

# FAY SERVICING

This completed Borrower Assistance Form and all required documentation must be sent to one of the following locations:

Mail: Attn: Applications Fay Servicing, LLC 440 S. LaSalle St., Suite 2000 Chicago, IL 60605	Fax: (312) 509-4794	Email: <a href="mailto:applications@fayservicing.com">applications@fayservicing.com</a>  Questions: (800) 495-7166
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**Certain restrictions may apply if there is a scheduled foreclosure sale date.** The owner of your loan does not offer loss mitigation options to borrowers who submit applications less than the applicable number of days before a scheduled foreclosure sale explained here. Generally, all documents required to complete your loss mitigation application must be received more than thirty seven (37) days before a scheduled foreclosure sale in order for you to be eligible for loss mitigation options. Please note, however, that certain states have established additional loss mitigation requirements for properties that are a borrower's principal residence. For such properties located in the state of Washington, all documents required to complete a loss mitigation application must be received at least fifteen (15) days before a scheduled foreclosure sale in order for a borrower to be eligible for loss mitigation options. For such properties located in the state of California, Nevada, Minnesota, or Georgia, all documents required to complete a loss mitigation application (substantially complete for Minnesota) must be received at least seven (7) days before a scheduled foreclosure sale in order for a borrower to be eligible for loss mitigation options. If a complete (substantially complete for Minnesota) loss mitigation application is not received by the dates identified in this paragraph, you will not be eligible for any loss mitigation options and the foreclosure sale may proceed. **Please note: Documents received after 4:00 pm CST on any Business Day\*\*\* will be deemed to have been received on the next Business Day.**

## BORROWER ASSISTANCE FORM

**We strongly recommend you or an authorized representative contact your Fay Servicing Account Manager to review your information and discuss all options available to you at (800) 495-7166.**

If you are experiencing a financial hardship and need help, you must complete and submit this entire Borrower Assistance Form ("Form") to be evaluated for all loss mitigation options that may be available to you. The documents required to evaluate you for available loss mitigation options vary depending on the owner of your loan. Your Account Manager will be able to provide you with the list of documents needed for your loss mitigation review; however, if you are unable to speak with your Account Manager, you may submit the applicable documents listed on the Document Checklist.

Loan Number (usually found on your monthly mortgage statement): \_\_\_\_\_  
 Are you currently living in the property as your principal residence?  Yes  No  
 If no, what is the status of the property:  Occupied by Non-Borrower/Tenant  Second/Vacation Home  Vacant  
 How many people live in your property? \_\_\_\_\_  
 I want to:  Keep the Property  Deed the Property to the owner of my Loan  Sell the Property  Undecided  
 If you wish to keep the property, how long do you plan on keeping it? \_\_\_\_\_

CONTACT INFORMATION	
Borrower	Co-Borrower
Name:	Name:
Phone #:	Phone #:
Email Address:	Email Address:
Can we contact you via email? (Optional) <input type="checkbox"/> Yes <input type="checkbox"/> No	Can we contact you via email? (Optional) <input type="checkbox"/> Yes <input type="checkbox"/> No
Property Address:	
Mailing Address (if different from Property Address):	

\*\*\* A "Business Day" means any day other than (a) a Saturday or Sunday, or (b) a legal public holiday.

**PROPERTY INSPECTION**

We may require an interior inspection of the property to be conducted. Please provide contact information for the individual we should call to schedule an inspection time and provide the most convenient time during the week that we may conduct an inspection.

Contact Name:	Phone #:
Day:	Time: a.m./p.m. (circle one)

**PROPERTY INFORMATION**

Is the property listed for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what was the listing date? _____
Have you received an offer on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Offer: _____	Amount of Offer: \$ _____
*Agent's Name: _____	Agent's Phone #: _____
Agent's Email: _____	For Sale by Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No

\*If you have an agent, you must submit a third party authorization form to allow us to work with your agent.

**EMPLOYMENT INFORMATION**

Borrower	Co-Borrower
Company Name:	Company Name:
Start Date:	Start Date:
Occupation:	Occupation:

**FINANCIAL INFORMATION**

Monthly Household Income		Household Assets Associated with the Property and/or Borrower(s)	
Gross Monthly Wages	\$	Checking Account(s)	\$
Overtime	\$	Savings/Money Market	\$
Child Support/Alimony*	\$	Stocks/Bonds/CDs	\$
Tips, Commissions, Bonus, and Self-Employed Income	\$	Expected Assets (e.g., inheritance, tax returns, etc.)	\$
Taxable SS Benefits or Other Taxable Monthly Income (e.g., Annuities, Retirement Plans, etc.)	\$	Total Amount in Any Additional Assets (e.g., trusts)	\$
Non-Taxable SS Benefits or Other Non-Taxable Monthly Income	\$	Other Real Estate (estimated value)	\$
Rents Received	\$	Retirement	\$
Unemployment Income	\$	Other Cash on Hand	\$
Food Stamps/Welfare	\$		
Other	\$		
Non-Borrower Contribution	\$	Indicate your relationship to Non-Borrower Contributor:	
Non-Borrower Contributor Name:			
<b>Total Monthly Household Income</b>	<b>\$</b>	<b>Total Household Assets</b>	<b>\$</b>

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

Monthly Household Expenses and Debt Payments			
First Mortgage Payment on your Primary Residence (including taxes and homeowners insurance paid by the servicer)	\$	Life or Supplemental Insurance Premium (if any)	\$
Second Mortgage Payment	\$	Electric	\$
First Mortgage Payment on the Subject Property (including taxes and homeowners insurance paid by the servicer)	\$	Gas	\$
Mortgage Payments on Other Properties	\$	Water	\$
Property Taxes (if not paid by the servicer)	\$	Cable	\$
Homeowner's Insurance (if not paid by the servicer)	\$	Internet	\$
HOA/Condo/Property Fees	\$	Phone (cell, land line)	\$
General Property Maintenance	\$	Trash	\$
Car Loan/Lease Number of Vehicles: _____	\$	Food (groceries, dining out)	\$
Other Auto Expenses (tolls, train, gas, maintenance, auto insurance)	\$	Personal Items and Services	\$
Credit Cards (total minimum payment per month)	\$	Hobbies/Entertainment	\$
Other Debts (boat, RV, timeshare, personal loan, etc.)	\$	Child Care and Educational Expenses	\$
Monthly Student Loan Payments (if not deferred)	\$	Child Support or Alimony Payments	\$
Out-of-Pocket Medical Expenses	\$	Other:	\$
Out-of-Pocket Dental Expenses	\$	<b>Total of all Household Expenses</b>	\$

**HARDSHIP AFFIDAVIT**

I believe that my situation is:  Short-Term (under 12 months)  Long-Term or Permanent (more than 12 months)

Unemployed?  Yes  No      Date began (if applicable) \_\_\_\_\_      Seeking employment?  Yes  No

**EXPLANATION OF HARDSHIP** *Continue on separate page(s) if needed.*

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**BORROWER/CO-BORROWER ACKNOWLEDGMENT AND AGREEMENT**

I certify, acknowledge, and agree to the following:

1. All of the information in this Form is truthful and the hardship that I have identified contributed to my need for mortgage relief.
2. The accuracy of my statements may be reviewed by Fay Servicing, the owner or guarantor of my loan, or their agent(s), and I may be required to provide additional supporting documentation.
3. Knowingly submitting false information may violate federal and other applicable law.
4. If I 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 do not provide all required documentation, Fay Servicing may cancel any mortgage relief granted and may pursue foreclosure on my home and/or pursue any available legal remedies.
5. Fay Servicing is not obligated to offer me assistance based solely on the representations in this document or other documentation submitted in connection with my request.
6. I may be eligible for a trial period plan, repayment plan, or forbearance plan. If I am eligible for one of these plans, I agree that all the terms of this Acknowledgment and Agreement are incorporated into such plan by reference as if set forth in such plan in full.
7. A condemnation notice has not been issued for the property.
8. Fay Servicing will obtain a current credit report on all borrowers obligated on the Note.
9. Fay Servicing will collect and record personal information that I submit in this Form and during the evaluation process. This personal information may include, but is not limited to: (i) my name, address, and telephone number; (ii) my Social Security number; (iii) my credit score; (iv) my income; and (v) my payment history and information about my account balances and activity. I understand and consent to Fay Servicing, as well as any investor or guarantor, disclosing my personal information and the terms of any relief or foreclosure alternative that I receive to any investor, insurer, guarantor, or servicer that owns, insures, guarantees, or services my first lien or subordinate lien (if applicable) mortgage loan(s) or any companies that perform support services to them.
10. I consent to being contacted concerning this request for mortgage assistance at any telephone number, including mobile telephone number, or email address I have provided to Fay Servicing (provided I have checked the box on this Form that authorizes email communication or have previously provided such authorization).
11. If I was discharged in a Chapter 7 bankruptcy proceeding subsequent to the execution of the Note and Security Instrument, or am currently entitled to the protections of any automatic stay in bankruptcy, I acknowledge that Fay Servicing is providing the information about mortgage assistance at my request and for informational purposes, and not as an attempt to impose personal liability for the debt evidenced by the Note.
12. If I or someone on my behalf has submitted a cease and desist notice to Fay Servicing pursuant to the Fair Debt Collection Practices Act (FDCPA), I consent to Fay Servicing communicating with me with respect to the loss mitigation process and acknowledge that such communication is not a violation of the FDCPA.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

(July 2017)

Department of the Treasury  
Internal Revenue Service

▶ Request may not be processed if the form is incomplete or illegible.  
▶ For more information about Form 4506T-EZ, visit [www.irs.gov/form4506tez](http://www.irs.gov/form4506tez).

**Tip.** Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge, or 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 Transcript of Your Tax Records" under "Tools" or call 1-800-908-9946.

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

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

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

5 If the transcript 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.

Third party name	Telephone number
Address (including apt., room, or suite no.), city, state, and ZIP code	

**Caution.** If the tax transcript is being mailed to a third party, ensure that you have filled in line 6 before signing. Sign and date the form once you have filled in this line. Completing this step helps to protect your privacy. Once the IRS discloses your IRS transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 **Year(s) requested.** Enter the year(s) of the return transcript you are requesting (for example, "2008"). Most requests will be processed within 10 business days.

**Note.** If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS will notify you or the third party that it was unable to locate a return, or that a return was not filed, whichever is applicable.

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

**Signature of taxpayer(s).** I declare that I am the taxpayer whose name is shown on either line 1a or 2a. If the request applies to a joint return, either spouse must sign. **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.

<b>Sign Here</b>	Signature (see instructions)	Date	Phone number of taxpayer on line 1a or 2a
	Spouse's signature	Date	

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

**Future Developments**

For the latest information about developments related to Form 4506T-EZ, such as legislation enacted after it was published, go to [www.irs.gov/form4506tez](http://www.irs.gov/form4506tez).

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

**Purpose of form.** Individuals can use Form 4506T-EZ to request a tax return transcript for the current and the prior three years that includes most lines of the original tax return. The tax return transcript will not show payments, penalty assessments, or adjustments made to the originally filed return. You can also designate (on line 5) a third party (such as a mortgage company) to receive a transcript. Form 4506T-EZ cannot be used by taxpayers who file Form 1040 based on a tax year beginning in one calendar year and ending in the following year (fiscal tax year). Taxpayers using a fiscal tax year must file Form 4506-T, Request for Transcript of Tax Return, to request a return transcript.

Use Form 4506-T to request tax return transcripts, tax account information, W-2 information, 1099 information, verification of non-filing, and record of account.

**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 Transcript of Your Tax Records" under "Tools" or call 1-800-908-9946.

**Where to file.** Mail or fax Form 4506T-EZ to the address below for the state you lived in when the return was filed.

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.

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

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

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

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

**Mail or fax to the "Internal Revenue Service" at:**

RAIVS Team  
Stop 6716 AUSC  
Austin, TX 73301  
855-587-9604

RAIVS Team  
Stop 37106  
Fresno, CA 93888  
(855) 800-8105

RAIVS Team  
Stop 6705 P-6  
Kansas City, MO 64999  
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 (TIN) 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 address on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address.

**Signature and date.** Form 4506T-EZ must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506T-EZ 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*

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

**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. If you request a transcript, sections 6103 and 6109 require you to provide this information, including your SSN. 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 4506T-EZ will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form, 9 min.; Preparing the form, 18 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 4506T-EZ 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.