

# 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</b> to help you understand your options, responsibilities, and next steps:<br><input type="checkbox"/> Avoiding Foreclosure <input type="checkbox"/> Frequently Asked Questions <input type="checkbox"/> Beware of 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:<br><input type="checkbox"/> All income, expenses, and assets for each borrower.<br><input type="checkbox"/> An explanation of financial hardship that makes it difficult to pay the mortgage.<br><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-T Form</b><br><input type="checkbox"/> For each borrower, please submit a signed, dated copy of IRS 4506-T Form.<br><input type="checkbox"/> For borrowers who filed their tax returns jointly, please submit one IRS 4506-T 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><br><input type="checkbox"/> Follow the instructions set forth on the Loss Mitigation Application (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 need not be revealed if you do not choose to have it considered for repaying this loan).</b><br><input type="checkbox"/> Follow the instructions set forth on the Loss Mitigation Application (enclosed).<br><input type="checkbox"/> You may also disclose any income from a household member who is not on the promissory note (non-borrower), 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 2 of the Loss Mitigation Application 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><br>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 (enclosed)</b></li><li>• <b>IRS 4506-T Form (enclosed)</b></li><li>• <b>Hardship Documentation as outlined on Page 2 of the Loss Mitigation Application (enclosed)</b></li><li>• <b>Income Documentation as outlined on Page 3 of the Loss Mitigation Application (enclosed)</b></li><li>• <b>Detailed Expenses Breakdown (enclosed)</b></li><li>• <b>Optional: Third Party Authorization (enclosed)</b></li></ul> <b>Please send all documents above to us using any of the methods below:</b><br><table><tr><td><u>By Mail:</u><br/>Flagstar Bank<br/>Loss Mitigation W-110-2<br/>5151 Corporate Drive<br/>Troy, MI 48098</td><td><u>Online:</u><br/>flagstar.com/myloans</td><td><u>Toll-Free Fax:</u><br/>(866) 234-9845</td></tr></table> | <u>By Mail:</u><br>Flagstar Bank<br>Loss Mitigation W-110-2<br>5151 Corporate Drive<br>Troy, MI 48098 | <u>Online:</u><br>flagstar.com/myloans | <u>Toll-Free Fax:</u><br>(866) 234-9845 |
| <u>By Mail:</u><br>Flagstar Bank<br>Loss Mitigation W-110-2<br>5151 Corporate Drive<br>Troy, MI 48098 | <u>Online:</u><br>flagstar.com/myloans   | <u>Toll-Free Fax:</u><br>(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 2 of the Loss Mitigation Application, cannot locate some or all of the required documents, documents, OR have any questions, please call us at **(800) 393-4887**, Monday-Friday 8:30 a.m.-7 p.m.
- 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.**

**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 **Flagstar Bank** 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 1 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.

## **FREQUENTLY ASKED QUESTIONS continued**

### **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!

### **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/](http://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:

- Go to [preventloanscams.org](http://preventloanscams.org) and fill out the Loan Modification Scam Prevention Network's (LMSPN) complaint form online and get more information on how to fight back. Note: you can also fill out this form and send to the fax number/email/address (your choice!) on the back of the form.
- Call (888) 995-HOPE (4673) and tell the counselor about your situation and that you believe you got scammed or know of a scam.

*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, to **Flagstar Bank** via mail: **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 **Flagstar Bank** 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

## Property Information

Property address: \_\_\_\_\_

Mailing address (if different from property address): \_\_\_\_\_

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

Is the property listed for sale?  Yes  No – If yes, provide the listing agent's name and phone number or indicate "for sale by owner," if applicable: \_\_\_\_\_

Is the property subject to condominium or homeowners association (HOA) fees?  Yes  No – If yes, indicate monthly dues: \$ \_\_\_\_\_

## 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<br>Actively Seeking Employment? <input type="checkbox"/> Yes <input type="checkbox"/> No  | <ul style="list-style-type: none"> <li>▪ A signed 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 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 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 borrower's place of employment  | <ul style="list-style-type: none"> <li>▪ A signed 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 <b>OR</b></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>▪ Recorded quitclaim deed <b>OR</b></li> <li>▪ Legally binding agreement evidencing that the non-occupying borrower or co-borrower has relinquished all rights to the property</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 <b>OR</b></li> <li>▪ Obituary or newspaper article reporting the death</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> Copy of 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 those with PCS orders)</li> </ul> |
| <input type="checkbox"/> Other – hardship that is not covered above:<br>_____<br>_____<br>_____<br>_____  | <ul style="list-style-type: none"> <li>▪ A signed written explanation describing the details of the hardship and any relevant documentation</li> </ul>   |

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

## Borrower Income

Please enter all borrower income amounts in middle column.

| MONTHLY TOTAL BORROWER INCOME TYPE & AMOUNT   | \$ | 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 and documentation of year-to-date earnings if not on pay stub <b>OR</b></li> <li>▪ Two most recent bank statements showing income deposit amounts</li> </ul>  |
| Self-employment income  | \$ | <ul style="list-style-type: none"> <li>▪ Two most recent bank statements showing self-employed income deposit amounts <b>OR</b></li> <li>▪ Most recent signed and dated quarterly or year-to-date profit/loss statement <b>OR</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>▪ No documentation required</li> </ul>   |
| Taxable Social Security, pension, disability, death benefits, adoption assistance, housing allowance, and other public assistance   | \$ | <ul style="list-style-type: none"> <li>▪ Two most recent bank statements showing deposit amounts <b>OR</b></li> <li>▪ Award letters or other documentation showing the amount and frequency of the benefits</li> </ul>  |
| Non-taxable Social Security or disability income  | \$ | <ul style="list-style-type: none"> <li>▪ Two most recent bank statements showing deposit amounts <b>OR</b></li> <li>▪ Award letters or other documentation showing the amount and frequency of the benefits</li> </ul>  |
| Rental income (rents received, less expenses other than mortgage expense)   | \$ | <ul style="list-style-type: none"> <li>▪ Two most recent bank statements demonstrating receipt of rent <b>OR</b></li> <li>▪ Two most recent deposited rent checks</li> </ul>  |
| Investment or insurance income  | \$ | <ul style="list-style-type: none"> <li>▪ Two most recent investment statements <b>OR</b></li> <li>▪ Two most recent bank statements supporting receipt of the income</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>▪ Two most recent bank statements showing receipt of income <b>OR</b></li> <li>▪ Other documentation showing the amount and frequency of the income</li> </ul>   |

## Current Borrower Assets

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

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



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

## Borrower Certification and Agreement

1. I certify and acknowledge that all of the information in this Mortgage Assistance Application is truthful, and the hardship I identified contributed to my need for mortgage relief. Knowingly submitting false information may violate federal and other applicable law.
2. I agree to provide my 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 my 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.
4. I consent to the servicer or authorized third party\* obtaining a current credit report for the borrower and co-borrower.
5. I consent to the disclosure by my servicer, authorized third party,\* or any investor/guarantor of my 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 my first lien or subordinate lien (if applicable) mortgage loan(s), including Fannie Mae, Freddie Mac, or any investor, insurer, guarantor, or servicer of my 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) my name, address, telephone number, (b) my Social Security Number, (c) my credit score, (d) my income, and (e) my payment history and information about my account balances and activity.
6. I agree that the terms of this borrower certification and agreement will apply to any modification trial period plan, repayment plan, or forbearance plan that I may be offered based on this application. If I receive an offer for a modification trial period plan or repayment plan, I agree that my 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 includes any actual or potential owners of a loan resulting from your 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: \_\_\_\_\_

Please submit your completed application, together with the required documentation, to **Flagstar Bank** via mail: **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 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 Form Expense Breakdown

**\*\*Please include all items you are currently responsible for, even if you are not current on those payments\*\***

| Financial Information Statement                            | Borrower | Co-Borrower |
|--|----------|-------------|
| How many people are in the household? (including yourself) |          |             |

| INCOME  | Borrower | Co-Borrower |
|---|----------|-------------|
| Monthly Net Income from Employment                          |          |             |
| Frequency of Pay Period                                     |          |             |
| Monthly Government Benefits and Insurance Income            |          |             |
| Monthly Unemployment Income                                 |          |             |
| Monthly Rental Income                                       |          |             |
| Monthly Alimony Income                                      |          |             |
| Monthly Child Support Income                                |          |             |
| Other Monthly Income<br><i>Please describe other below:</i> |          |             |
| <b>Total Monthly Income</b>                                 |          |             |

| Monthly Family Expenses (Out of Pocket)                              | Borrower | Co-Borrower |
|--|----------|-------------|
| Monthly Auto Maintenance/Gas   |          |             |
| Monthly Food   |          |             |
| Monthly Medical/Dental (Out of pocket costs, not premium)            |          |             |
| Monthly Alimony Paid   |          |             |
| Monthly Child Support Paid   |          |             |
| Monthly Child Care   |          |             |
| Monthly Entertainment  |          |             |
| Monthly School Tuition   |          |             |
| Monthly Auto Insurance   |          |             |
| Monthly Health/Dental Premium  |          |             |
| Monthly Life Insurance   |          |             |
| Other Monthly Family Expenses<br><i>Please describe other below:</i> |          |             |
| <b>Total Monthly Family Expenses</b>                                 |          |             |

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

| <b>HOME EXPENSES - PRIMARY RESIDENCE</b>                                  | <b>Borrower</b> | <b>Co-Borrower</b> |
|---|-----------------|--------------------|
| 1 <sup>st</sup> Lien Monthly Payment                                      |                 |                    |
| 2 <sup>nd</sup> Lien Monthly Payment                                      |                 |                    |
| Monthly Rent Payment  |                 |                    |
| Monthly HOA Dues  |                 |                    |
| Monthly Prop Taxes & Ins (if not included in payment)                     |                 |                    |
| Monthly Home Repairs  |                 |                    |
| Monthly Cable TV  |                 |                    |
| Monthly Electricity   |                 |                    |
| Monthly Natural Gas   |                 |                    |
| Monthly Phone/Internet  |                 |                    |
| Monthly Sewer/Water   |                 |                    |
| <b>Other Monthly Home Expenses</b><br><i>Please describe other below:</i> |                 |                    |

| <b>HOME EXPENSES - 2ND HOME</b>                                     | <b>Borrower</b> | <b>Co-Borrower</b> |
|---|-----------------|--------------------|
| Monthly Auto Maintenance/Gas  |                 |                    |
| Monthly Food  |                 |                    |
| Monthly Medical/Dental (out of pocket costs, not insurance premium) |                 |                    |
| Monthly Alimony Paid  |                 |                    |
| Monthly Child Support Paid  |                 |                    |
| Monthly Child Care  |                 |                    |
| Monthly Entertainment   |                 |                    |
| Monthly School Tuition  |                 |                    |
| Other Monthly Home Expenses<br><i>Please describe other below:</i>  |                 |                    |
| <b>Total Monthly Home Expenses</b>                                  |                 |                    |

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

| OBLIGATIONS  | Borrower | Co-Borrower |
|--|----------|-------------|
| <b>DEBT-AUTO</b>   |          |             |
| Monthly Auto Payments1   |          |             |
| Monthly Auto Payments 2  |          |             |
| <b>Total Monthly Auto Payments</b>                               |          |             |
| <b>DEBT-CREDIT CARD</b>  |          |             |
| Monthly Credit Card Payment 1                                    |          |             |
| Monthly Credit Card Payment 2                                    |          |             |
| Monthly Credit Card Payment 3                                    |          |             |
| Monthly Credit Card Payment 4                                    |          |             |
| <b>Total Monthly Credit Card Payments</b>                        |          |             |
| Monthly Student Loan Payment                                     |          |             |
| <i>Other Monthly Obligations</i><br>Please describe other below: |          |             |
| <b>Total Monthly Obligations</b>                                 |          |             |

| ASSETS  | VALUE | AMOUNT OWED |
|---|-------|-------------|
| Property 1  |       |             |
| Property 2  |       |             |
| 401K Accounts                                       |       |             |
| Checking Accounts                                   |       |             |
| Savings Accounts                                    |       |             |
| IRA/Keogh Accounts                                  |       |             |
| Stocks/Bonds  |       |             |
| Other Real Estate                                   |       |             |
| Other Assets<br><i>Please describe other below:</i> |       |             |

Borrower signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Borrower signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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-T, visit [www.irs.gov/form4506t](http://www.irs.gov/form4506t).

**Tip.** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

|   |   |
|---|---|
| <b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.                                | <b>1b</b> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions) |
| <b>2a</b> If a joint return, enter spouse's name shown on tax return.   | <b>2b</b> Second social security number or individual taxpayer identification number if joint tax return  |
| <b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions) |   |
| <b>4</b> Previous address shown on the last return filed if different from line 3 (see instructions)              |   |
| <b>5</b> Customer file number (if applicable) (see instructions)  |   |

**Note:** Effective July 2019, the IRS will mail tax transcript requests only to your address of record. See **What's New** under **Future Developments** on Page 2 for additional information.

**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 Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . .

**b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days . . . . .

**c Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days . . . . .

**7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days . . . . .

**8 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. Most requests will be processed within 10 business days . . . . .

**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.

**9 Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

|   /   /   |   /   /   |   /   /   |   /   /   |

**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-T 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-T.** See instructions.

Phone number of taxpayer on line 1a or 2a

|  |      |  |
|--|------|--|
| Signature (see instructions)   | Date |  |
| Title (if line 1a above is a corporation, partnership, estate, or trust) |      |  |
| Spouse's signature   | Date |  |

**Sign Here**

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

## Future Developments

For the latest information about Form 4506-T and its instructions, go to [www.irs.gov/form4506t](http://www.irs.gov/form4506t). Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

**What's New.** As part of its ongoing efforts to protect taxpayer data, the Internal Revenue Service announced that in July 2019, it will stop all third-party mailings of requested transcripts. After this date masked Tax Transcripts will only be mailed to the taxpayer's address of record.

If a third-party is unable to accept a Tax Transcript mailed to the taxpayer, they may either contract with an existing IVES participant or become an IVES participant themselves. For additional information about the IVES program, go to [www.irs.gov](http://www.irs.gov) and search IVES.

## General Instructions

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

**Purpose of form.** Use Form 4506-T to request tax return information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

**Note:** If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

**Customer File Number.** The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, are shown on the transcript.

An optional Customer File Number field is available to use when requesting a transcript. This number will print on the transcript. See Line 5 instructions for specific requirements. The customer file number is an optional field and not required.

**Tip.** Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

**Automated transcript request.** You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

**Where to file.** Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

## Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

**If you filed an individual return and lived in:**

|  | Mail or fax to:  |
|--|--|
| Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address                        | Internal Revenue Service<br>RAIVS Team<br>Stop 6716 AUSC<br>Austin, TX 73301<br><br>855-587-9604     |
| Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming  | Internal Revenue Service<br>RAIVS Team<br>Stop 37106<br>Fresno, CA 93888<br><br>855-800-8105         |
| Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia | Internal Revenue Service<br>RAIVS Team<br>Stop 6705 S-2<br>Kansas City, MO 64999<br><br>855-821-0094 |

## Chart for all other transcripts

**If you lived in or your business was in:**

|   | Mail or fax to:  |
|---|--|
| Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, A.P.O. or F.P.O. address | Internal Revenue Service<br>RAIVS Team<br>P.O. Box 9941<br>Mail Stop 6734<br>Ogden, UT 84409<br><br>855-298-1145 |
| Maine, Massachusetts, New Hampshire, New York, Pennsylvania, Vermont  | Internal Revenue Service<br>RAIVS Team<br>Stop 6705 S-2<br>Kansas City, MO 64999<br><br>855-821-0094             |

**Line 1b.** Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

**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. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

**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 **should not** contain an SSN. 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 6.** Enter only one tax form number per request.

**Signature and date.** Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines 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 and returned to you if the box is unchecked.

**Individuals.** Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

**Corporations.** Generally, Form 4506-T 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-T but must provide documentation to support the requester's right to receive the information.

**Partnerships.** Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

**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-T 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 Form 4506-T.

**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-T 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.; and **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-T 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 or fax to: Mail: Flagstar Bank | Third Party Authorization | E-115-3 | 5151 Corporate Drive | Troy, MI 48098 Fax: (888) 848-1071

Please PRINT

Section 1- Your Contact and Mortgage Loan Account 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 [ ] Input 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 information 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. 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: