



CHANGING THE FACE OF HOME LOANS

8950 Cypress Waters Blvd.
Dallas, TX 75019

OUR INFO
ONLINE
www.mrcooper.com

Short Sale Third Party Authorization Form

Property Address: _____ Mr. Cooper Loan Number: _____

Borrower(s) Acknowledgment:

I, the undersigned borrower and co-borrower (if any) (individually and collectively, the "Borrower," "Me" or "My") hereby authorize(s) Nationstar Mortgage LLC d/b/a Mr. Cooper, its employees, affiliates, agents or subcontractors to release and/or discuss any personal, private financial information related to the mortgage, mortgagor, or mortgaged property including but not limited to income, expenses, credit scores, status of any current or previous workout, account, balances, program eligibility, payment activity, and any other confidential (including nonpublic information) information with the Designated Representative and the support staff of the Designated Representative as identified on page 2, title company, represented attorney or escrow company as required for the consummation of the Short Sale.

I further agree and acknowledge as follows:

- I acknowledge that Mr. Cooper is not responsible for any act or omission of the Designated Representative, including anything the Designated Representative may do with information it is provided hereafter, or for any failure of the Designated Representative to competently perform its services.
I agree that the Designated Representative can authorize a delegate to provide administrative support to facilitate procedural, or other clerical and administrative functions that are non-licensable activities on behalf of the Designated Representative.

This Third Party Authorization shall remain in effect until completion of a Short Sale unless revoked in whole or part by me (us) in a written communication to Mr. Cooper, Attn: Collateral, PO Box 610790, Dallas, TX 75261.

I UNDERSTAND AND AGREE WITH THE TERMS OF THIS THIRD PARTY AUTHORIZATION.

Borrower Signature Last 4 of SSN Date Borrower Signature Last 4 of SSN Date

Printed Name

Printed Name

Designated Representative Acknowledgment

The Designated Representative represents and agrees that, he/she (1.) is a licensed real estate agent, real estate broker, attorney ("Licensee") in good standing in the state in which the property is located, and that he Licensee has all licenses, permits or authorizations required by state or federal law to perform the duties undertaken by it in connection with the short sale, (2.) shall no knowingly misrepresent or omit to state any material fact in order to induce the Borrower(s), Lender, Investor, or the Insurer to agree to terms of a short sale that the Borrower(s), Lender, Investor, or the Insurer would not have agreed to had all material facts been known, and (3.) is in compliance with all applicable state and federal laws, rules, and regulations governing the services provided, including, without limitation those related to providing required disclosures to the Borrower(s), and shall be responsible and liable for all acts and omissions of its Designated Support Staff delegated to work on his/her behalf.

Mr. Cooper is simply a new brand name for Nationstar Mortgage LLC. Nationstar Mortgage LLC is doing business as Nationstar Mortgage LLC d/b/a Mr. Cooper. Mr. Cooper is a service mark of Nationstar Mortgage LLC. All rights reserved.

Nationstar Mortgage LLC d/b/a Mr. Cooper is a debt collector. This is an attempt to collect a debt and any information obtained will be used for that purpose. However, if you are currently in bankruptcy or have received a discharge in bankruptcy, this communication is not an attempt to collect a debt from you personally to the extent that it is included in your bankruptcy or has been discharged, but is provided for informational purposes only.





CHANGING THE FACE OF HOME LOANS

Short Sale Third Party Authorization Form (con't)

Each Designated Representative and his/her Designated Support Staff involved in a Short Sale regarding property below:

Address City State Zip Code

Designated Representative: Company Name:
Phone: Email:

Designated Representative Signature Date

Designated Representative: Company Name:
Phone: Email:

Designated Representative Signature Date

Designated Representative: Company Name:
Phone: Email:

Designated Representative Signature Date

The following Support Staff do(es) not hold a Real Estate Agent/Broker's License nor an Attorney's License but is assisting the above identified licensee(s) with administrative functions:

Designated Support Staff: Company Name:
Phone: Email:

Designated Representative Signature Date

Designated Support Staff: Company Name:
Phone: Email:

Designated Representative Signature Date

Borrower(s) confirms the Designated Representative and his/her Designated Support Staff above:

Borrower Signature Date Co-Borrower Signature Date



CHANGING THE FACE OF HOME LOANS

Hawaii Residents: If you believe a loss mitigation option request has been wrongly denied, you may file a complaint with the state division of financial institutions at 808-586-2820 or <http://cca.hawaii.gov/dfi/>.

New York Residents: Nationstar Mortgage LLC d/b/a Mr. Cooper is licensed by the New York City Department of Consumer Affairs License Number: 1392003. If you believe a Loss Mitigation request has been wrongly denied, you may file a complaint with the New York State Department of Financial Services at 1-800-342-3736 or www.dfs.ny.gov.

New York Residents Income Disclosure: If a creditor or debt collector receives a money judgment against you in court, state and federal laws may prevent the following types of income from being taken to pay the debt: supplemental security income (SSI); social security; public assistance (welfare); spousal support, maintenance (alimony) or child support; unemployment benefits; disability benefits; workers' compensation benefits; public or private pensions; veterans' benefits; federal student loans, federal student grants, and federal work study funds; and ninety percent of your wages or salary earned in the last sixty days.

Oregon Residents: There are government agencies and nonprofit organizations that can give you information about foreclosure and help you decide what to do. For the name and telephone number of an organization near you, please call 211 or visit www.oregonhomeownersupport.gov. If you need help finding a lawyer, consult the Oregon State Bar's Lawyer Referral Service online at www.oregonstatebar.org or by calling 503-684-3763 (in the Portland metropolitan area) or toll-free elsewhere in Oregon at 800-452-7636. Free legal assistance may be available if you are very low income. For more information and a directory of legal aid programs, go to www.oregonlawhelp.org.

North Carolina Residents: Nationstar Mortgage LLC d/b/a Mr. Cooper is licensed by the North Carolina Commissioner of Banks, Mortgage Lender License L-103450. Nationstar Mortgage LLC d/b/a Mr. Cooper is also licensed by the North Carolina Department of Insurance, Permit Numbers 105369, 112715, 105368, 111828, 112953, and 112954. If you believe a Loss Mitigation request has been wrongly denied, you may file a complaint with the North Carolina Office of the Commissioner of Banks website www.nccob.gov.

Texas Residents: COMPLAINTS REGARDING THE SERVICING OF A MORTGAGE SHOULD BE SENT TO THE DEPARTMENT OF SAVINGS AND MORTGAGE LENDING, 2601 NORTH LAMAR, SUITE 201, AUSTIN, TX 78705. A TOLL-FREE CONSUMER HOTLINE IS AVAILABLE AT 877-276-5550. A complaint form and instructions may be downloaded and printed from the Department's website located at www.sml.texas.gov or obtained from the department upon request by mail at the address above, by telephone at its toll-free consumer hotline listed above, or by email at smlinfo@sml.texas.gov.

HARDSHIP AFFIDAVIT

▶ Loan I.D. Number _____ ▶ Servicer _____

BORROWER	CO-BORROWER
Borrower's name _____	Co-borrower's name _____
Social Security Number _____	Social Security Number _____

Property address (include city, state and zip): _____

I want to: Keep the Property Sell the Property

The property is my: Principal Residence Second Home / Seasonal Rental Year-Round Rental

The property is: Owner Occupied Tenant Occupied Vacant Other _____

HARDSHIP AFFIDAVIT

<input type="checkbox"/> My household income has been reduced. For example: 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"/> I am unemployed and (a) I am receiving/will receive unemployment benefits or (b) my unemployment benefits ended less than 6 months ago.	<input type="checkbox"/> Other: _____

ADDITIONAL COMMENTS

Borrower 1

Date

Borrower 2

Date

Loan#

Borrower			Co-Borrower		
Borrower's Name		Date Of Birth	Co-Borrower's Name		Date of Birth
Social Security #	Home Phone	none	Social Security #	Home Phone	
	Work Phone			Work Phone	
Property Address			Property Address		

Employment - please provide last pay stub from each employer					
Employer:		Years of Emp:	Employer:		Years of Emp:
Title:	Gross pay per month	How often paid?	Title:	Gross pay per month	How often paid? weekly
Number of dependents	Net pay per month	Commission	Number of dependents	Net pay per month	Commission
	\$0	\$0		\$0	
Misc:	Amount		Misc:	Amount	
	\$0				

Dependents are non-borrower(s) living in the residence

Monthly Expenses		Miscellaneous	Other
Hazard Insurance		Health Insurance	Bank/Finance Loans \$ -
Electric		Medical Bills	Charge Account (1)
Phone		Food	Charge Account (2) \$ -
Water & Sewer		Car Payment (1)	Camper, Boat, Motorcycle, 4 Wheeler \$ -
Gas		Car Payment (2) \$ -	Personal/Life Insurance \$ -
Home Maintenance		Auto Insurance	Club/Union Dues \$ -
Second Mortgage		Gas (auto)	Cable TV
Home Owners Association \$ -		Auto Maintenance \$ -	Religious Contributions \$ -
Nationstar 1st Mortgage		Child Care \$ -	Dry Cleaning
Property Taxes		Child Support \$ -	Clothing
cell phone		Alimony \$ -	Entertainment
Rent		Public Trans \$ -	School Tuition
Checking Account Balance		Savings Account Balance	Retirement, CD's, Stocks, 401k, IRA, etc.
\$ -		\$ -	\$ -

Monthly Net Income:	<u> \$0</u>	Disposable Income:	<u> \$0</u>
Monthly Debt:	<u> \$0</u>	DTI %:	<u> #DIV/0!</u>

Property Information				
Is the property your primary residence?	<input type="checkbox"/>	Do you have home owners insurance?	<input type="checkbox"/>	
Is this a rental or investment property?	<input type="checkbox"/>	If Yes; With Who?	<input type="checkbox"/>	
Is the property for sale?	<input type="checkbox"/>	Delinquent on property taxes?	None	
If YES, what is the realtor's name?	<input type="checkbox"/>	If Yes; How Much?	2003	2004 2005
How long has the property been on the market?	<input type="checkbox"/>		<input type="checkbox"/>	
What is the property listed for?	<input type="checkbox"/>	\$	<input type="checkbox"/>	
What is the name and number to the company listing the property?		Name:	Telephone:	
Current Value of Home	Date of Value	Original Value	Date of Value	LTV%

Explanation for Delinquency	
Please check off event(s) that caused you to fall behind in your mortgage:	
<input type="checkbox"/> Temporary Lay-off	<input type="checkbox"/> Reduction in Hours of Employment
<input type="checkbox"/> Too many other bills	<input type="checkbox"/> Illness/Injury
<input type="checkbox"/> Divorce/Separation	<input type="checkbox"/> Expensive repairs :(vehicle/property)
<input type="checkbox"/> Job Loss	<input type="checkbox"/> Other: (requires details)

Request for Transcript of Tax Return

OMB No. 1545-1872

▶ **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)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number if joint tax return
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.	

Nationstar Mortgage LLC
350 Highland Dr, Lewisville TX 75067

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. ▶ 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 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.

12/31/2011
12/31/2010

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.

Sign Here			
	Signature (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	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 RAVS 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-B41 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.