

M&T Bank

• P.O. Box 840 • Buffalo, NY 14240

Dear Mortgage Customer(s):

In order to process your request for a modification of your mortgage loan, you will need to provide the bank with required financial information, and complete the attached forms. By providing this information, we will be able to begin our review in order to determine if you qualify for a modification of your loan. Only upon completion of our review will we notify you of our decision as to your modification request.

This offer is being extended in accordance with applicable laws and the servicing guidelines required by the owner of your loan, and to assist you in your desire to avoid a possible foreclosure of your property.

Included In this Package

- The below forms are required documents. These must be completed and signed by all borrowers:
 - **Borrower(s) Financial Report and Certification, Authorization Form**
 - **IRS Form 4506-T** (allows us to verify tax return information)
 - **Profit and Loss Statement Template** (if you are self-employed)
 - **M&T Bank Arm's Length Agreement** (if you are unable to maintain ownership of your property)

- The below forms are included to assist you in completing the Loss Mitigation Application.
 - **Checklist of Required Documents Needed** (this will assist you in ensuring you have included all required information)

In addition to the above required documents, the following information is needed for all borrowers:

Hardship Letter. Please write and sign a detailed letter explaining the reason(s) for default and/or why you are unable to afford your current contractual payment. Provide details of any changed circumstances including any dates and amounts of income changes, if applicable. Supporting documentation of hardship must accompany the hardship letter.

Escrow Documentation Information. If your loan is not escrowed for property taxes and/or Homeowner's Insurance, please provide a copy of your most recent property tax bill and/or a copy of your Homeowner's Insurance binder.

If you do not intend to maintain ownership of your property the following information may be required to fully evaluate you for other non-home retention options. If you have any of the below, please include them in your Loss Mitigation Application:

- **Listing Agreement.** Current, non-expired listing agreement signed and dated by the sellers.
- **Current MLS print out.**
- **Signed authorization for a 3rd party.**
- **Purchase Contract, signed and dated by the seller(s) and buyer(s).**
- **Preliminary HUD-1 settlement statement.**
- **Buyer's pre-approval letter or proof of funds for a cash offer.**
- **Arms-Length Agreement letter (included) signed and dated by the seller(s) and buyer(s).**

You can return the complete Loss Mitigation Application by fax, email or mail.

Fax number: 1-855-678-0866

Email: opsmtgsupport@mtb.com

Mail: M&T Bank, P.O. Box 840, Buffalo, NY 14240

Our ability to review your request will depend on your timely and complete response to this letter. It is possible that after our review additional information may be requested from you. Typically a decision will be reached within thirty (30) days from the date M&T Bank receives all of the required documentation to determine if any loss mitigation options are available. If applicable, this would include approval from the mortgage insurance company.

Until a decision is made with respect to your loss mitigation assistance request, you may still receive notices, and you should make every attempt to continue making your contractual payments during the review process. There is a possibility that the foreclosure process may commence/continue. If you don't intend to retain ownership of your home, understand that the owner of your loan requires that all properties be maintained until closing. Please keep the property in good condition and repair.

If you need any assistance or have any questions, please contact our Single Point of Contact Team at 1-800-724-1633. You may contact HUD approved credit counseling agency for assistance. To contact one of these agencies in your area dial 1-800-569-4287.

Single Point of Contact Team
Homeowner Assistance Center
Hours: Mon.-Thur. 8am-9pm; Friday 9am-5pm
Phone: 1-800-724-1633
Fax: 1-855-678-0866

M&T Bank is attempting to collect a debt and any information will be used for that purpose. To the extent your original obligation was discharged, or is subject to an automatic stay of bankruptcy under Title 11 of the United States Code, this correspondence is for compliance and/or informational purposes only and does not constitute an attempt to collect a debt or to impose personal liability for such obligation. However, M&T Bank retains rights under its security instrument, including the right to foreclose its lien.

Checklist of Required Documents Needed

_____ Borrower(s) Financial Report and Certification, Authorization Form

_____ IRS Form 4506-T (signed and dated)

_____ Hardship Letter

_____ Proof of hardship

_____ Checking and Savings Account(s) for the last two months

_____ Proof of all household income

- Most recent paystubs
- Social Security Statements
- Military Retirement Statements
- Alimony
- Child Support
- Death benefits
- Real Estate/ Rental Income
- Non-Borrower contribution
- Unemployment Income
- Self-Employment Income
- Public Assistance/Proof of food stamp income
- Other

Liquidation Non Retention documents

_____ Listing Agreement

_____ Signed authorization form for a 3rd party

_____ Current MLS Printout

_____ Copy of the Purchase Contract, signed and dated by all sellers and buyers

_____ Preliminary HUD-1 Settlement Statement

_____ Buyer's Pre-Approval Letter of Proof of funds for cash offer

_____ Signed ARM's Length Agreement Letter

Borrower(s) Financial Report

Loan Number:	
Property Address:	

Borrower			
Name:		Social Security #:	
Mailing Address:		Home Phone #:	
		Work Phone #:	
		Cell Phone #:	
		Email:	
Co-Borrower			
Name:		Social Security #:	
Mailing Address:		Home Phone #:	
		Work Phone #:	
		Cell Phone #:	
		Email:	

<p>Borrower</p> <p>Do you occupy the property: Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>Do you wish to retain the property: Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>Employment Status (check applicable box):</p> <p>Self Employed <input type="checkbox"/></p> <p>Employed <input type="checkbox"/> Date of hire: _____</p> <p>Unemployed <input type="checkbox"/> Date of unemployment: _____</p> <p>If unemployed, are you actively seeking employment? Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>	<p>Co-Borrower</p> <p>Do you occupy the property: Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>Do you wish to retain the property: Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>Employment Status (check applicable box):</p> <p>Self Employed <input type="checkbox"/></p> <p>Employed <input type="checkbox"/> Date of hire: _____</p> <p>Unemployed <input type="checkbox"/> Date of unemployment: _____</p> <p>If unemployed, are you actively seeking employment? Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>
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<p>General Questions</p> <p>Bankruptcy</p> <p>Filed Bankruptcy? Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>Chap 13: <input type="checkbox"/></p> <p>Chap 7: <input type="checkbox"/></p> <p>Filing Date: _____</p> <p>Bankruptcy case number: _____</p> <p>Attorney's Name and Telephone number: _____</p>	<p>Service Member</p> <p>Is the borrower a service member? Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>Is the co-borrower a service member? Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>Have you recently been deployed away from your principal residence or recently received a permanent change of station order? Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>
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Discharged Bankruptcy? Yes: <input type="checkbox"/> No: <input type="checkbox"/> Date that the Bankruptcy was discharged: _____	Property Status Is the property vacant: Yes: <input type="checkbox"/> No: <input type="checkbox"/> Is the property used as a rental: Yes: <input type="checkbox"/> No: <input type="checkbox"/> Is the property listed for sale: Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes, please complete the following below: Listing Agent's Name: _____ Phone Number: () _____ - _____ Current listing price: \$ _____
Household Composition: Number of adults: _____ Number of children: _____ Number of cars: _____	
Contribution towards arrearage: Amount: \$ _____ Date available: _____	
Escrow and Homeowner Association fees: If the mortgage loan is not escrowed, indicate the monthly insurance premium: \$ _____ If the mortgage loan is not escrowed, indicate the tax amount: \$ _____ Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Do you have condominium or homeowner association (HOA) fees? Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes, total monthly payment amount: \$ _____ Name and Address fees are paid to? _____	

Hardship

Please check all applicable boxes and address all reasons checked in accompanying hardship letter. You must provide supporting documentation of the hardship indicated below (i.e. bank statements, home repair bills or other similar documentation).

To ensure your loan is reviewed for all available workout options, all borrowers (if applicable) must sign the letter of hardship.

<input type="checkbox"/> Reduction of Income <input type="checkbox"/> Increase in living expenses <input type="checkbox"/> Unemployment <input type="checkbox"/> Property Condition <input type="checkbox"/> Payment Adjustment <input type="checkbox"/> Excessive Obligations	<input type="checkbox"/> Divorce <input type="checkbox"/> Death of a borrower, co-borrower or contributor <input type="checkbox"/> Illness of borrower or co-borrower <input type="checkbox"/> Military Service <input type="checkbox"/> Business Failure <input type="checkbox"/> Other, please see explanation in hardship letter
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Title

Are you or the co-borrower known by any other name?

Yes: No:

If "yes" what other names are you or the co-borrower known by?

Marital Status:

We are collecting the data on this form for the limited purpose for verifying your marital status so that we can determine whether additional signatures (besides yours) are required to close your loss mitigation option should you be approved.

Single

Married

Date of marriage: _____

Maiden Name (if applicable): _____

Spouse's full name (first, middle, last): _____

Divorced

Date of divorce: _____

*Please send Divorce Decree and Quit Claim Deed

Separated

Date of separation: _____

*Please send Separation Agreement and Quit Claim Deed

Widowed

Date of death of the deceased: _____

Transfer of the property:

Have you transferred the property to another person, company or trust?

Yes: No:

If "Yes" what is the name of the other person, company or trust you transferred title to?

Power of Attorney:

Will you be using a Power of Attorney to sign on someone else's behalf if your loan modification is approved?

Yes: No:

Second Lien Information:

If there is a 2nd lien associated with this property please provide the information below:

Lien Holders Name: _____

Lien Holders Phone Number: _____

Amount of Lien: \$ _____

Loan number: _____

Financial Summary

Borrower – Monthly Income (W2/ Wage income)		Income Documentation Required
Gross	\$	Most recent pay stubs for the past 30 days including year to date income.
Net / Take Home	\$	

Co-Borrower – Monthly Income (W2/ Wage income)		Income Documentation Required
Gross	\$	Most recent pay stubs for the past 30 days including year to date income.
Net / Take Home	\$	

Other Income		Income Documentation Required
Unemployment	\$	Copy of award letter, weekly or monthly amount. The letter must include the length of time the benefits are approved for.
Alimony	\$	Copy of divorce decree, separation agreement, or other written legal agreement filed with a court, or court decree that states the amount of the alimony, child support, or separation maintenance payments and the period of the time over which the payments will be received, and copies of your two most recent bank statements or other third-party documents showing receipt of payment.
Child Support	\$	
Social Security	\$	
Long Term Disability	\$	Documentation showing the amount and frequency of the benefits, such as letters, policy or benefit statements from the provider and documentation showing the receipt of payment, such as copies of the two most recent bank statements showing deposit amounts.
Personal / Retirement	\$	
Death Benefits	\$	
Short Term Disability	\$	
Real Estate / Rental	\$	Signed lease agreement with valid dates, or a notarized letter from the tenant that includes the address and the amount paid for rent, along with proof of rents received.
Non-Borrower Contribution	\$	Notarized letter from non-borrower stating the amount and frequency of their contribution. Documentation showing the receipt of payment, such as copies of the two most recent bank statements showing deposit amounts.
Food Stamps	\$	Current Award Letter. This will be used to offset your food expense. Food Stamps will not be counted as "Income"
Self-Employed	\$	Most recent yearly or quarterly profit and loss statement signed and dated. Most recent filed Federal Business tax returns with all schedules present signed and dated. All personal and business bank statements for two (2) months within the last 90 days.
Other	\$	Documentation to substantiate income source along with proof of funds received.
Total	\$	

Notice: Alimony, child support, or separate maintenance income need not be revealed if the Borrower or Co-Borrower does not choose to have it considered for repaying this loan.

Expenses- Monthly amounts

Installment Payments	
Monthly Credit Card	\$
Student Loans	\$
Installment for car #1	\$
Installment for car #2	\$
Second Mortgage	\$
Home Equity Loan	\$
Other Loan #1	\$
Other Loan #2	\$
Total	\$

Food, Clothing & Other	
Food (excluding food stamps)	\$
Clothing	\$
Laundry & Dry Cleaning	\$
Housekeeping Supplies	\$
Total	\$

Utilities	
Electric & Heating Fuel	\$
Water & Sewer	\$
Telephone / Cell Phone	\$
Garbage	\$
Security / Alarm	\$
Cable TV / Satellite / Internet	\$
Total	

Transportation	
Gas	\$
Auto Insurance	\$
Parking	\$
Bus Fare	\$
Subway	\$
Train	\$
Car Pool	\$
Other	\$
Total	\$

Other Miscellaneous	
Child Support (If not deducted from pay check)	\$
Child Care	\$
Dependents (not living at home)	\$
Tuition / Other school expenses	\$
Life Insurance	\$
Health Insurance (If not deducted from pay)	\$
Medical and Dental (out of pocket)	\$
Religious /Charity Contribution	\$
Home Maintenance	\$
HOA or Condo Fee	\$
Alimony (If not deducted from pay check)	\$
Taxes (non-escrow loan)	\$
Homeowner's Insurance (non-escrow loan)	\$
Rent (if not occupying the property)	\$
Renters Insurance	\$
Other	\$
Total	

Assets -- Estimated Value			
Other Real Estate	\$	Personal Property	\$
Checking	\$	Other Investments	\$
Savings	\$	Cash Value Insurance	\$
Total	\$		



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CERTIFICATION, AUTHORIZATION AND ACKNOWLEDGEMENT

I/We have requested that M&T Bank (hereinafter "M&T" or "You") evaluate me/us for loss mitigation assistance.

Certification: By signing below, I/we certify the following:

- 1. In connection with requesting assistance, I/we provided you with required information, including financial information. I/we certify that all of the information I/we provided is true, accurate and complete.

Authorization: By signing below, I/we authorize the following:

- 1. You may at any time obtain credit reports on me/us or any other information you feel is necessary in connection with my/our request. If I/we ask You, You will tell me/us if a credit report was obtained and, if so, the name and address of the credit reporting agency furnishing the report (NY Gen Bus Law Sec 380-b(b))
- 2. You may engage in discussions with me or my designated representative, regarding this request, the documentation and information I/we submitted, all foreclosure alternative programs, any loan documentation, servicing records or payment records.

(Print) Name

Contact Number

Date

This authorization is permitted for one year from the date referenced above or until cancelled by you in writing.

Initial

- 3. You and the mortgage insurer, if any, may discuss and share any and all documentation about my mortgage loan and personal financial situation with each other, as You or the mortgage insurer deem necessary.

Acknowledgement:

I/We acknowledge that M&T is not under any obligation to agree to any loss mitigation assistance/alternative to foreclosure. The decision will be based on, among other things, my/our financial information, credit report and payment history. I/We understand that any agreement that I/we may reach with M&T must be in writing, to be binding upon me/us and M&T.

I/We agree that discussions regarding loss mitigation or a possible alternative to foreclosure will not constitute a waiver or defense to M&T Bank's right to commence or continue any foreclosure or other collection action or otherwise enforce its rights under the Note, Mortgage or other loan documents.

I/We understand that this document is a legally binding agreement and that I/we have the right to seek the advice of legal counsel before signing it.

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.

OMB No. 1545-1872

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 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.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5a 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. M&T Bank C/O DataVerify 875 Greentree Road, 8 Parkway Center, Pittsburgh, PA 15220	
5b Customer file number (if applicable) (see instructions)	

Caution: If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax 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 **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. ▶ 1040

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 2011, filed in 2012, will likely not be available from the IRS until 2013. 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.

12 / 31 / 2016	12 / 31 / 2017	/ /	/ /
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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.

Signature (see instructions)	Date	Phone number of taxpayer on line 1a or 2a
Title (if line 1a above is a corporation, partnership, estate, or trust)		
Spouse's signature	Date	

750-3388-1018F

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. 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. 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, is shown on the transcript.

A new optional Customer File Number field is available to use when requesting a transcript. You have the option of inputting a number, such as a loan number, in this field. You can input up to 10 numeric characters. The customer file number should not contain an SSN. This number will print on the transcript. The customer file number is an optional field and not required.

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. You can also designate (on line 5) a third party to receive the 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.

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 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 RAIVS Team Stop 6716 AUSC Austin, TX 73301 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 RAIVS Team Stop 37106 Fresno, CA 93888 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 RAIVS Team Stop 6705 P-6 Kansas City, MO 64999 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, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, 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 RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-298-1145
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, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 855-800-8015

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 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 be blank 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.

750-3389-1018B

Loan Number: _____

PROFIT AND LOSS STATEMENT (MINIMUM OF LAST FULL THREE MONTHS BUT NO MORE THAN 12)

Please complete a separate Profit and Loss Statement for each business owned by the borrower(s)

*This form also needs to be completed if you are a 1099 employee

Company Name: _____

Type of Business: _____ Percentage of Ownership _____ %

Check one: Business is All year OR Seasonal If seasonal enter the number of month's _____

For the Period: _____ through _____ Date of business formation: _____
 MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY

Name(s) of Business Owner(s): _____

Income:	Gross Sales and Receipts.....	_____
	Costs of Goods Sold.....	_____
Other Income:	Interest, fees earned, etc.....	_____
	Total Income (Gross Sales + Other Income)	_____

Business-Only		
Expenses:	Officer Wages and Salaries How are the wages received? <input type="checkbox"/> W-2 <input type="checkbox"/> Owner draws (if taxes deducted, provide 30-days current paystubs)	_____
	Employee Wages and Salaries	_____
	Payroll Taxes Business	_____
	Utilities	_____
	Business Rent and/or Mortgage Payments Insurance	_____
	Advertising	_____
	Telephone Office	_____
	Expenses	_____
	Repairs and Maintenance	_____
	Business Travel, Meals, and Entertainment Supplies	_____
	Other Business Expenses.....	_____
	Other Business Expenses.....	_____
	Other Business Expenses.....	_____
	Total Business Expenses	_____
	Net Income/Loss: (Total Income minus Total Business Expenses)	_____

Amounts can be verified with my Business Bank Statements Personal Bank Statements
 This form accurately states my/our business expenses and self-employed income for the stated period.

 Business Owner's Signature

 Date

 Business Owner's Signature

 Date

M&T Bank ARM's Length Addendum

Servicer: M&T Bank	Servicer Loan Number: _____
Property Address: _____	
Date of Purchase Contract: _____	
Seller: _____	Buyer: _____
Seller: _____	Buyer: _____
Listing Agent: _____ Company: _____	Buyer's Agent: _____ Company: _____
Listing Broker: _____ Company: _____	Buyer's Broker: _____ Company: _____
Escrow/Closing Agent: _____ Company: _____	Transaction Facilitator (if applicable): _____

This Pre-Foreclosure Sale Addendum ("Addendum") is given by the Seller(s), Buyer(s), Agent(s), and Facilitator/Negotiator to the Mortgagee of the mortgage loan secured by the Property ("Mortgage") in consideration for the mutual and respective benefits to be derived from the pre-foreclosure sale of the Property.

NOW, THEREFORE, the Seller(s), Buyer(s), Agent(s), and Facilitator/Negotiator do hereby represent, warrant and agree under the pains and penalties of perjury, to the best of each signatory's knowledge and belief, as follows:

- (a) The sale of the Property is an "arm's length" transaction, between Seller(s) and Buyer(s) who are unrelated and unaffiliated by family, marriage, or commercial enterprise. Additionally, the transaction is characterized by a selling price and other conditions that would prevail in an open market environment and there are no hidden terms or special understandings that exist between any of the parties involved in the transaction including, but not limited to the buyer, seller, appraiser, broker, sales agent(including, but not limited to the listing agent and seller's agent), closing agent and mortgagee, except where such provision is expressly prohibited by law;
- (b) Any relationship or affiliation by family, marriage or commercial enterprise to the Seller(s) or Buyer(s) by other parties involved in the sale of the Property has been disclosed to the Mortgagee;

M&T Bank ARM's Length Addendum

- (c) There are no agreements, understandings or contracts between the Seller(s) and Buyer(s) that the Seller(s) will remain in the Property as tenants or later obtain title or ownership of the Property, except that the Seller(s) are permitted to remain as tenants in the Property for a short term, as is common and customary in the market but no longer than ninety (90) days, in order to facilitate relocation, except where such provision is expressly prohibited by law;
- (d) Neither the Seller(s) nor the Buyer(s) will receive any funds or commissions from the sale of the Property except that the Seller(s) may receive a payment if it is offered by the Mortgagee, and, if the payment is made at closing of the sale of the Property, reflected on the HUD-1 Settlement Statement;
- (e) There are no agreements, understandings, current or pending higher offers, or contracts relating to the current sale of subsequent sale of the Property that have not been disclosed to the Mortgagee;
- (f) The current sale transaction is a market real estate transaction, and the buyer is making an outright purchase of real property;
- (g) The current sale transactions will be recorded;
- (h) All amounts to be paid to any person or entity, including holders of other liens on the Property, in connection with the pre-foreclosure sale have been disclosed to and approved by the Mortgagee and will be reflected on the HUD-1 Settlement Statement;
- (i) Each signatory understands, agrees and intends that the Mortgagee is relying upon the statements made in the Addendum as consideration for the reduction of the payoff amount of the Mortgage and agreement to the sale of the Property;
- (j) Each signatory who makes a negligent or intentional misrepresentation agrees to indemnify the Mortgagee for any and all loss resulting from the misrepresentation including, but not limited to, repayment of the amount of the reduced payoff of the Mortgage;
- (k) This Addendum and all representations, warranties and settlements made herein will survive the closing of the pre-foreclosure sale transaction;
- (l) Except for the real estate agents and brokers identified in this addendum, the signatories to this agreement can only serve in one capacity in order to be in compliance with HUD's policies on conflicts of interest and arms-length transactions;
- (m) The listing Agent and Listing Broker certify that the subject property was initially listed in the Multiple Listing Service (MLS) for a period of 15 calendar days before any offers were evaluated;
- (n) If multiple offers were under consideration at the time the offer was submitted for acceptance, the Listing Agent and Listing Broker certify that, of all of the offers meeting HUD's guidelines, this offer yield the highest net return; and
- (o) Each signatory certifies that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001. 1010. 1012; 31 U.S.C. 3729. 3802)

M&T Bank ARM's Length Addendum

IN WITNESS WHEREOF, I have subscribed my name this ____ day of _____, 20__.
(Seller's Signature) By: _____

IN WITNESS WHEREOF, I have subscribed my name this ____ day of _____, 20__.
(Seller's Signature) By: _____

IN WITNESS WHEREOF, I have subscribed my name this ____ day of _____, 20__.
(Listing Agent's Signature) By: _____

IN WITNESS WHEREOF, I have subscribed my name this ____ day of _____, 20__.
(Listing Broker's Signature) By: _____

IN WITNESS WHEREOF, I have subscribed my name this ____ day of _____, 20__.
(Buyer's Signature) By: _____

IN WITNESS WHEREOF, I have subscribed my name this ____ day of _____, 20__.
(Buyer's Signature) By: _____

IN WITNESS WHEREOF, I have subscribed my name this ____ day of _____, 20__.
(Buyer's Agent's Signature) By: _____

IN WITNESS WHEREOF, I have subscribed my name this ____ day of _____, 20__.
(Buyer's Brokers' Signature) By: _____

IN WITNESS WHEREOF, I have subscribed my name this ____ day of _____, 20__.
(Transaction Facilitator's Signature (if applicable)) By: _____

IN WITNESS WHEREOF, I have subscribed my name this ____ day of _____, 20__.
(Escrow Closing Agent's Signature) By: _____