

P.O. Box 55004 Irvine, CA 92619 888.504.6700 toll free 949.341.2200 fax www.rushmorelm.com

THIRD PARTY AUTHORIZATION REQUEST FORM

| Please complete: | | | | |
|---|--|--|---|--|
| Date: | - | Loan Number: | : | |
| Property Address: | TO MANAGE IN CONTROL OF THE PROPERTY OF THE PR | Zip Code: | | |
| Management Services L its associates, agent | LC ("RUSHMOR s and/or ass oan with the | a loan serviced by Rush RE") and hereby authoriz signs the right to discu e following named indivi | zed RUSHMORE, | |
| next to their names, attorney, spouse, los party is legal counse | for example: s mitigation l for you th representati | ese individuals are repr real estate agent, loa supervisor, etc. If th en we also require that on to our office that s | n officer, a authorized they submit | |
| Designated Agent: | | | , | |
| Name | Phone No. | Relationship to Bo | rrower | |
| Name | Phone No. | Relationship to Bo | rrower | |
| I/We hereby authorized RUSHMORE to discuss my/our request for payment assistance/foreclosure alternatives with the individual(s) that I/We have identified above as my/our Designated Agent(s). Further, RUSHMORE is hereby authorized to negotiate the terms of a workout agreement with my Designated Agent and to deliver documents to my/our Designated Agent which concern my/our request for payment assistance/foreclosure alternatives. I/We understand that I/We will be fully responsible for reviewing any information that is sent by RUSHMORE to my/our Designated Agent. This Authorization will remain effective until I/We specifically notify RUSHMORE's Home Retention Department in writing that this Authorization is of no further force and effect. | | | | |
| Borrower Signature: | Date | Borrower Signature: | Date | |
| Borrower Signature: | Date | Borrower Signature: | Date | |
| LM223 013 SH0 | | | | |



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

Mail: Attn: Loss Mitigation Rushmore Loan Management Services LLC 15480 Laguna Canyon Road Irvine, CA 92619 Secure Fax: 949-341-2238

Questions: Call us at 888-504-7300 M-Th 6:00 am PST to 7:00 pm PST or F 6:00 am PST to 6:00 PST.

BORROWER ASSISTANCE APPLICATION

If you are experiencing a temporary or long-term hardship and need help, you must complete and submit this application along with other required documentation to be considered for available options. You must disclose information about (1) your intentions to either keep or transition out of the property; (2) the property's status; (3) bankruptcy; and (4) your credit counseling agency or representative, if any.

You must disclose information about your income, expenses and assets. This application also lists the required income documentation that you must submit in support of your request for assistance. You must also complete the Hardship Affidavit in which you disclose the nature of your hardship. The Hardship Affidavit informs you of the required documentation that you must submit in support of your hardship claim.

When you sign and date this application you will make certain certifications, representations and agreements, including certifying that the information you provide in the application is accurate and truthful and that the identified hardship has contributed to your need for mortgage relief.

This application requires a completed and signed IRS Form 4506-T, the required income documentation, the required hardship documentation, a signed and completed Dodd-Frank Certification and, if applicable, a completed and signed Non-Borrower Contribution form

| Loan Number: | (found on your monthly mortgage statement) |
|--------------|--|
| I want to: | sidence () A second home property |

CONTACT INFORMATION

| Co-Burrower | | |
|--|--|--|
| Co-Borrower Name: | | |
| SSN DOB | | |
| Home Phone # () Best time to call: | | |
| Cell/Mobile Phone # () Best time to call: | | |
| Email: | | |
| ion will be used to assign you a Spanish-speaking ation is received. Mi lengua principal es el español. Esta ntante que hable español cuando este disponsible después éfono indicado si necesita ayuda para completar esta | | |
| | | |
| ss, just write "same") | | |
| No Yes No Inselor Name: | | |
| we should contact about this application? Representative Name: Phone #: Email: | | |
| Rushmore should only contact this representative about my Loan. O Yes O No | | |
| | | |

| PROPERTY INFORMATION |
|--|
| Estimated Market Value of the property \$ |
| Is the property listed for sale? Yes O No If yes, what was the listing date? |
| Have you received an offer on the property? Yes No Amount of Offers |
| Date of Offer: Amount of Offer \$ Agent's Name: Agent's phone #: For Sale by Owner () Yes () No |
| Do you have condominium or homeowner association (HOA) fees? Yes No Total monthly amount \$Name and Address that fees are paid to: |
| Who pays the real estate tax bill on the property? () I/we do () Servicer does Are the taxes current? () Yes() No |
| Who pays the homeowners insurance policy on the property? () I/we do () Servicer does Is the policy current? () Yes() No Name of Insurance Company: Insurance Company Phone #: |
| Are there any liens/other mortgages or judgments on the property? Yes No If yes, provide: Lien holder/Servicer name: Phone #: Balance Amount: \$ Monthly payment amount: \$ Lien holder/Servicer name: Phone #: Balance Amount: \$ Monthly payment amount: \$ Lien holder/Servicer name: Phone #: Lien holder/Servicer name: Phone #: Balance Amount: \$ Monthly payment amount: \$ Mont |
| MORTGAGE INFORMATION |
| Has the mortgage on your property ever had a Home Affordable Modification Program (HAMP) trial period plan or permanent modification? Yes No Has the mortgage on any other property that you or any co-borrower own had a permanent HAMP modification? Yes No |

| Have you or the co-borrower filed bankruptcy? Yes No Chapter 7 Chapter 11 Chapter 12 Chapter 13 |
|---|
| Has the bankruptcy been discharged? Yes No Bankruptcy Case No. : Has/was the mortgage on the property been reaffirmed? Yes No Don't know |
| If you have or will receive a discharge from a bankruptcy and the mortgage was not reaffirmed in the case, we will only exercise our rights against the property and are not attempting any act to collect the discharged debt from you personally. Your decision to discuss workout options with us is strictly voluntary. You are not obligated to pursue any workout option discussed with us. At your request, we will immediately terminate any such discussions should you no longer wish to purse these options to retain your property. |
| SERVICE MEMBERS |
| Is any borrower an active duty service member? Yes No If yes, has any borrower been deployed away from his/her primary residence or received a permanent Change of Station order? Yes No Is any borrower the surviving spouse of a deceased service member who was on active duty at the time of death? Yes No |
| |
| EMPLOYMENT INFORMATION Borrower |
| Company Name: Start Date: Job Title: |
| Co-Borrower |
| |
| Company Name: Start Date: Job Title: |
| |
| |
| OTHER PROPERTY FOR WHICH ASSISTANCE IS REQUESTED Complete this section ONLY if you are requesting mortgage assistance for a property |
| OTHER PROPERTY FOR WHICH ASSISTANCE IS REQUESTED Complete this section ONLY if you are requesting mortgage assistance for a property that is not your principal residence. I am requesting mortgage assistance with a rental property that is not your principal residence.? |

Borrower Assistance 4 Rev 2/09/14

| Property Address: Loan Number: Loan Number: | | | |
|--|--|--|--|
| Do you have a second mortgage on the property? () Yes () No | | | |
| If "yes": Service Name:Loan Number: | | | |
| Do you have condo or Homeowner's association (HOA) fee? O Yes O No | | | |
| If "Yes": Monthly Fee: Are HOA fees current? Yes No | | | |
| Name and address fees are paid to: | | | |
| Does your mortgage payment include taxes and insurance? () Yes () No | | | |
| If "NO": Are taxes and insurance paid and current? OYes ONo | | | |
| Annual Homeowner's Insurance: Annual Property Taxes: | | | |
| Vacant and available for rent Occupied by a tenant as their principal residence Other: | | | |
| If rental property is occupied by a tenant: | | | |
| Term / Lease of Occupancy: MM/DD/YYYY-MM/DD/YYYY:Gross Monthly Rent: | | | |
| If rental property is vacant, describe efforts to rent property: | | | |
| If applicable, describe relationship and duration of non-rent paying occupant of rental property: | | | |
| Is the property for sale? Yes No If "Yes" Listing Agent Name: | | | |
| Listing Agent Phone #: | | | |
| Listing Date: Have you received purchase offer? O Yes O No | | | |
| Amount of Offer: Closing Date: | | | |
| RENTAL PROPERTY CERTIFICATION | | | |
| You must complete this certification if you are requesting mortgage assistance with respect to a rental property. | | | |
| By checking this box and initialing below, I am requesting a mortgage modification under MHA with respect to the rental property described in this section and I hereby certify under penalt of perjury that each of the following statements is true and correct with respect to that property: | | | |

1. I intend to rent the property to a tenant or tenants for at least five years following the effective date of my mortgage modification. I understand that the servicer, the U.S.

Department of Treasury, or their respective agents may ask me to provide evidence of my intention to rent the property during such time. I further understand that such evidence must show that I used reasonable efforts to rent the property to a tenant or tenants on a year-round basis, if the property is or becomes vacant during such five-year period.

Note: The term "reasonable efforts" includes, without limitation, advertising the property for rent in local newspaper, websites, or other commonly used forms of written or electronic media, and/or engaging a real estate or other professional to assist in renting the property, in either case, at or below market rent.

2. The property is not my secondary residence and I do not intent to use the property as a secondary residence for at least five years following the effective date of my mortgage modification. I understand that if I do use the property as a secondary residence during such five-year period, my use of the property may be considered to be inconsistent with the certifications I have made herein.

Note: The Term "secondary residence" includes, without limitation, a second home, vacation home or other type of residence that I personally use or occupy on a part-time, seasonal or other basis.

3. I do not own more than five (5) single-family homes (i.e., one-to-four unit properties) exclusive of my primary residence.

Notwithstanding the residence, or permit my legal dependent, parent or grandparent to occupy it as their principal residence with no rent charged or collected, none of which will be considered to be inconsistent with the certifications made herein.

This certificate is effective on the earlier of the date listed below or the date the RMA is received by you servicer.

| Initials: | Borrower: | Co-Borrower: |
|-----------|-----------|--------------|

| | HINANN(G)AYL | INFORMATION | |
|--|--------------|---|----|
| Borrower | | | |
| Monthly Income | | Borrower Assets | |
| Gross Wages | \$ | Checking Account | \$ |
| Overtime | \$ | Checking Account | \$ |
| Child support/alimony* | \$ | Savings/money market | \$ |
| Non-taxable Social Security/SSDI | \$ | Stocks/bonds/CDs | \$ |
| Taxable SS benefits or other monthly income from annuities or retirement plans | \$ | Expected assets (e.g., inheritance, tax, returns, etc.) | \$ |
| Tips, commissions, bonus and self- employment income | \$ | Total amount in additional assets (e.g. trusts) | \$ |
| Rents received | \$ | Other real estate owned (estimated value) | \$ |
| Unemployment income | \$ | Retirement | \$ |
| Food stamps/welfare | | Other cash on hand | |
| Other | | Other | |
| Co-Borrower Monthly Income Borrower Assets | | | |
| Monthly Income Gross Wages | \$ | Checking Account | \$ |
| Overtime | | Checking Account | \$ |
| | \$ | Savings/money market | 1 |
| Child support/alimony* | \$ | Stocks/bonds/CDs | \$ |
| Non-taxable Social Security/SSDI | \$ | | \$ |
| Taxable SS benefits or other monthly income from annuities or retirement plans | \$ | Expected assets (e.g., inheritance, tax, returns, etc.) | \$ |
| Tips, commissions, bonus and self- employment income | \$ | Total amount in additional assets (e.g. trusts) | \$ |
| Rents received | \$ | Other real estate owned (estimated value) | \$ |
| Unemployment income | \$ | Retirement | \$ |
| Food stamps/welfare | | Other cash on hand | |
| Other | | Other | |

*Child Support, alimony, separation maintenance need not be disclosed if you do not want it considered in support of your Loan payments.

Monthly Household Expenses

| First Mortgage | \$ Electric | \$ |
|---|---|----|
| Second Mortgage | \$ Gas | \$ |
| Homeowner's Insurance* | \$ Trash | \$ |
| Property Taxes | \$ Cable | \$ |
| HOA/Cond Fees/property maintenance | \$ Cell phone | \$ |
| Student Loan (if not deferred) | \$ Food | \$ |
| Car Payment | \$ Clothing | \$ |
| Credit Cards/Other Installment Loans (minimum monthly payment) | \$ Out of pocket medical/dental expenses | \$ |
| Car Expense/Gas | \$ Life Insurance | \$ |
| Alimony/ Child Support Payments | \$ Mortgage Payments on other properties | \$ |
| | Other | |

If you want Rushmore to consider Non-Borrower/Contributor Income (a person who resides in the property or contributes to household income but is not a listed Borrower on the Loan), please submit a completed and signed Non-Borrower Contribution form with this application.

REQUIRED INCOME DOCUMENTATION

Please refer to the Checklist included in this package

Any income documentation that you submit as part of your Borrower Assistance Application should be dated within 90 days of the time documentation is received by Rushmore.

Additional documentation may be required if income not supported.

HARDSHIP AFFIDAVIT

I (we) are having difficulty or expect to have difficulty making monthly mortgage payments because of the reason(s) set forth below. Please check the primary reason and submit the required documentation demonstrating your primary hardship.

If your Hardship Is:

Then the required documentation is:

| OUnemployment | Please state dates of unemployment. |
|--|---|
| Reduction in Income: a hardship that has caused a decrease in your income due to circumstances beyond your control (e.g., reduction in overtime or regular working hours, reduction in base pay) | Provide a written description of your circumstances on the attached hardship letter. |
| O Increase in Housing Expenses: a hardship that has caused an increase in your housing expense due to circumstances beyond your control | Provide a written description of your circumstances below or on the attached hardship letter: |

| ODivorce or legal separation; separation of borrowers unrelated by marriage, civil union or domestic partnership | One of: Divorce decree Separation Agreement Current credit report evidencing divorce, separation or non-occupying borrower has different address Recorded quitclaim deed evidencing that non-occupying borrower has relinquished rights to the property |
|--|--|
| O Death of a borrower of death of a primary or secondary wage earner in the household | Either: Death certificate Obituary or newspaper article reporting the death |
| O Long-term or permanent disability; serious illness of a borrower or dependent family member | One of: Proof of monthly insurance benefits or government assistance, if applicable Written statement or other documentation verifying disability or illness Doctor's certificate of illness or disability Medical Bills None of the above shall require providing detailed medical information |
| O Disaster (natural or man-made) adversely impacting the property or a borrower's place of employment | One of: Insurance claim Federal Emergency Management Agency grant or Small Business Administration loan paperwork Proof of borrower or employer property located in a declared disaster area |

| ODistant employment transfer/relocation | For active duty service members: Note of Permanent Change of Station (PCS) or actual PCS orders For employment transfers/new employment: One of: Copy of signed offer letter/employer notice showing employment location Pay-stub from new employer if none of the above, written explanation Also provide documentation showing any relocation assistance |
|---|--|
| O Business Failure | Tax Return from previous year (with schedules) AND Proof of business failure supported by one of the following: Bankruptcy filing for business amounts recent bank statements for business account evidencing cessation of business activity Most recent signed and dated quarter or year to date profit and loss statement |
| ○ Other | Provide a written description of hardship below and any relevant documentation: |

INFORMATION FOR GOVERNMENT MONITORING PURPOSES.

For federal government programs, 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 service is required to note the information on the basis of visual observation or surname if you have made a request of loan modification in person. If you do not wish to furnish this information indicate below.

| Borrower O I do not want to furnish this information | | Co-Borrower I do not want to furnish this information | | |
|--|--|---|--|--|
| Ethnicity | ○ Hispanic/Latino○ Not Hispanic/Latino | Ethnicity | ○ Hispanic/Latino○ Not Hispanic/Latino | |
| Race Islander | American Indian/Alaska NativeAsianBlack/African AmericanNative Hawaiian/Other PacificWhite | Race Islander | American Indian/Alaska NativeAsianBlack/African AmericanNative Hawaiian/Other PacificWhite | |
| Sex | ○ Female○ Male | Sex | ○ Female○ Male | |

BORROWER/CO-BORROWER ACKNOWLEDGEMENT AND AGREEMENT

I certify, acknowledge and agree as follows:

- I. All information in this Borrower Assistance Application is truthful and the hardship I have identified as contributed to my need for mortgage relief.
- 2. The accuracy of my statements may be reviewed by Rushmore, the loan owner or guarantor of my loan, their agents or an authorized third party*, 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 loan, engaged in fraud or misrepresented any fact(s) in connection with this application or if I do not provide all required documentation, Rushmore may cancel any mortgage relief granted and may pursue foreclosure on my property and/or pursue any available legal remedies.
- 5. Rushmore is not obligated to offer me assistance based solely on the representations in this application or other documentation submitted in connection with my requested.
- 6. I may be eligible for a trial plan, repayment plan or forbearance plan. If I am eligible for one of these
 - a. All the terms of this Acknowledgement and Agreement are incorporated into such plan.
 - b. My first timely payment under the plan will serve as acceptance of the terms set forth in the plan sent by Rushmore.
 - c. Rushmore's acceptance of any payment under the plan will not be a waiver of any acceleration of my loan or foreclosure action that has occurred and will not cure my default unless such payments are sufficient to completely cure my entire default under my loan.
 - d. Payments due under a trial plan for modification generally require escrow amounts. If I was not previously required to pay escrow amounts and my trial plan contains escrow amounts, I agree to the establishment of an escrow account and agree that any prior waiver is revoked. Payments due under a repayment plan or forbearance plan may or may not contain escrow amounts. If I was not previously requirement to pay escrow amounts and my repayment plan for forbearance plan contains escrow amounts, I agree to the establishment of an escrow account and agree that any prior escrow waiver is revoked.
- 7. A condemnation notice has not been issued for the property.
- 8. Rushmore may obtain a current credit report on all borrowers obligated on the Note.
- 9. Rushmore or my designated representative or counseling agency will collect and record personal information that I submit in or related to this application and during the evaluation process. This personal information may include (a) my name, address and telephone number, (b) my social security number, (c) my credit score, (d) my income and (e) my payment history and information about my accounts and activity. I understand and consent to this as well as your disclosing this information and the terms of any relief granted to any investor, insurer or guarantor of my loan and if applicable, to the US Department of Treasury, Fannie Mae and Freddie Mac (and their agents) in conjunction with their responsibilities under the Making Home Affordable program.
- 10. I consent to being contacted concerning this request for mortgage assistance and all other matters concerning my loan at any e-mail address or cellular or mobile telephone number I have provided to Rushmore. This includes text messages and telephone calls (including those made by an automated dialer) to my cellular or mobile telephone.

| Borrower Signature | Date | |
|-----------------------|------|--|
| C. P. C. | | |
| Co-Borrower Signature | Date | |

DODD-FRANK CERTIFICATION

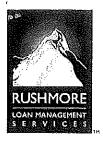
The following information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203). You are required to furnish this information if you may be eligible for assistance under the Making Home Affordable Program. The law provides that no person shall be eligible to begin receiving assistance from the Making Home Affordable Program, authorized under the Emergency Economic Stabilization Act of 2008 (12 USC 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.

I/we understand that the Servicer, the United States Department of the Treasury or their respective agents may investigate the accuracy of my/our statements by performing routine background checks, including automated searches of federal, state or 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.

This certification is effective on the earlier of the date listed below or the date this application is received by the Servicer.

| Borrower Signature | | |
|--|--|--|
| <u> </u> | | |
| Date of Birth | Date of Birth | Social Security Number |
| | | |
| Co-Borrower Signat | ure | |
| Date of Birth | Date of Birth | Social Security Number |
| | | , |
| se this form for an indivi come who is not listed a | dual who resides at your proper s a borrower on the loan. | ty address or contributes to household |
| come who is not listed a | dual who resides at your proper s a borrower on the loan. | ty address or contributes to household |
| come who is not listed a | s a borrower on the loan. | ty address or contributes to household |
| come who is not listed a prrower Name: pan Number: | s a borrower on the loan. | 'ess: |

| Non-Borrower Contributor Social Se | curity No.: | 7000 |
|---|--|--|
| My income has been previously used i principal residence. Yes No | n an evaluation | for a HAMP modification for a |
| A mortgage of any other property I of Yes No | wn has had a p | ermanent HAMP modification. |
| Monthly Income | | |
| Gross Wages | \$ | |
| Overtime | \$ | |
| Child support/alimony* | \$ | |
| Non-taxable Social Security/SSDI | \$ | |
| Taxable SS benefits or other monthly | \$ | · · |
| income from annuities or retirement | | |
| plans | | |
| Tips, commissions, bonus and self- | \$ | |
| employment income | | |
| Rents received | \$ | |
| Unemployment income | \$ | |
| Food stamps/welfare | \$ | |
| Other | \$ | |
| support of your Loan payments. By signing below, I agree to the follow I request that my income be in referenced borrower(s). I contribute/will contribute for \$ I will provide documentation so | ing cluded in the r the foreseeabl monthly to tl upporting my in | ne household () 100% of my income accome upon request. The provided his provided h |
| Signature of Non-Borrower Contribut | or | |
| Date: | | |



15480 Laguna Canyon Road Suite 100 Irvine, CA 92618 888,699.5600 toll free 949.341.0777 local 949.341.2200 fax www.rushmorelm.com

Checklist

We need the following documents in order to expedite your modification review:

| All | Borrowers: |
|------|---|
| F | A complete, signed, financial statement from all parties obligated on the loan Last two (2) months' paystubs for each person obligated on the loan |
| | Last two (2) months' bank statements for each contributing borrower |
| 一 | A copy of your federal tax return for the most recent calendar year |
| | Proof of funds for contribution amount (e.g., bank statements, 401(K), IRA account, etc.) Proof of monthly Homeowners' Association Dues (if applicable) Fixed Income Award letter, and last two (2) months' proof of deposits (e.g., SSI, pension, disability, etc.) |
| If S | Self-Employed: Last Two (2) years' signed federal tax returns including 1099s, K-1s, 1120s, and/or 1065s Last Six (6) months' Profit and Loss Statement Last Six (6) months' bank statements for self-employed borrower(s) |
| lf a | n-Borrowers: non-borrower (such as a child, spouse or non-relative) contributes money towards the mortgage yment and/or household expenses: Signed letter from non-borrower stating monthly contribution amount A letter of authorization to obtain a credit report on all contributing non-borrowers |
| | Last two (2) months' paystubs for each contributing non-borrower |
| | Last two (2) months' bank statements for each contributing non-borrower |
| If y | rour loan is not currently escrowed for taxes and/or insurance: A copy of your property hazard insurance declaration page (contact your insurance agency) |
| If y | ou own rental properties: |
| | Copy of all lease agreements |
| | Two (2) months' proof of deposits from rental income |
| | Amount of mortgage payment (total including taxes and insurance) |

*Note: Any expenses disclosed must be validated with supporting documents (e.g. Alimony, Child Support, Liens, and Judgments)

If you have any questions or concerns regarding this checklist, please contact our office toll free at 1-888-504-7300, Monday through Thursday from 6:00am to 7:00pm, and Friday from 6:00am to 6:00pm Pacific Time.

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-1872

► For more information about Form 4506-T, visit www.irs.gov/form4506t, Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov 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 1b First social security number on tax return, individual taxpayer identification shown first. number, or employer identification number (see instructions) 2a If a joint return, enter spouse's name shown on tax return. 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) 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. 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. Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form 6 number per request. > 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 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 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 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. 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. Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately. Caution: Do not sign this form unless all applicable lines have been completed. Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. Note: For transcripts being sent to a third party, this form must be received 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 Phone number of taxpayer on line has the authority to sign the Form 4506-T. See instructions. 1a or 2a Signature (see instructions) Date

Spouse's signature

Title (if line 1a above is a corporation, partnership, estate, or trust)

Sign Here

Date



P.O. Box 55004 Irvine, CA 92619 888.504.6700 toll free 949.341.2200 fax www.rushmorelm.com HARDSHIP LETTER

| Please Complete: | | |
|--|---|---|
| | Zip Code: | |
| Loan Number: | | |
| My financial circumsta loan have changed subs maintain the loan paym | nces since entering into the tantially and I am no longer ents. | above referenced financially able to |
| The following changes from maintaining curre | or events have occurred and a nt and/or future payments on n | re preventing me my loan. |
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| | | |
| Borrower Signature: | Borrower Signature: | Date: |
| Borrower Signature: | Borrower Signature: | Date |

Loss Mitigation Department Fax: 949 341-2238

