City	State	Zip
Best Phone Number	Fax	Email	

**Section 3- Your Authorization**

**The authorized third party can:**

- Obtain loan details by telephone
- Discuss payment arrangements with the Collections Department
- Discuss the Loss Mitigation application process
- Submit request to send documents that do not require a fee, such as a Transaction History Ledger, or an Original Appraisal (can only be mailed to address of record)
- Submit request to re-send letter/package/document, such as a Monthly Statement, 1098, Escrow Analysis Disclosure, Rate/Payment, Change Notice, Loan Sale Transfer Notice, etc. (can only be mailed to address of record)
- Request research to resolve matters

By signing this form, I authorize Flagstar Bank to provide loan information regarding the Mortgage Loan Account referenced above to the Authorized Party or to someone claiming to be the Authorized Party. I understand that this Third Party Authorization allows only for information to be provided by telephone and the actions described above. Flagstar may reject this or any other Third Party Authorization or refuse to recognize any request for information from the Authorized Party. This Third Party Authorization shall remain in effect until I revoke this authorization or until it expires as indicated above. I or any other borrower on this loan may revoke this Third Party Authorization at any time in writing via fax or mail.

In the event your loan is transferred to a new servicer, the authorization established by this form will no longer be effective. Our liability/obligations remain to the customer and the presence of a representative should not create additional direct or derivative liability for the Bank.

---

Borrower Signature	Date
Co-borrower Signature	Date