



SunTrust Bank
P.O. Box 27767
Richmond, VA 23261-7767

CATHERINE S STATHAKIS
3107 CHARING CROSS
WILMINGTON DE 19808-4366

Mortgage Loan Number:
0050342575

Property Address:
3107 Charing Cross
Wilmington DE 19808

January 8, 2020

FOR HUD HOUSING COUNSELING INFORMATION CALL 800.569.4287

Dear Client(s):

This is a notice that the above referenced loan on the property secured by the Mortgage agreement you signed is in default. The loan is now due for the December 1, 2019 installment; therefore, you are in default for the total amount of \$1,697.46 which includes mortgage payments, late charges, and any additional fees that may have accrued.

If these reinstatement funds are not received within 35 days from the date of this letter or February 12, 2020, it may become necessary to accelerate the entire balance of the loan. Should the entire unpaid balance of the loan be accelerated, foreclosure proceedings will be instituted in accordance with the Mortgage. The entire balance of the loan may be reinstated, per the terms of the Mortgage, prior to the date of the foreclosure sale by tendering, in certified funds, the entire delinquent amount including any additional payments which become due, all late charges, fees and other expenses incurred by the lender (not applicable to VA Guaranteed loans).

Please refer to your Mortgage for specific reinstatement guidelines. In the event that the loan is not reinstated, the sale will occur as scheduled.

You have the right to bring a court action at any time to assert the non-existence of default or any other defenses you might have to acceleration and sale. The seriousness of this matter should not be disregarded.

If you have any questions, please contact our Mortgage Payment Solutions Department at 800.443.1032. Our business hours are 8 a.m. to 10 p.m., Monday through Thursday, 8 a.m. to 8 p.m., Friday and 9 a.m. to 3 p.m., ET, on Saturday.

Sincerely,

SunTrust Bank

Enclosure(s): Disclosure(s)
Delaware foreclosure assistance
Loss Mitigation workout package
Twelve-month accounting of mortgage obligation

Sent Certified Mail/Return Receipt Requested

CL083 N15

NOTICE REQUIRED BY DELAWARE LAW:

TAKE ACTION TO SAVE YOUR HOME FROM FORECLOSURE

This is an official notice that the mortgage on your home is in default, and the lender intends to foreclose. Specific information about the nature of the default may be provided in the attached pages.

Mortgage foreclosure is a complex process. Someone may approach you about “saving” your home. You should be careful about any such promises. The State encourages you to become informed about your options in foreclosure before entering into any agreements with anyone in connection with the foreclosure of your home. There are government agencies and nonprofit organizations that you may contact for helpful information about the foreclosure process. For the name and telephone number of an organization near you, please refer to the list later in this notice, call the Delaware Attorney General’s Foreclosure Hotline at 1-800-220-5424, or go to www.Delawarehomeownerrelief.org The State does not guarantee the advice of these organizations. Do not delay dealing with the foreclosure because your options may become more limited as time passes.

EMERGENCY FINANCIAL HELP MAY BE AVAILABLE

The Delaware Emergency Mortgage Assistance Program (DEMAP) may be able to help to save your home. DEMAP is a loan program that provides Delaware homeowners with assistance in preventing residential mortgage foreclosures that result from circumstances beyond the homeowner’s control. If you are delinquent on your mortgage, you should meet with an approved DEMAP housing counseling agency as soon as possible, and explore your options with the counseling agency prior to applying to the DEMAP Program. To find a counseling agency, refer to the list later in this notice, call the Delaware Attorney General’s Foreclosure Hotline at 1-800-220-5424, or go to www.Delawarehomeownerrelief.org Take this Notice with you when you meet with the counseling agency.

Mortgagor’s Name: Catherine S Stathakis Loan Number: 0050342575
Property Address: 3107 CHARING CROSS , WILMINGTON DE 19808

For information on how to reinstate your loan, call the following telephone number: 800.443.1032, opt 2

The nature of the default is: Failure to make contractual payments when due.
To cure the default and reinstate the loan, you must:

 ÿ Pay \$1,697.46 by February 12, 2020.

Date of notice: January 8, 2020

AVISO REQUERIDO POR LA LEY DE **DELAWARE:**

ACTÚE PARA SALVAR SU CASA DE UNA EJECUCIÓN DE LA HIPOTECA

Este es un aviso oficial de que el pago de su hipoteca está moroso, y que el prestamista pretende ejecutar su hipoteca. La información específica de la naturaleza de la mora se describe en las páginas adjuntas.

La ejecución de una hipoteca es un proceso complejo. Algunas personas se le acercarán con respecto a “salvar” su casa. Usted debe tener cuidado con estas promesas. El Estado le alienta a que se informe acerca de las opciones en la ejecución de hipotecas antes de llegar un acuerdo con alguna persona con respecto a la ejecución de la hipoteca de su casa. Hay agencias del Gobierno y organizaciones sin fines de lucro a las que usted puede contactar para que le den información que le ayude con el proceso de la ejecución de su hipoteca. El nombre y número de teléfono de una organización cerca de usted aparece en la lista que le damos en este aviso. Puede también llamar a la línea directa de la Oficina de Ejecuciones de Hipoteca de la Fiscalía de Delaware al 1-800-220-5424, o ir a

www.Delawarehomeownerrelief.org El Estado no le garantiza la efectividad del consejo que reciba de estas organizaciones. No demore el lidiar con la ejecución de la hipoteca porque el paso del tiempo puede limitar sus opciones.

PUEDE ESTAR DISPONIBLE AYUDA FINANCIERA DE EMERGENCIA

El Programa de Asistencia de Hipotecas de Emergencia de Delaware (DEMAP) puede ayudarle a salvar su casa. DEMAP es un programa de préstamos que le provee a todo dueño de casa en Delaware asistencia para prevenir la ejecución de hipoteca de residencias que son el resultado de circunstancias más allá del control del dueño de la casa. Si el pago de su hipoteca está atrasado, usted debería reunirse con un consejero de una agencia aprobada por DEMAP tan pronto como le sea posible y explorar sus opciones antes de solicitar al Programa de DEMAP. Para encontrar la agencia de consejería, refiérase a la lista al final de este aviso; llame a la línea directa de la Oficina de Ejecuciones de Hipoteca de la Fiscalía de Delaware al 1-800-220-5424; o vaya a

www.Delawarehomeownerrelief.org Traiga este Aviso con usted cuando usted se reúna con la agencia de consejerías.

Nombre del Deudor Hipotecario: Catherine S Stathakis Número de préstamo: 0050342575

Dirección de la Propiedad: 3107 CHARING CROSS , WILMINGTON DE 19808

Para más información en como restablecer su préstamo, llame al siguiente número: 800.443.1032, opt 2

La deuda morosa es: Fallo de pagar los plazos al día de cumplimiento

Para subsanar la mora y restablecer el préstamo, usted debe

Y Pagar \$1,697.46 antes del February 12, 2020.

Fecha del aviso: 08/01/2020

**DEMAP Participating Counseling Agencies:
(Agencias de Consejería que participan con DEMAP)**

<u>HUD Approved Counseling Agency</u>	<u>County</u>		
	<u>New Castle</u>	<u>Kent</u>	<u>Sussex</u>
Guidewell Financial Solutions http://guidewellfs.org	866.731.8486	866.731.8486	866.731.8486
Clarifi http://clarifi.org	800.989.2227		
Delaware Community Reinvestment Action Council http://www.dcrac.org	302.298.3253		
First State Community Action Agency http://www.firststatecaa.org	302.498.0454	302.674.1355	302.856.7761
Hockessin Community Center	302.239.2363		
Housing Opportunities of Northern Delaware, Inc. http://www.hond.org	302.429.0794		
Interfaith Community Housing http://www.ichde.org	302.652.3991	302.741.0142	
NCALL Research http://www.ncall.org	302.283.7505	302.678.9400	302.855.1370
Neighborhood House, Inc. http://www.neighborhoodhse.org	302.658.5404	302.378.7217	
YWCA Centers for Homeownership Education http://www.ywcade.org	302.224.4060		

Current list available at (Lista disponible vigente está en):
http://www.destatehousing.com/HomeOwnership/hb_demap.php

IMPORTANT FEDERAL DISCLOSURES

- The Servicemembers Civil Relief Act (SCRA) provides important financial and legal protections to service members including caps on interest rates, stays of certain legal proceedings, protection from eviction, and termination of leases without repercussions. Learn more at www.militaryonesource.mil.
- SunTrust is a member of the HOPE NOW Alliance. HOPE NOW is an alliance between counselors, servicers, investors and other mortgage market participants with a mission to prevent foreclosures through outreach to borrowers at risk. To obtain more information about HOPE NOW, contact the Homeowner's HOPE hotline at 888.995.HOPE (4673) and www.995HOPE.org or www.HOPENOW.com. The HOPE NOW Alliance provides free independent, HUD-approved counseling to homeowners in financial trouble. Or you can contact the US Department of Housing and Urban Development (HUD) at 800.569.4287 or www.hud.gov/foreclosure for information about HUD-approved counseling agencies that may assist you.
- This communication is an attempt to collect a debt and any information you provide, whether written or verbal, will be used for that purpose. However, if your debt is discharged in bankruptcy or you are protected by the automatic stay in a bankruptcy proceeding, SunTrust Bank recognizes that you may not be liable for this debt and this letter is not an attempt to collect a debt but is being sent for notice purposes only. If you are current on your loan account, the notice above is not intended to imply otherwise.
- **Qualified Written Requests (QWR), Notices of Error (NOE), and Requests for Information (RFI)**
Federal Law permits you to contact us in writing regarding your account in order to request certain types of actions and/or information (with exceptions). These requests include (1) a Qualified Written Request, (2) a Notice of Error, and (3) a Request for Information. If you submit a QWR or NOE, please include your name, loan account number and the reason you believe the account is in error. If you submit an RFI, please include your name, loan account number and the specific information requested.

QUALIFIED WRITTEN REQUESTS, NOTICES OF ERROR, and REQUESTS FOR INFORMATION, must be mailed to:

SunTrust Bank
ATTN: QWR/NOE/RFI
P.O. Box 26527
Richmond, VA 23261-6527

- The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agencies that administer compliance with this law concerning this creditor are the Bureau of Consumer Financial Protection, 1700 G Street NW., Washington DC 20006 and the Federal Trade Commission, Equal Credit Opportunity, Washington DC 20580.



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STATE DISCLOSURES

If you are a California resident or your property is in California, the following may apply to you.

- As required by law, you are hereby notified that a negative credit report reflecting on your credit record may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligation.

If you are a resident of Ohio or your property is in Ohio, the following may apply to you.

- The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

If you are a Texas resident or your property is in Texas, the following may apply to you.

- **Assert and protect your rights as a member of the armed forces of the United States. If you are or your spouse is serving on active military duty, including active military duty as a member of the Texas National Guard or the National Guard of another state or as a member of a reserve component of the armed forces of the United States, please send written notice of the active duty military service to the sender of this notice immediately.**

If you are a Utah resident or your property is in Utah, the following may apply to you.

- As required by Utah law, you are hereby notified that a negative credit report reflecting on your credit record may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations.

If you are a Wisconsin resident or your property is in Wisconsin, the following may apply to you.

- No provisions of a marital property agreement, a unilateral statement under Section 766.59, or a court decree under Section 766.70, adversely affects the interest of the creditor unless the creditor, prior to the time credit is granted, is furnished a copy of the agreement, statement or decree, or has knowledge of the adverse provision when the obligation to the creditor is incurred.

Homeowner Checklist
For Your Information Only - Do Not Return with Your Borrower Response Package

GET STARTED - Use this checklist to ensure you have completed all required forms and have the right information.

- Step 1 ☐ **Review the information provided** to help you understand your options, responsibilities, and next steps:
- ☐ Avoiding Foreclosure ☐ Frequently Asked Questions ☐ Beware of Foreclosure Rescue Scams

- Step 2 ☐ **Complete and sign the enclosed Mortgage Assistance Application Form.** Must be signed by all borrowers on the mortgage (notarization is not required) and must include:
- ☐ All income, expenses and assets for each borrower
☐ An explanation of financial hardship that makes it difficult to pay the mortgage
☐ Your acknowledgment and agreement that all information that you provide is true and accurate

- Step 3 ☐ **Complete and sign a dated copy of the enclosed IRS Form 4506T:**
- ☐ For each borrower, please submit a signed dated copy of IRS Form 4506T (Request for Transcript of Tax Return)
☐ Borrowers who filed their tax returns jointly may send in one IRS Form 4506T signed and dated by both joint filers

- Step 4 ☐ **Provide required Hardship documentation. This documentation will be used to verify your hardship.**
- ☐ Follow the instructions set forth on the Mortgage Assistance Application Form (attached)

- Step 5 ☐ **Provide required income documentation.** This documentation will be used to verify your hardship and all of your income (including any alimony or child support that you choose to disclose and rely upon to qualify).
- ☐ Follow the instructions set forth on the Mortgage Assistance Application Form (attached)
☐ You may also disclose any income from a household member who is not on the promissory note (non-borrower), such as a relative, spouse, domestic partner, or fiancé who occupies the property as a primary residence. If you elect to disclose and rely upon this income to qualify, the required income documentation is the same as the income documentation required for a borrower. See page 4 of the Mortgage Assistance Application Form for specific details on income documentation

- Step 6 ☐ **Gather and send your completed Borrower Response Package immediately.**
- ☐ **For Home Retention Requests**, you must send all required documentation listed in steps 2-5 above, and summarize below:
- Mortgage Assistance Application Form (attached)
 - Form 4506T (attached)
 - Income Documentation as outlined on page 2 of the Mortgage Assistance Application Form (attached)
 - Hardship Documentation as outlined on page 3 of the Mortgage Assistance Application Form (attached)
 - Authorization Form for Non-Borrowers (if applicable)
- ☐ **For Home Liquidation Requests** you must send all required documentation as outlined above **Plus:**
- **Listing Agreement (if applicable for all active service members)**
 - 2 most recent bank statements
 - Last 2 years worth of tax returns
 - Sales contract (if applicable)
 - Estimated HUD-1 (if applicable)
 - Affidavit of ARM's Length Transaction signed by all parties (if applicable)
 - 3rd Party Authorization Form (if applicable)

Please fax all documents to 877.589.0758, or you may mail them to SunTrust Bank, VA-RVW-5113, PO BOX 26150, Richmond, VA 23260, or email them to: homepreservationdocuments@suntrust.com. Please include your loan number in the subject line as well as at the top of each page. Please do not email more than eight (8) attachments per submission. If you have additional attachments, please send a supplemental email.

IMPORTANT REMINDERS:

- ☐ If you cannot provide the documentation within the time frame provided, have other types of income not specified on Page 4 of the Mortgage Assistance Application Form, cannot locate some or all of the required documents, OR have any questions, please contact us at the number provided on Page 2.
- ☐ Keep a copy of all documents and proof of mailing/emailing for your records. **Don't send original income or hardship documents. Copies are acceptable.**

Questions? Contact us at 855.223.4680

Information on Avoiding Foreclosure

For Your Information Only - Do Not Return with Your Borrower Response Package

Mortgage Programs Are Available to Help

There are a variety of programs available to help you resolve your delinquency and keep your home. You may be eligible to refinance or modify your mortgage to make your payments and terms more manageable, for example, lowering your monthly payment to make it more affordable. Or, if you have missed a few payments, you may qualify for a temporary (or permanent) solution to help you get your finances back on track. Depending on your circumstances, staying in your home may not be possible. However, a short sale or deed-in-lieu of foreclosure may be a better choice than foreclosure – see the table below for more information:

OPTIONS TO STAY IN YOUR HOME		OVERVIEW	BENEFIT
Refinance		Receive a new loan with lower interest rate or other favorable terms	Makes your payment or terms more affordable
Reinstatement		Pay the total amount you owe, in a lump sum payment and by a specific date. This may follow a forbearance plan as described below	Allows you to avoid foreclosure by bringing your mortgage current if you can show you have funds that will become available at a specific date in the future
Repayment Plan		Pay back your past-due payments together with your regular payments over an extended period of time	Allows you time to catch up on late payments without having to come up with a lump sum
Forbearance Plan		Make reduced mortgage payments or no mortgage payments for a specific period of time	Have time to improve your financial situation and get back on your feet
Modification		Receive modified terms of your mortgage to make it more affordable or manageable after successfully making payments during a “trial period” (that is, completing a three- or four-month trial period plan) that approximate the modified payment	Permanently modifies your mortgage so that your payments or terms are more manageable as a permanent solution to a long-term or permanent hardship
OPTIONS TO LEAVE YOUR HOME		OVERVIEW	BENEFIT
Short Sale		Sell your home and pay off a portion of your mortgage balance when you owe more on the home than it is worth	Allows you to transition out of your home without going through foreclosure. In some cases, relocation assistance may be available.
Mortgage Release (Deed-in-Lieu of Foreclosure)		Transfer the ownership of your property to us	Allows you to transition out of your home without going through foreclosure. In some cases, relocation assistance may be available.

We Want to Help

Take action, gain peace of mind and control of your situation. Complete and return the Borrower Response Package to start the process of getting the help you need now.

Mortgage Assistance Application

If you are having mortgage payment challenges, please complete and submit this application, along with the required documentation, to [servicer name] via mail: [address], fax: [fax #], or online: [website/email address]. We will contact you within five business days to acknowledge receipt and let you know if you need to send additional information or documents.

We will use the information you provide to help us identify the assistance you may be eligible to receive. If you need help completing this application, please contact [servicer name] at [phone #].

For a list of HUD-approved housing counseling agencies that can provide foreclosure prevention information, contact one of the following federal government agencies:

- The U.S. Department of Housing and Urban Development (HUD) at (800) 569-4287 or www.hud.gov/counseling
- The Consumer Financial Protection Bureau (CFPB) at (855) 411-2372 or www.consumerfinance.gov/mortgagehelp

If you need assistance with translation or other language assistance, HUD-approved housing counseling agencies may be able to assist you. These services are provided without charge.

Borrower Information

Borrower's name: _____

Social Security Number: _____ Date of Birth: _____

E-mail address: _____

Primary phone number: _____ ☐ Cell ☐ Home ☐ Work ☐ Other Alternate

phone number: _____ ☐ Cell ☐ Home ☐ Work ☐ Other

Co-borrower's name: _____ Are you married to the Borrower? ☐ Yes ☐ No Social

Security Number: _____ Date of Birth: _____

E-mail address: _____

Primary phone number: _____ ☐ Cell ☐ Home ☐ Work ☐ Other Alternate

phone number: _____ ☐ Cell ☐ Home ☐ Work ☐ Other

Preferred contact method (choose all that apply): ☐ Cell phone ☐ Home phone ☐ Work phone ☐ Email ☐ Text—checking this box indicates your consent for text messaging

Is either borrower on active duty with the military (including the National Guard and Reserves), the dependent of a borrower on active duty, or the surviving spouse of a member of the military who was on active duty at the time of death? ☐ Yes ☐ No

Property Information

Property Address: _____

Mailing address (if different from property address): _____

- The property is currently: ☐ A primary residence ☐ A second home ☐ An investment property
- The property is (select all that apply): ☐ Owner occupied ☐ Renter occupied ☐ Vacant ☐ Condemned and/or notice received
- I want to: ☐ Keep the property ☐ Sell the property ☐ Transfer ownership of the property to my servicer ☐ Undecided

Is the property listed for sale? ☐ Yes ☐ No – If yes, provide the listing agent's name and phone number—or indicate "for sale by owner" if applicable: _____

Is the property subject to condominium or homeowners' association (HOA) fees? ☐ Yes ☐ No – If yes, indicate monthly dues:
\$ _____

Hardship Information

The hardship causing mortgage payment challenges began on approximately (date) _____ and is believed to be:

- ☐ Short-term (up to 6 months)
- ☐ Long-term or permanent (greater than 6 months)
- ☐ Resolved as of (date) _____

TYPE OF HARDSHIP (CHECK ALL THAT APPLY)	REQUIRED HARDSHIP DOCUMENTATION
<input type="checkbox"/> Unemployment	<ul style="list-style-type: none"> Not required
<input type="checkbox"/> Reduction in income: a hardship that has caused a decrease in your income due to circumstances outside your control (e.g., elimination of overtime, reduction in regular working hours, a reduction in base pay)	<ul style="list-style-type: none"> Not required
<input type="checkbox"/> Increase in housing-related expenses: a hardship that has caused an increase in your housing expenses due to circumstances outside your control (e.g., uninsured losses, increased property taxes, HOA special assessment)	<ul style="list-style-type: none"> Not required
<input type="checkbox"/> Disaster (natural or man-made) impacting the property or borrower's place of employment	<ul style="list-style-type: none"> Not required
<input type="checkbox"/> Long-term or permanent disability, or serious illness of a borrower/co-borrower or dependent family member	<ul style="list-style-type: none"> Written statement from the borrower, or other documentation verifying disability or illness Note: Detailed medical information is not required, and information from a medical provider is not required
<input type="checkbox"/> Divorce or legal separation	<ul style="list-style-type: none"> Final divorce decree or final separation agreement OR Recorded quitclaim deed
<input type="checkbox"/> Separation of borrowers unrelated by marriage, civil union, or similar domestic partnership under applicable law	<ul style="list-style-type: none"> Recorded quitclaim deed OR Legally binding agreement evidencing that the non-occupying borrower or co-borrower has relinquished all rights to the property
<input type="checkbox"/> Death of borrower or death of either the primary or secondary wage earner	<ul style="list-style-type: none"> Death certificate OR Obituary or newspaper article reporting the death
<input type="checkbox"/> Distant employment transfer/relocation	<ul style="list-style-type: none"> For active duty service members: Permanent Change of Station (PCS) orders or letter showing transfer. For employment transfers/new employment: Copy of signed offer letter or notice from employer showing transfer to a new location or written explanation if employer documentation not applicable, AND Documentation that reflects the amount of any relocation assistance provided (not required for those with PCS orders)
<input type="checkbox"/> Other – hardship that is not covered above:	<ul style="list-style-type: none"> Written explanation describing the details of the hardship and any relevant documentation

Current Borrower Assets

Exclude retirement funds such as a 401(k) or Individual Retirement Account (IRA), and college savings accounts such as a 529 plan.

Checking account(s) and cash on hand	\$
Savings, money market funds, and Certificates of Deposit (CDs)	\$
Stocks and bonds (non-retirement accounts)	\$
Other:	\$

Borrower Income

BORROWER			COBORROWER	
	PRIMARY JOB	SECONDARY JOB	PRIMARY JOB	SECONDARY JOB
Name of Employer				
Start Date of Employment				
Frequency of Pay	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other
If you are paid less than 12 months out of the year, how many months are you paid?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11
If you receive a bonus, commission or reward, how often is it received?	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other
Will the bonus, commission or rewards continue?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

MONTHLY TOTAL BORROWER INCOME TYPE & AMOUNT		REQUIRED INCOME DOCUMENTATION
Gross (pre-tax) wages, salaries and overtime pay, commissions, tips, and bonuses	\$	<ul style="list-style-type: none"> Thirty days of pay stubs and documentation of year-to-date earnings if not on pay stub AND Two most recent bank statements showing income deposit amounts
Self-employment income	\$	<ul style="list-style-type: none"> Personal federal tax returns completed and signed by each Borrower/Co-Borrower. Include all schedules AND Two most recent years of your Business federal tax return, including K-1, if applicable, completed and signed by Borrower or Co-Borrower. Include all schedules AND The most recent signed and dated year-to-date Profit and Loss statement that reflects activity for the most recent twelve months OR Two most recent bank statements for the business account—include all pages (front and back) even blank pages
Unemployment benefit income	\$	<ul style="list-style-type: none"> No documentation required
Taxable Social Security, pension, disability, death benefits, adoption assistance, housing allowance, and other public assistance	\$	<ul style="list-style-type: none"> Award letters or other documentation showing the amount and frequency of the benefits AND Most recent complete and signed individual federal income tax return AND Two most recent bank statements showing deposit amounts or other documentation showing receipt of payment
Non-taxable Social Security or disability income	\$	<ul style="list-style-type: none"> Award letters or other documentation showing the amount and frequency of the benefits AND Most recent complete and signed individual federal income tax return AND Two most recent bank statements showing deposit amounts or other documentation showing receipt of payment
Rental income (rents received, less expenses other than mortgage expense)	\$	<ul style="list-style-type: none"> Two most recent bank statements demonstrating receipt of rent AND Current lease agreement
Investment or insurance income	\$	<ul style="list-style-type: none"> Two most recent investment statements AND Two most recent bank statements supporting receipt of the income
Other sources of income not listed above (Note: Only include alimony, child support, or separate maintenance income if you choose to have it considered for repaying this loan)	\$	<ul style="list-style-type: none"> Two most recent bank statements showing receipt of income AND Other documentation showing the amount and frequency of the income

Borrower Certification and Agreement

I certify, acknowledge, and agree to the following:

1. All of the information in this Mortgage Assistance Application Form is truthful and the hardship that I have identified contributed to my need for mortgage relief.
2. The accuracy of my statements may be reviewed by the servicer, owner or guarantor of my mortgage, their agent(s), or an authorized third party*, and I may be required to provide additional supporting documentation. I will provide all required documents, including any additional supporting documentation as requested, and will respond timely to all servicer, or authorized third party*, communications.
3. Knowingly submitting false information may violate Federal and other applicable law.
4. If I have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this request for mortgage relief or if I do not provide all required documentation, the servicer may cancel any mortgage relief granted and may pursue foreclosure on my home and/or pursue any available legal remedies.
5. The servicer is not obligated to offer me assistance based solely on the representations in this document or other documentation submitted in connection with my request.
6. When applying for loss mitigation assistance, certain costs may be charged to facilitate the review process, including appraisals, property inspections and valuation.
7. Charges associated with the servicing of my loan may be billed in the form of corporate advance and will appear on my periodic billing statement.
8. If during the servicer's review it is found that I have received a HAMP modification on this or any other property, I agree to the cancellation of any approved HAMP trial or final modification and understand I will be reviewed for non HAMP modification options.
9. I may be eligible for a trial period plan, repayment plan, or forbearance plan. If I am eligible for one of these plans, I agree that:
 - a. All the terms of this Acknowledgment and Agreement are incorporated into such plan by reference as if set forth in such plan in full.
 - b. My first timely payment under the plan will serve as acceptance of the terms set forth in the notice of the plan sent by the servicer.
 - c. The servicer's acceptance of any payments 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 period plan for a modification will contain escrow amounts. If I was not previously required to pay escrow amounts, and my trial period 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 required to pay escrow amounts and my repayment plan or forbearance plan contains escrow amounts, I agree to the establishment of an escrow account and agree that any prior escrow waiver is revoked.
10. The servicer or authorized third party* will obtain a current credit report on all borrowers obligated on the Note.
11. The servicer or authorized third party* will collect and record personal information that I submit in this Borrower Response Package and during the evaluation process. This personal information may include, but is not limited to: (a) my name, address, telephone number, (b) my Social Security number, (c) my credit score, (d) my income, and (e) my payment history and information about my account balances and activity. I understand and consent to the servicer or authorized third party*, as well as any investor or guarantor (such as Fannie Mae or Freddie Mac), disclosing my personal information and the terms of any relief or foreclosure alternative that I receive to the following:
 - a. Any investor, insurer, guarantor, or servicer that owns, insures, guarantees, or services my first lien or subordinate lien (if applicable) mortgage loan(s) or any companies that perform support services to them; and
 - b. The U.S. Department of Treasury, Fannie Mae and Freddie Mac, in conjunction with their responsibilities under the Making Home Affordable program, or any companies that perform support services to them.
12. I consent to being contacted concerning this application for mortgage assistance at any telephone number, including mobile telephone number, or email address I have provided to the lender, servicer or authorized third party. * I understand that by providing my phone number, I consent to Truist Bank (SunTrust now Truist), its affiliates, agents, and assignees of any of those contacting me at this number by calling, texting, or sending other electronic messages, from time to time, for any reason about my accounts with Truist Bank and its affiliates, including but not limited to, for collection and payment purposes, even if I have submitted a request to cease collection calls. I agree that automated dialing equipment or prerecorded voice messages may be used for any of these purposes.

Borrower Signature

Date

Co-Borrower Signature

Date

*An authorized third party may include, but is not limited to, a counseling agency, Housing Finance Agency (HFA) or other similar entity that is assisting me in obtaining a foreclosure prevention alternative.

Request for Transcript of Tax Return

- **Do not sign this form unless all applicable lines have been completed.**
► **Request may be rejected if the form is incomplete or illegible.**
► **For more information about Form 4506-T, visit www.irs.gov/form4506t.**

OMB No. 1545-1872

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5a If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. TALX Corporation, a provider of Equifax Verification Services, 11432 Lackland Road, Saint Louis, MO 63146	
5b Customer file number (if applicable) (see instructions)	

Caution: If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

- 6 Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ►
- a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days ☐
- b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days ☐
- c Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days ☐
- 7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days ☐
- 8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days ☐

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

- 9 Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.
- | | | | |
|----------------|----------------|----------------|-----|
| 12 / 31 / 2018 | 12 / 31 / 2017 | 12 / 31 / 2016 | / / |
|----------------|----------------|----------------|-----|

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

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

☐ **Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T.** See instructions.

Phone number of taxpayer on line 1a or 2a

Sign Here	► Signature (see instructions)	Date
	► Title (if line 1a above is a corporation, partnership, estate, or trust)	
	► Spouse's signature	Date

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

Future Developments

For the latest information about Form 4506-T and its instructions, go to www.irs.gov/form4506t. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

What's New. The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, is shown on the transcript.

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

General Instructions

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

Purpose of form. Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note: If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:	Mail or fax to:
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301 855-587-9604
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888 855-800-8105
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Internal Revenue Service RAIVS Team Stop 6705 P-6 Kansas City, MO 64999 855-821-0094

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-298-1145
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 855-800-8015

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

Line 5b. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number **should not** contain an SSN. Completion of this line is not required.

Note. If you use an SSN, name or combination of both, we will not input the information and the customer file number will be blank on the transcript.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

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

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Note: If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service Tax Forms
and Publications Division 1111
Constitution Ave. NW, IR-6526 Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.