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July 12, 2012

Via Federal Express Overnight Delivery

Tracie K. Lindeman  
Clerk of the Court  
201 South Carson Street,  
Carson City Nevada 89701

ADKT 0435

**FILED**

JUL 13 2012

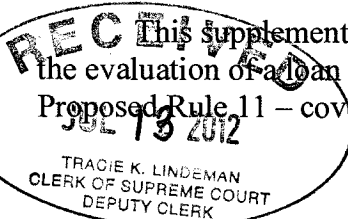
TRACIE K. LINDEMAN  
CLERK OF SUPREME COURT  
BY *[Signature]*  
CLERK DEPUTY CLERK

Re: Supplemental Response to Proposed Rule Changes to the Nevada Foreclosure Mediation Rules And Public Hearing scheduled for July 9, 2012 at 3:00 p.m.

Dear Ms. Lindeman:

As a long time citizen of the state of Nevada, and Nevada attorney in good standing with the State Bar of Nevada, I hereby request that this Supplement be provided to the Honorable Nevada Supreme Court Justices as set forth at the public hearing on July 9, 2012. It is my desire to share my perspective to the Court as a citizen of the state of Nevada and as a licensed Nevada attorney who has been representing lenders and foreclosing trustees since the enactment of the Nevada Foreclosure Mediation Program. I personally represented beneficiaries as their counsel at Nevada Foreclosure Mediations as of the effective date of the Program and since then have participated in hundreds of foreclosure mediations as wells as represented lenders in Petitions for Judicial Review and in appeals before this Court related to the Nevada foreclosure mediation program.

This supplement addresses the requirement of borrowers to produce and exchange documents for the evaluation of a loan modification or retention alternative, and in particular Proposed Rule Change to Proposed Rule 11 – covering doc exchange, pre mediation conference, and deadlines:



12-22096

- o 11(1) – pre mediation conference
- o 11(2) – mediator approval for beneficiary doc request from borrower
- o 11(3) – borrower doc submission after initial request
- o 11(4) – beneficiary additional doc request
- o 11(5) – borrower additional doc submission and beneficiary request estoppels
- o 11(6) – beneficiary review of previously submitted docs

Having the documentation process complicated by the proposed amended rules changes is inefficient, lacks uniformity, needlessly increases the expense of the process, and unnecessarily complicates the process by turning the process into litigated discovery disputes that is not beneficial to either party. Instead, the inclusion of a uniformed set of forms and list of documents to be produced by borrowers to exchange and provide to their lender for the mediation process is essential for the success of the program. Every mediation turns on the borrower's financials and whether the borrower can qualify for a loan modification or retention option. The lack of proper and updated documentation as to their complete financial status is necessary for the success of the mediation process and the lender's ability to approve the borrower and meet underwriting standards.

Instead of the process set forth in the proposed rule changes, I propose that that rules be modified to require Mediators, upon the appointment of the mediator, to send to the Borrower(s) and their counsel of record, with copy to the Lender, the following packet/financial checklist and forms (see enclosed), along with the Notice of Mediation. The packet should at a minimum include:

- (1) Borrower(s) Financial Checklist;
- (2) Request for Modification and Affidavit (RMA) *\*a form developed by the Making Homes Affordable Program;*
- (3) Hardship Affidavit;
- (4) Dodd-Frank Certification;
- (5) IRS 4506-T Request for Transcript of Tax Return;
- (6) Borrower/Co-Borrower Acknowledgment and Agreement; and
- (7) Employment Verification Authorization.

(See forms attached hereto).

These uniformed forms are comprehensive, concise, and account for the various potential income generating venues that are evaluated by lenders in the loan modification process. There uniformed forms assist both the borrower and lender by providing a complete comprehensive overview of the borrower's financial condition and ability to qualify for a loan medication and/or other home retention option.

Sincerely,

WRIGHT, FINLAY & ZAK, LLP



Donna M. Osborn, Esq.  
Managing Attorney of the Nevada Branch

DMO/

Enclosures as Stated

Borrower Name:  
Property Address:  
APN:  
Trustee:  
TS NO.:  
Loan Number:

**Mediation:**

**Date:**

**Time:**

**Location:**

**BORROWER FINANCIALS CHECKLIST**  
**AND DOCUMENTS TO BE**  
**EXCHANGED WITH LENDER**

Borrower(s)/Homeowner(s),

As you know, you have elected for mediation through the Nevada Foreclosure Program for the above referenced property. As such, in order for your lender to review your file, updated financials are required.

Please provide the following required financials to the Lender no later than \_\_\_\_\_ days prior to the scheduled mediation to allow adequate time for the lender to review your file and propose alternatives to foreclosure. You may fax your financials to your lender at \_\_\_\_\_ or email them to \_\_\_\_\_ by the deadline provided above. We welcome the opportunity to come to a negotiated resolution at the mediation.

**If you are seeking loss mitigation alternatives regarding the above property, you must provide the following:**

1. Complete and executed 2010, 2011, and 2012 Tax Returns (**you must provide all pages**), W-2's with your most recent tax return filed and proof of extension (**signed with all pages**)
2. Updated statement(s) supporting assets listed on page 2 of the Request for Modification and Affidavit Form (**must provide all pages of statements**).
3. Proof of occupancy –a recent utility bill in your name at property address (Gas or Electric only). Utility statement must not be older than 2 months prior to the date of the mediation.
4. Verification that any and all Home Owner's Association fees associated with the subject property is current as of the date of the mediation (if applicable).
5. Provide any and all Settlements, Agreements, Modifications, Forbearance Payment Plans, etc. related to any and all mortgages on the subject property.
6. Updated Hardship Affidavit (enclosed). **Be sure to sign and date this form.**
7. Updated Completed Financial Statement (enclosed). **Be sure all borrowers sign and date this form.**
8. Completed 4506T Form– Request for Transcript of Tax Return (enclosed). **Be sure to complete line 6, check box C, sign and date this form.**
9. Request for Modification and Affidavit (RMA) (enclosed). **Be sure all borrowers sign and date this form.**
10. Frank Dodd Certification (enclosed). **Be sure to sign and date this form.**
11. Employment Verification (enclosed)
12. Borrower/Co-Borrower Acknowledgment and Agreement (enclosed)
13. Property Lien Affidavit (enclosed)
14. Previously filed Bankruptcy discharge (if applicable)

**If you are W2 Employed, you must include:**

1. Including but not limited to two (2) months most recent pay stubs or proof of income from any source prior to the date of the mediation (**for each borrower**)
2. Including but not limited to two (2) months most recent complete bank statements prior to the date of the mediation for any and all financial institutions that you are associated with regardless of lack of activity or account balance (**must provide all pages**)

**IF YOU RECEIVE MONTHLY FUNDS FROM ANY SOURCE OTHER THAN W2 INCOME, YOU MUST PROVIDE THE REQUESTED DOCUMENTS ITEMIZED BELOW FOR EACH AND EVERY APPLICABLE CATEGORY.**

**If you are Self Employed, a 1099 Employee, a Director, Manager, Member or Officer of any Business, Entity, Trust or Beneficiary of any Trust, Receive Corporate Draws, and/or Receive K9 Member Profit Contributions, use the following checklist:**

1. One (1) year most recent complete and accurate Profit and Loss Statement /Audited or reviewed YTD Income Statement prior to the date of the mediation (must provide)
2. Two (2) years most recent completed executed business Tax Returns (**you must provide all pages**)
3. Four (4) months most recent complete business bank statements prior to the date of the mediation regardless of lack of activity or account balance (**must provide all pages**. If a business account is not used, provide a written statement stating a business account is not used.)

**If you receive income from a 401K, IRA, and/or CD, please also include the following:**

1. Two (2) most recent bank statements prior to the date of mediation showing receipt of such income
2. Copy of most recent portfolio including value
3. Award or contribution letter that states amount, frequency and duration of the benefit

**If you receive income from Stocks, Bonds, and/or CD's, please also include the following:**

1. Two (2) most recent bank statements prior to the date of mediation showing receipt of such payment
2. Copy of the Stock or Bond
3. Copy of the most recent portfolio including value
4. Award or contribution letter that states amount, frequency and duration of the benefit

**If you receive income from Household Members, Roommates, Contributions from Family, Friends, unknown persons, Gifts or Income from any other source, please also include the following:**

1. Two (2) most recent bank statements prior to the date of mediation showing receipt of such income
2. Affidavit from source stating amount, frequency and duration of the benefit
3. Copies of checks, receipts, and/or bank deposits verifying funds (must provide a minimum of 6 months verification)

**If you receive income from Social Security and/or Pension, Retirement accounts, Annuities, Life Insurance, Dividend Interest, Disability, Government Assistance and/or Non-Profit Assistance, please also include the following:**

1. Copy of benefits statement or award letter that states the amount, frequency and duration of the benefit
2. Two (2) most recent bank statements prior to the date of mediation showing receipt of such funds
3. Two (2) most recent pay stubs prior to the date of the mediation (if applicable).

**If you are Unemployed, please also include the following \*:**

1. Copy of benefits statement or award letter that states the amount, frequency and duration of the benefit
2. Two (2) most recent bank statements prior to the date of mediation showing receipt of such payment

\*Income received from unemployment may not be considered as income for qualifying for a loan modification or other alternative loss mitigation options.

**If you receive Rental Income for any real properties in your name within the past 12 months prior the date of mediation, please also include the following:**

1. Profit and Loss statement (one year)
2. Copies of account statements for any and all mortgages
3. Copy of Lease Agreement(s)
4. Copy of HOA statements and verification HOA is current
5. A minimum of 6 months verification of rental payments (i.e. cancelled checks, bank deposits or receipts)
6. Provide a recent value of the property
7. Provide a minimum of 6 months verification from the date of mediation of mortgage payments for any and all mortgages associated with any and all rental properties

**For each borrower who is relying on alimony or child support as qualifying income\*, please also include the following:**

1. Copy of divorce decree or separation agreement or other written agreement filed with the court that states the amount and period of time over which it will be received; and
2. Two (2) most recent bank statements prior to the date of mediation showing recent deposits of such payment

\*You are not required to disclose Child Support, Alimony or Separate Maintenance income, unless you choose to have it considered by your servicer.

Please be aware that in the event you fail to timely provide the requested financials, fail to provide full and complete financials, fail to sign, or provide documents with missing pages, the lender may not be able to approve a loan modification or alternative options at the mediation. Please also note that the lender may request additional documents at their discretion.

Making Home Affordable Program  
Request For Modification and Affidavit (RMA)



REQUEST FOR MODIFICATION AND AFFIDAVIT (RMA) page 1

COMPLETE ALL THREE PAGES OF THIS FORM

Loan I.D. Number \_\_\_\_\_ Servicer \_\_\_\_\_

BORROWER		CO-BORROWER	
Borrower's name		Co-borrower's name	
Social Security number	Date of birth	Social Security number	Date of birth
Home phone number with area code		Home phone number with area code	
Cell or work number with area code		Cell or work number with area code	

**I want to:**  Keep the Property  Sell the Property

**The property is my:**  Primary Residence  Second Home  Investment

**The property is:**  Owner Occupied  Renter Occupied  Vacant

Mailing address \_\_\_\_\_

Property address (if same as mailing address, just write same) \_\_\_\_\_ E-mail address \_\_\_\_\_

<p><b>Is the property listed for sale?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Have you received an offer on the property?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date of offer _____ Amount of offer \$ _____</p> <p>Agent's Name: _____</p> <p>Agent's Phone Number: _____</p> <p>For Sale by Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Have you contacted a credit-counseling agency for help?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If yes, please complete the following:</i></p> <p>Counselor's Name: _____</p> <p>Agency Name: _____</p> <p>Counselor's Phone Number: _____</p> <p>Counselor's E-mail: _____</p>
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<p><b>Who pays the real estate tax bill on your property?</b></p> <p><input type="checkbox"/> I do <input type="checkbox"/> Lender does <input type="checkbox"/> Paid by condo or HOA</p> <p><b>Are the taxes current?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Condominium or HOA Fees <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____</p> <p>Paid to: _____</p>	<p><b>Who pays the hazard insurance premium for your property?</b></p> <p><input type="checkbox"/> I do <input type="checkbox"/> Lender does <input type="checkbox"/> Paid by Condo or HOA</p> <p><b>Is the policy current?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name of Insurance Co.: _____</p> <p>Insurance Co. Tel #: _____</p>
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**Have you filed for bankruptcy?**  Yes  No If yes:  Chapter 7  Chapter 13 Filing Date: \_\_\_\_\_

**Has your bankruptcy been discharged?**  Yes  No Bankruptcy case number \_\_\_\_\_

**Additional Liens/Mortgages or Judgments on this property:**

Lien Holder's Name/Servicer	Balance	Contact Number	Loan Number

**HARDSHIP AFFIDAVIT**

I (We) am/are requesting review under the Making Home Affordable program.  
I am having difficulty making my monthly payment because of financial difficulties created by (check all that apply):

<input type="checkbox"/> My household income has been reduced. For example: unemployment, underemployment, reduced pay or hours, decline in business earnings, death, disability or divorce of a borrower or co-borrower.	<input type="checkbox"/> My monthly debt payments are excessive and I am overextended with my creditors. Debt includes credit cards, home equity or other debt.
<input type="checkbox"/> My expenses have increased. For example: monthly mortgage payment reset, high medical or health care costs, uninsured losses, increased utilities or property taxes.	<input type="checkbox"/> My cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payment and cover basic living expenses at the same time.
<input type="checkbox"/> Other: _____	

Explanation (continue on back of page 3 if necessary): \_\_\_\_\_

\_\_\_\_\_

**INCOME/EXPENSES FOR HOUSEHOLD<sup>1</sup>**

**Number of People in Household:** \_\_\_\_\_

Monthly Household Income		Monthly Household Expenses/Debt		Household Assets	
Monthly Gross Wages	\$	First Mortgage Payment	\$	Checking Account(s)	\$
Overtime	\$	Second Mortgage Payment	\$	Checking Account(s)	\$
Child Support / Alimony / Separation <sup>2</sup>	\$	Insurance	\$	Savings/ Money Market	\$
Social Security/SSDI	\$	Property Taxes	\$	CDs	\$
Other monthly income from pensions, annuities or retirement plans	\$	Credit Cards / Installment Loan(s) (total minimum payment per month)	\$	Stocks / Bonds	\$
Tips, commissions, bonus and self-employed income	\$	Alimony, child support payments	\$	Other Cash on Hand	\$
Rents Received	\$	Net Rental Expenses	\$	Other Real Estate (estimated value)	\$
Unemployment Income	\$	HOA/Condo Fees/Property Maintenance	\$	Other _____	\$
Food Stamps/Welfare	\$	Car Payments	\$	Other _____	\$
Other (investment income, royalties, interest, dividends etc.)	\$	Other _____	\$	Do not include the value of life insurance or retirement plans when calculating assets (401k, pension funds, annuities, IRAs, Keogh plans, etc.)	
<b>Total (Gross Income)</b>	<b>\$</b>	<b>Total Debt/Expenses</b>	<b>\$</b>	<b>Total Assets</b>	<b>\$</b>

**INCOME MUST BE DOCUMENTED**

<sup>1</sup>Include combined income and expenses from the borrower and co-borrower (if any). If you include income and expenses from a household member who is not a borrower, please specify using the back of this form if necessary.

<sup>2</sup>You are not required to disclose Child Support, Alimony or Separation Maintenance income, unless you choose to have it considered by your servicer.

**INFORMATION FOR GOVERNMENT MONITORING PURPOSES**

The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. **You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it.** If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request for a loan modification in person. **If you do not wish to furnish the information, please check the box below.**

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

To be completed by interviewer		Name/Address of Interviewer's Employer
<b>This request was taken by:</b> <input type="checkbox"/> Face-to-face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet	Interviewer's Name (print or type) & ID Number	
	Interviewer's Signature      Date	
	Interviewer's Phone Number (include area code)	

**ACKNOWLEDGEMENT AND AGREEMENT**

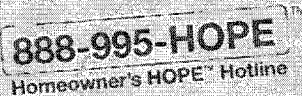
*In making this request for consideration under the Making Home Affordable Program, I certify under penalty of perjury:*

1. That all of the information in this document is truthful and the event(s) identified on page 1 is/are the reason that I need to request a modification of the terms of my mortgage loan, short sale or deed-in-lieu of foreclosure.
2. I understand that the Servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements and may require me to provide supporting documentation. I also understand that knowingly submitting false information may violate Federal law.
3. I understand the Servicer will pull a current credit report on all borrowers obligated on the Note.
4. I understand that if I have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this document, the Servicer may cancel any Agreement under Making Home Affordable and may pursue foreclosure on my home.
5. That: my property is owner-occupied; I intend to reside in this property for the next twelve months; I have not received a condemnation notice; and there has been no change in the ownership of the Property since I signed the documents for the mortgage that I want to modify.
6. I am willing to provide all requested documents and to respond to all Servicer questions in a timely manner.
7. I understand that the Servicer will use the information in this document to evaluate my eligibility for a loan modification or short sale or deed-in-lieu of foreclosure, but the Servicer is not obligated to offer me assistance based solely on the statements in this document.
8. I am willing to commit to credit counseling if it is determined that my financial hardship is related to excessive debt.
9. I understand that the Servicer will collect and record personal information, including, but not limited to, my name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about account balances and activity. I understand and consent to the disclosure of my personal information and the terms of any Making Home Affordable Agreement by Servicer to (a) the U.S. Department of the Treasury, (b) Fannie Mae and Freddie Mac in connection with their responsibilities under the Homeowner Affordability and Stability Plan; (c) any investor, insurer, guarantor or servicer that owns, insures, guarantees or services my first lien or subordinate lien (if applicable) mortgage loan(s); (d) companies that perform support services in conjunction with Making Home Affordable; and (e) any HUD-certified housing counselor.

Borrower Signature	Date
Co-Borrower Signature	Date

**HOMEOWNER'S HOTLINE**

*If you have questions about this document or the modification process, please call your servicer.  
 If you have questions about the program that your servicer cannot answer or need further counseling, you can call the Homeowner's HOPE™ Hotline at 1-888-995-HOPE (4673). The Hotline can help with questions about the program and offers free HUD-certified counseling services in English and Spanish.*



**NOTICE TO BORROWERS**

Be advised that by signing this document you understand that any documents and information you submit to your servicer in connection with the Making Home Affordable Program are under penalty of perjury. Any misstatement of material fact made in the completion of these documents including but not limited to misstatement regarding your occupancy in your home, hardship circumstances, and/or income, expenses, or assets will subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud, and wire fraud. The information contained in these documents is subject to examination and verification. Any potential misrepresentation will be referred to the appropriate law enforcement authority for investigation and prosecution. By signing this document you certify, represent and agree that: "Under penalty of perjury, all documents and information I have provided to Lender in connection with the Making Home Affordable Program, including the documents and information regarding my eligibility for the program, are true and correct."

If you are aware of fraud, waste, abuse, mismanagement or misrepresentations affiliated with the Troubled Asset Relief Program, please contact the SIGTARP Hotline by calling 1-877-SIG-2009 (toll-free), 202-622-4559 (fax), or www.sig tarp.gov. Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.





# HARDSHIP AFFIDAVIT

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

Date Hardship Began is \_\_\_\_\_  
Month    Day    Year

I believe that my situation is:

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

I am having difficulty making my monthly mortgage payment because of the reason(s) set forth below:  
*(Please check all that apply and submit the required documentation demonstrating you hardship)*

If Your Hardship is:	Then the Required Hardship Documentation is:
<input type="checkbox"/> Unemployment	<input type="checkbox"/> No Hardship documentation required
<input type="checkbox"/> Underemployment	<input type="checkbox"/> No Hardship documentation is required, as long as you have submitted the income documentation that supports the Required Income Documentation section above
<input type="checkbox"/> Income reduction (e.g., elimination of overtime, reduction in regular working hours, or a reduction in base pay)	<input type="checkbox"/> No Hardship documentation is required, as long as you have submitted the income documentation that supports the Required Income Documentation section above
<input type="checkbox"/> Divorce or legal separation; Separation of Borrowers unrelated by marriage, civil union or similar domestic partnership under applicable law	<input type="checkbox"/> Divorce decree signed by the court OR <input type="checkbox"/> Separation agreement signed by the court OR <input type="checkbox"/> Current credit report evidencing divorce, separation, or non-occupying borrower has a different address OR <input type="checkbox"/> Recorded quitclaim deed evidencing that the non-occupying borrower or co-borrower has relinquished all rights to the property
<input type="checkbox"/> Death of a borrower or death of either the primary or secondary wage earner in the house-hold	<input type="checkbox"/> Original Death certificate with seal OR <input type="checkbox"/> Obituary or newspaper article reporting the death
<input type="checkbox"/> Long-term or permanent disability; Serious illness of a borrower/co-borrower or dependent family member	<input type="checkbox"/> Doctor's certificate of illness or disability OR <input type="checkbox"/> Medical bills OR <input type="checkbox"/> Proof of monthly insurance benefits or government assistance
<input type="checkbox"/> Disaster (natural or man-made) adversely impacting the property or Borrower's place of employment	<input type="checkbox"/> Insurance claim OR <input type="checkbox"/> Federal Emergency Management Agency (FEMA) grant or Small Business Administration loan OR <input type="checkbox"/> Borrower or Employer property located in federally declared disaster area
<input type="checkbox"/> Distant employment transfer	<input type="checkbox"/> No hardship documentation required
<input type="checkbox"/> Business Failure	<input type="checkbox"/> Federal Tax return from the previous year (including all schedules) AND <input type="checkbox"/> Proof of business failure supported by one of the following: <ul style="list-style-type: none"> <li>- Bankruptcy filing for the business; or</li> <li>- Two months recent bank statements for the business account evidencing cessation of business activity; or</li> <li>- Most recent signed and dated quarterly or year-to-date profit/loss statement</li> </ul>

**YOU MUST PROVIDE A WRITTEN EXPLANATION WITH THIS REQUEST  
DESCRIBING THE SPECIFIC NATURE OF THE HARDSHIP**

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\_\_\_\_\_  
Borrower Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Borrower Name

\_\_\_\_\_  
Date

*Supplemental Directive 10-11*

*September 21, 2010*

***Making Home Affordable Program – Dodd-Frank Certification Requirement***

In February 2009, the Obama Administration introduced the Making Home Affordable (MHA) program, a plan to stabilize the housing market and help struggling homeowners get relief and avoid foreclosure. This Supplemental Directive provides guidance to servicers participating in MHA with respect to mortgage loans that are not owned or guaranteed by Fannie Mae or Freddie Mac on compliance with Section 1481(d) of the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203) (the “Dodd-Frank Certification”).

The Dodd-Frank Certification requirement provides that no person is eligible to begin receiving assistance under the MHA program if such person, in connection with a mortgage or real estate transaction, has been convicted within the last 10 years of any of the following:

- felony larceny, theft, fraud, or forgery;
- money laundering; or
- tax evasion.

The Dodd-Frank Certification requirement becomes effective today, September 21, 2010. Accordingly, subject to the note below, a servicer must obtain a completed Dodd-Frank Certification from each borrower in accordance with the guidance set forth in Exhibit A. The Interim Period described in Exhibit A is the period from September 22, 2010 through December 31, 2010. The Final Period described in Exhibit A is the period beginning January 1, 2011.

**Note: All HAMP and 2MP trial period plans, permanent HAMP, 2MP, Treasury FHA-HAMP and RD-HAMP modifications, offers relating to such trial period plans and permanent modifications, and HAFA short sale and deed in lieu of foreclosure (DIL) offers outstanding as of the date of this Supplemental Directive are not impacted by the Dodd-Frank Certification requirement.**

A form of the Dodd-Frank Certification is attached to this Supplemental Directive as Exhibit B and is available on [www.HMPadmin.com](http://www.HMPadmin.com). Further guidance on servicer obligations related to the Dodd-Frank Certification will be issued in a subsequent Supplemental Directive.

**EXHIBIT A**  
**REQUIREMENTS FOR OBTAINING**  
**DODD-FRANK CERTIFICATION**

Program	Interim Period Requirement	Final Period Requirement
HAMP	Obtain completed Dodd-Frank Certification prior to permanent HAMP modification	Obtain completed Dodd-Frank Certification as part of Initial Package prior to offering HAMP trial period plan to borrower  For bankrupt borrowers where trial period is waived, obtain completed Dodd-Frank Certification prior to permanent HAMP modification
2MP	If not obtained in connection with related HAMP evaluation, obtain completed Dodd-Frank Certification prior to permanent 2MP modification or extinguishment	If not obtained in connection with related HAMP evaluation, obtain completed Dodd-Frank Certification prior to offering 2MP trial period plan or prior to permanent 2MP modification or extinguishment, as applicable
HAFA	If not obtained in connection with related HAMP evaluation, obtain completed Dodd-Frank Certification prior to closing HAFA short sale or DIL	If not obtained in connection with related HAMP evaluation, obtain completed Dodd-Frank Certification prior to closing HAFA short sale or DIL
Treasury FHA-HAMP	Obtain completed Dodd-Frank Certification prior to reporting Treasury FHA-HAMP modification to Program Administrator	Obtain completed Dodd-Frank Certification prior to reporting Treasury FHA-HAMP modification to Program Administrator
RD-HAMP	Obtain completed Dodd-Frank Certification prior to reporting RD-HAMP modification to Program Administrator	Obtain completed Dodd-Frank Certification prior to reporting RD-HAMP modification to Program Administrator
FHA2LP	See applicable requirements published by FHA	See applicable requirements published by FHA

**EXHIBIT B  
FORM OF DODD-FRANK CERTIFICATION**

**HELP FOR AMERICA'S HOMEOWNERS.**



**Dodd-Frank Certification**

The following information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203). **You are required to furnish this information.** The law provides that no person shall be eligible to receive assistance from the Making Home Affordable Program, authorized under the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 *et seq.*), or any other mortgage assistance program authorized or funded by that Act, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony larceny, theft, fraud or forgery, (B) money laundering or (C) tax evasion.

**Borrower**

- I have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:
- (a) felony larceny, theft, fraud or forgery,
  - (b) money laundering or
  - (c) tax evasion

**Co-Borrower**

- I have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:
- (a) felony larceny, theft, fraud or forgery,
  - (b) money laundering or
  - (c) tax evasion

In making this certification, I/we certify under penalty of perjury that all of the information in this document is truthful and that I/we understand that the Servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/we also understand that knowingly submitting false information may violate Federal law.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

# Request for Transcript of Tax Return

(Rev. January 2010)

Department of the Treasury  
Internal Revenue Service

▶ Request may be rejected if the form is incomplete or illegible.

**Tip.** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. 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.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return or employer identification number (see instructions)
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2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number if joint tax return
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3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code

4 Previous address shown on the last return filed if different from line 3

5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

**Caution.** If the transcript is being mailed to a third party, ensure that you have filled in line 6 and line 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy.

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 1120A, Form 1120H, Form 1120L, 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 30 calendar days. . . . .

c **Record of Account**, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar 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 2007, filed in 2008, will not be available from the IRS until 2009. 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 45 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.

**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, **either** husband or wife must sign. If signed by a corporate officer, partner, 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.** For transcripts being sent to a third party, this form must be received within 120 days of signature date.

<b>Sign Here</b>	<hr/> <b>Signature</b> (see instructions)	<hr/> Date	<hr/> Telephone number of taxpayer on line 1a or 2a
	<hr/> <b>Title</b> (if line 1a above is a corporation, partnership, estate, or trust)		
	<hr/> <b>Spouse's signature</b>	<hr/> Date	

## General Instructions

**Purpose of form.** Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

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

**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 RAIVS teams, send your request to the team based on the address of your most recent return.

**Automated transcript request.** You can call 1-800-829-1040 to order a transcript through the automated self-help system. Follow prompts for "questions about your tax account" to order a tax return transcript.

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

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
Florida, Georgia, North Carolina, South Carolina	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 770-455-2335
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
Alaska, Arizona, 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	RAIVS Team Stop 37106 Fresno, CA 93888 559-456-5876
Arkansas, Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia	RAIVS Team Stop 6705 P-6 Kansas City, MO 64999 816-292-6102

### Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 801-620-6922
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 859-669-3592

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

**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. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected.

**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.

**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 Internal Revenue Code 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, and the District of Columbia 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 the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 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.

## Borrower/Co-Borrower Acknowledgment and Agreement

1. I/We certify that all of the financials and information provided to \_\_\_\_\_ in regards to the mediation scheduled on \_\_\_\_\_ in reference to the real property located at \_\_\_\_\_ is truthful and accurate.
2. That the hardship(s) identified has contributed to submission of this request for mortgage relief.
3. I/We understand and acknowledge that the Servicer, owner or guarantor of my mortgage, or their agent(s) may investigate the accuracy of my statements, may require me to provide additional supporting documentation, and that knowingly submitting false information may violate Federal and other applicable law.
4. I/We understand the Servicer may obtain a credit report on all borrowers obligated under the Note and all contributors.
5. I/We understand that if I/we have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this request for mortgage relief or if I/we do not provide all required documentation, the Servicer may cancel any mortgage relief granted and may pursue foreclosure on my home and/or pursue any available legal remedies.
6. I/We certify that my property has not received a condemnation notice.
7. I/We certify that I/we am willing to provide all requested documents and to respond to all Servicer communication in a timely manner. I/We understand that time is of the essence.
8. I/We understand that the Servicer will use this information to evaluate my eligibility for available relief options and foreclosure alternatives, but the Servicer is not obligated to offer me assistance based solely on the representations in this document or other documentation submitted in connection with my request.
9. If I/we am eligible for a trial period plan, repayment plan or forbearance plan, and I/we accept and agree to all terms of such plan, I/we also agree that the terms of this Acknowledgment and Agreement are incorporated into such plan by reference as if set forth in such plan is full.
10. I/We understand that Servicer will collect and record personal information that I submit in regards to the mediation scheduled on \_\_\_\_\_ in reference to the real property located at \_\_\_\_\_ and during the evaluation process, including, but not limited to: my name, address, telephone number, social security number, credit score, income, payment history, and information about my account balances and activity. I/We understand and consent to the Servicer's disclosure of my personal information and the terms of any relief of foreclosure alternative that I/we receive to any investor, guarantor, or servicer that owns, insures, guarantees, or services my first lien or subordinate lien (if applicable) mortgage loan(s) or to any HUD-certified housing counselor.
11. If I/we am eligible for foreclosure prevention relief under the federal Making Home Affordable Program, I/we understand and consent to the disclosure of my personal information and the terms of any Making Home Affordable Agreement by the servicer to (a) the U.S. Department of the Treasury, (b) Fannie Maw and Freddie Mac in connection with their responsibilities under the Home Affordability and Stability Plan, and (c) companies that perform support services in connection with Making Home Affordable.

\_\_\_\_\_  
Borrower Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Borrower Name

\_\_\_\_\_  
Date



# EMPLOYMENT VERIFICATION

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

Property Address: \_\_\_\_\_

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**Privacy Act Notice: This information is to be used by the agency collecting it in determining whether you qualify as a current mortgagor under its programs. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval of a loan modification may be delayed or rejected.**

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Employee Section Only

## Part I-Authorization

I \_\_\_\_\_ give  
\_\_\_\_\_ the authorization to verify my current employment for a Loan  
Modification. I understand that the request will be sent directly to my employer by  
\_\_\_\_\_. I certify under penalty of perjury that all employment information is truthful.  
I understand that knowingly submitting false information may violate Federal law and that  
\_\_\_\_\_ may cancel my request for assistance if my employment is not  
verified. I understand that my social security number may be required in order for my employer to access  
my employment records.

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Signed

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Dated

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Employer Name

---

Employer Address

---

Employer Fax Number

---

Employer Phone Number

---

My Position

---

Employee Identification Number/Social Security Number

I have been employed here for \_\_\_\_\_