

If you are struggling to make your mortgage payments, we may be able to help you through the following programs designed to minimize the impact on your credit rating and keep you in your home:

- **Refinance** - This should always be the first choice as it will protect your credit rating and keep you in your home. Marix is happy to work with the refinance vendor of your choice. ***This is the one option that does not require a workout packet be filled out first.** Please contact the vendor of your choice and begin the process. If the refinance is denied, please send a copy of the denial letter with your workout packet so we may proceed to the next best option for you.*
- **Repayment Plan** - Making increased payments over time to bring the loan current.
- **Pre-Foreclosure Sale/Short Sale** - Allows you to sell your property for less than the remaining balance on your mortgage. The debt will be satisfied at the agreed upon sale price and terms.
- **Modification** - May change one or more of the terms of the mortgage in order to help you bring a defaulted loan current and prevent foreclosure. Eligibility depends on your financial situation and a trial payment plan is usually required.
- **Deed in Lieu of Foreclosure** - As a last resort, you may transfer title to the property to reduce or cancel the mortgage debt. Taking this action will not save the home but it may aid in your ability to qualify for another mortgage in the future.

All requests are reviewed by our Homeowners Assistance Department to determine the best option available to the individual borrower. You will receive a call within ten days of receipt of the following required information:

1. **Hardship Affidavit** filled out completely and signed by all borrowers on the loan (attached)
2. **Copies of your two most recent paystubs** or proof of all income
3. **Copies of all bank statements** for the past 2 months (checking and savings - all pages)
4. **Personal Financial Statement** filled out completely and signed by all borrowers on the loan (attached)
5. **Most Recent Signed Tax Returns** including all schedules
6. **Signed and fully completed IRS Form 4506-T** (attached) - also signed by spouse if filed jointly
7. **Proof of Residency** (e.g. current utility bill)
8. **Proof of Homeowner's Insurance** with annual premium and dwelling coverage
9. **Dodd Frank Certification Form** signed by all borrowers

All documents must be mailed or faxed to:

Marix Servicing
Homeowners Assistance Department/Modification Request
PO Box 42008
Phoenix, AZ 85080
Fax: 623-249-2070

If you are making this request less than 30 calendar days prior to a scheduled foreclosure sale date, the workout package must be delivered through certified/express delivery mail using a recognized deliverer (UPSP Express Mail, Fed Ex, UPS or DHL) with return receipt/delivery confirmation to:

Marix Servicing
Attn: Homeowners Assistance - DP
1925 W Pinnacle Peak Rd
Phoenix, AZ 85027

Act Now!

- 1. The enclosed Hardship Affidavit completed and signed by all borrowers (no notary required),
- 2. A signed and dated copy of the IRS Form 4506-T (Request for Transcript of Tax Return) for each borrower (borrowers who filed their tax returns jointly may send in one IRS Form 4506-T signed and dated by both of the joint filers), and
- 3. Documentation to verify all of the income of each borrower (including any alimony or child support that you choose to rely upon to qualify). This documentation should include:

For each borrower who is a salaried employee:

- Copy of the most recent filed federal tax return with all schedules; and
- Copy of the two most recent pay stubs.

For each borrower who is self-employed:

- Copy of the most recent filed federal tax return with all schedules, and
- Copy of the most recent quarterly or year-to-date profit/loss statement.

For each borrower who has income such as social security, disability or death benefits, pension, public assistance, or unemployment:

- Copy of most recent federal tax return with all schedules and W-2 or copies of two most recent bank statements.
- Copy of benefits statement or letter from the provider that states the amount, frequency and duration of the benefit. Social security, disability, death or pension benefits must continue for at least 3 years to be considered qualifying income under this program. Public assistance or unemployment benefits must continue for at least 9 months to be considered qualifying income under this program.

For each borrower who is relying on alimony or child support as qualifying income:

- Copy of divorce decree, separation agreement or other written agreement or decree that states the amount of the alimony or child support and period of time over which it will be received. Payments must continue for at least 3 years to be considered qualifying income under this program.
- Proof of full, regular and timely payments; for example deposit slips, bank statements, court verification or filed federal tax return with all schedules.

For each borrower who has rental income:

- Copies of most recent two years filed federal tax returns with all schedules, including Schedule E—Supplement Income and Loss. Rental income for qualifying purposes will be 75% of the gross rent.

If you have other types of income, cannot locate required documents, or have questions about the documentation required, please contact us at 1-866-406-2749.

You must send in all required income documentation, tax returns, completed Form 4506-T, and a signed hardship affidavit to be considered for a workout. If you cannot provide the documentation within the time frame provided, please contact us to request an extension of time to gather your documents.

Keep a copy of all documents for your records. Don't send original income documentation as copies are acceptable.

NEXT STEPS

Here is what will happen now.

Please read this section carefully to understand what you can expect from this process.

- A. Once we receive all of your documentation and verify your information, we will determine whether you qualify for a Home Affordable Modification of your loan. If you do, we will send you two copies of a Trial Period Plan to sign with a cover letter explaining the Trial Period Plan.
- B. Under the Trial Period Plan, you will be required to make trial period payments, instead of your regular mortgage loan payments. The trial period payments should be close to the amount you would pay under a modification. Near the end of the trial period, we will be able to calculate the final amount and the final terms of your modified loan. Then we will send you two copies of the Home Affordable Modification Agreement for your signature.
- C. In addition, to successfully completing the Trial Period Plan, you will need to sign and return all copies of the Modification Agreement to us promptly. The Modification Agreement will only become effective after we sign it and return it to you with all signatures. Once the Modification Agreement becomes effective, we will modify your loan.
- D. Please note that it may take up to 10 days for us to review your documents, after we receive all required documentation. We will process your request as quickly as possible. While we consider your request, any scheduled foreclosure sale will not occur pending our determination. If you qualify, any foreclosure sale will not occur pending your timely return of the Trial Period Plan and first payment. However, if you fail to comply with the terms of the Trial Period Plan and do not make other arrangements with us, your loan will be enforced according to its original terms. This could include foreclosure.
- E. Please contact us at 1-866-406-2749 if you have any questions about the process.

OTHER OPTIONS

Even if this program doesn't work for you, we still may be able to help.

We will contact you if you do not qualify for this program. If you do not qualify, we will want to discuss other alternatives with you that may help you keep your home or ease your transition to another home.

Hardship Affidavit

Borrower Name (first, middle, last): _____ Date of Birth: _____
Co-Borrower Name (first, middle, last): _____ Date of Birth: _____
Property Street Address: _____
Property City, ST, Zip: _____
Servicer: _____
Loan Number: _____

In order to qualify for _____'s ("Servicer") offer to enter into an agreement to modify my loan under the federal government's Home Affordable Modification Program (the "Agreement"), I/we am/are submitting this form to the Servicer and indicating by my/our checkmarks ("✓") the one or more events that contribute to my/our difficulty making payments on my/our mortgage loan.

Borrower		Co-Borrower	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My income has been reduced or lost. For example: unemployment, underemployment, reduced job hours, reduced pay, or a decline in self-employed business earnings. I have provided details below under "Explanation."

Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My household financial circumstances have changed. For example: death in family, serious or chronic illness, permanent or short-term disability, increased family responsibilities (adoption or birth of a child, taking care of elderly relatives or other family members). I have provided details below under "Explanation."

Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My expenses have increased. For example: monthly mortgage payment has increased or will increase, high medical and health-care costs, uninsured losses (such as those due to fires or natural disasters), unexpectedly high utility bills, increased real property taxes. I have provided details below under "Explanation."

Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My cash reserves are insufficient to maintain the payment on my mortgage loan and cover basic living expenses at the same time. Cash reserves include assets such as cash, savings, money market funds, marketable stocks or bonds (excluding retirement accounts). Cash reserves do not include assets that serve as an emergency fund (generally equal to three times my monthly debt payments). I have provided details below under "Explanation."

Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My monthly debt payments are excessive, and I am overextended with my creditors. I may have used credit cards, home equity loans or other credit to make my monthly mortgage payments. I have provided details below under "Explanation."

Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

There are other reasons I/we cannot make our mortgage payments. I have provided details below under "Explanation."

Information for Government Monitoring Purposes

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

BORROWER <input type="checkbox"/> I do not wish to furnish this information		CO-BORROWER <input type="checkbox"/> I do not wish to furnish this information	
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male		Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	
To be Completed by Interviewer		Interviewer's Name (print or type)	
<input type="checkbox"/> Face-to-face interview		Interviewer's Signature Date	
<input type="checkbox"/> Mail		Name/Address of Interviewer's Employer	
<input type="checkbox"/> Telephone			
<input type="checkbox"/> Internet			

Borrower/Co-Borrower Acknowledgement

1. Under penalty of perjury, I/we certify that all of the information in this affidavit is truthful and the event(s) identified above has/have contributed to my/our need to modify the terms of my/our mortgage loan.
2. I/we understand and acknowledge the Servicer may investigate the accuracy of my/our statements, may require me/us to provide supporting documentation, and that knowingly submitting false information may violate Federal law.
3. I/we understand the Servicer will pull a current credit report on all borrowers obligated on the Note.
4. I/we understand that if I/we have intentionally defaulted on my/our existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this Hardship Affidavit, or if I/we do not provide all of the required documentation, the Servicer may cancel the Agreement and may pursue foreclosure on my/our home.
5. I/we certify that my/our property is owner-occupied and I/we have not received a condemnation notice.
6. I/we certify that I/we am/are willing to commit to credit counseling if it is determined that my/our financial hardship is related to excessive debt.
7. I/we certify that I/we am/are willing to provide all requested documents and to respond to all Servicer communication in a timely manner. I/we understand that time is of the essence.

Borrower Financial Information

Marix Loan number

BORROWER		CO-BORROWER	
BORROWER'S NAME		CO-BORROWER'S NAME	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE OF BIRTH
HOME PHONE NUMBER WITH AREA CODE (BEST TIME TO CALL)		HOME PHONE NUMBER WITH AREA CODE (BEST TIME TO CALL)	
WORK PHONE NUMBER WITH AREA CODE (BEST TIME TO CALL)		WORK PHONE NUMBER WITH AREA CODE (BEST TIME TO CALL)	
CELL PHONE NUMBER WITH AREA CODE (BEST TIME TO CALL)		CELL PHONE NUMBER WITH AREA CODE (BEST TIME TO CALL)	
MAILING ADDRESS			
PROPERTY ADDRESS (IF SAME AS MAILING ADDRESS, JUST WRITE SAME)			EMAIL ADDRESS
Number of Dependents:	Do you occupy the property? Yes No	Is it rental property? Yes No If you have a lease agreement, please provide a copy.	Is it leased? Yes No
Is the property listed for sale? Yes No If yes, please provide a copy of the listing agreement.	Have you contacted a credit-counseling agency for help? Yes No If yes, please complete counselor contact information below.		
Agent's Name: Agent's Phone Number: Agent's Email:	Counselor's Name: Counselor's Phone Number: Counselor's Email:		
Do you receive, and pay, the Real Estate Tax bill on your home or does your lender pay it for you? I do Lender does Are the taxes current? Yes No If you pay it, please provide a copy of your tax statement.		Do you pay for a hazard insurance policy? Yes No Is the policy current? Yes No If you pay it, please provide a copy of the policy.	
Have you filed for bankruptcy? Yes No If yes: Chapter 7 Chapter 13 Filing Date:			
Has your bankruptcy been discharged? Yes No If yes, please provide a copy of the discharge order signed by the court.			
INVOLUNTARY INABILITY TO PAY			
I (We), _____, am/are requesting that the Federal Home Loan Mortgage Corporation (Freddie Mac) review my/our financial situation to determine if I/we qualify for a workout option.			
I am having difficulty making my monthly payment because of financial difficulties created by (Please check all that apply):			
Abandonment of Property	Excessive Obligations	Military Service	Other
Business Failure	Fraud	Payment Adjustment	
Casualty Loss	Illness in Family	Payment Dispute	
Curtailed of Income	Illness of Mortgagor	Property Problems	
Death in Family	Inability to Rent Property	Title Problems	
Death of Mortgagor	Incarceration	Transferring Property	
Distant Employment Transfer	Marital Difficulties	Unemployment	
I believe that my situation is:	Short term (under 6 months)	Long term (over 6 months)	Permanent
I want to:	Keep the Property	Sell the Property	
<i>Please provide a detailed explanation of the hardship on a separate sheet of paper.</i>			
If there are additional Liens/Mortgages or Judgments on this property, please name the person(s), company or firm and their respective telephone numbers.			
	\$		
Lien Holder's Name	Balance / Interest Rate	Phone Number (WITH AREA CODE)	
	\$		
Lien Holder's Name	Balance / Interest Rate	Phone Number (WITH AREA CODE)	

Before mailing, make sure you have signed and dated the form and attached appropriate documentation.

EMPLOYMENT

BORROWER- EMPLOYER'S ADDRESS & PHONE #		HOW LONG?	CO-BORROWER- EMPLOYER'S ADDRESS & PHONE #		HOW LONG?
Monthly Income - Borrower			Monthly Income - Co-Borrower		
Gross Wages / Frequency of Pay	\$		Gross Wages / Frequency of Pay	\$	
Unemployment Income	\$		Unemployment Income	\$	
Child Support / Alimony*	\$		Child Support / Alimony*	\$	
Disability Income/ SSI	\$		Disability Income/ SSI	\$	
Rents Received	\$		Rents Received	\$	
Other	\$		Other	\$	
Less: Federal and State Tax, FICA	\$		Less: Federal and State Tax, FICA	\$	
Less: Other Deductions (401K, etc.)	\$		Less: Other Deductions (401K, etc.)	\$	
Commissions, bonus and self-employed income	\$		Commissions, bonus and self-employed income	\$	
* * * * * ALL INCOME NEEDS TO BE DOCUMENTED * * * * *					
Paystub must be most recent date with year to date information.					
Total (Net income)		\$	Total (Net income)		\$
Monthly Expenses			Assets		
Other Mortgages / Liens	\$		Type		Estimated Value
Auto Loan(s)	\$		Checking Account(s)		\$
Auto Expenses / Insurance	\$		Saving / Money Market		\$
Credit Cards / Installment Loan(s) (total minimum payment for both per month)	\$		Stocks / Bonds / CDs		\$
Health Insurance (not withheld from pay)	\$		IRA / Keogh Accounts		\$
Medical (Co-pays and Rx)	\$		401k / ESPO Accounts		\$
Child Care / Support / Alimony	\$		Home		\$
Food / Spending Money	\$		Other Real Estate	#	\$
Water / Sewer / Utilities / Phone	\$		Cars	#	\$
HOA/Condo Fees/Property Maintenance	\$		Life Insurance (Whole Life not Term)		\$
Life Insurance Payments (not withheld from pay)	\$		Other		\$
Total		\$	Total		\$

* 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.

I agree as follows: My lender may discuss, obtain and share information about my mortgage and personal financial situation with third parties such as purchasers, real estate brokers, insurers, financial institutions, creditors and credit bureaus. Discussions and negotiations of a possible foreclosure alternative will not constitute a waiver of or defense to my lender's right to commence or continue any foreclosure or other collection action, and an alternative to foreclosure will be provided only if an agreement has been approved in writing by my lender. The information herein is an accurate statement of my financial status. I consent to being contacted concerning my Mortgage at any cellular or mobile telephone number I may have. This includes text messages and telephone calls to my cellular or mobile telephone.

Submitted this _____ day of _____, 20 _____

By _____ By _____
Signature of Borrower Signature of Co-Borrower

Before mailing, make sure you have signed and dated the form and attached appropriate documentation.

Form **4506-T**

Request for Transcript of Tax Return

(Rev. January 2008)

Department of the Treasury
Internal Revenue Service

- ▶ **Do not sign this form unless all applicable lines have been completed. Read the instructions on page 2.**
- ▶ **Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.**

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 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.	

Caution: DO NOT SIGN this form if a third party requires you to complete Form 4506-T, and lines 6 and 9 are blank.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ _____

- a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. 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. 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 2006, filed in 2007, will not be available from the IRS until 2008. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

_____ / _____ / _____
 _____ / _____ / _____
 _____ / _____ / _____
 _____ / _____ / _____

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer.

Sign Here		Date	Telephone number of taxpayer on line 1a or 2a ()
	Signature (see instructions)		
	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.

Note. You can also call 1-800-829-1040 to request a transcript or get more information.

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:
District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York, Vermont	RAIVS Team Stop 679 Andover, MA 05501
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362
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
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa, Kansas, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888
Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, 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, Georgia, 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
Connecticut, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250
	859-669-3592
	801-620-6922

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 60 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. Sections 6103 and 6109 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.

EXHIBIT A
AMENDED DODD-FRANK CERTIFICATION FORM

HELP FOR AMERICA'S HOMEOWNERS.



Dodd-Frank Certification

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

I/we certify under penalty of perjury that I/we have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:

- a. felony larceny, theft, fraud, or forgery,
- b. money laundering or
- c. tax evasion.

I/we understand that the servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/we also understand that knowingly submitting false information may violate Federal law.

This Certificate is effective on the earlier of the date listed below or the date received by your servicer.

Borrower Signature

Date

Co-Borrower Signature

Date

IMPORTANT PRIVACY CHOICES FOR CONSUMERS

You have the right to control whether we share some of your personal information. Please read the following information carefully before you make your choice below.

Your Rights

You have the right to restrict or allow the sharing of personal and financial information with other companies with which we do business. Nothing in this form prohibits the sharing of information necessary for us to follow the law or to give you the best service on your accounts with us. We may also send you information about some other products or services. You may change your choice at any time by mailing a revised copy of this page to us.

Your Choices

Allow or Restrict Information Sharing With Other Companies With Which We Do Business To Provide Financial Products and Services:

Please indicate "Yes" below if we may share personal and financial information about you with other companies with which we contract to provide financial products and services to you.

Yes, you may share personal and financial information with other companies with which you contract to provide financial products and services.

No, you may not share personal and financial information with other companies with which you contract to provide financial products and services.

Time Sensitive Reply

You may make your privacy choice at any time. Your choice will remain in force until you state otherwise.

Unless you authorize us by marking "Yes" above, we will not share your information with any companies with which we have contracts to provide products and services, including companies with which we have joint marketing agreements. Please note that to take advantage of special offers that third parties may provide, you must select "Yes" above, sign and return this form. If you do not return this form or if you check "No" above, we will not share your information and you will be excluded from these third party offers.

To Exercise Your Choice Do the Following

Please complete, sign and return this form to the address below. You may choose to make a copy for your records.

Your Name: _____ Today's Date: _____

Your Loan Number: _____

Your Signature: _____

Mail this form to: Marix Servicing LLC
Attn: Contact Center - Privacy
P.O. Box 42008
Phoenix, AZ 85080