

# Application For Success Checklist

Please follow this checklist to complete the Application For Success. We'll review it and let you know your options. To expedite the process, send it back to us immediately.

STEP 1	Client Information	Client	Co-Client	Description	Page
		<input type="checkbox"/>	<input type="checkbox"/>	Complete client information	2
		<input type="checkbox"/>	<input type="checkbox"/>	If your property is listed for sale, provide the listing agreement	2
		<input type="checkbox"/>	<input type="checkbox"/>	If your property has an offer, provide the purchase agreement	2
STEP 2	Hardship Information	Client	Co-Client	Description	Page
		<input type="checkbox"/>	<input type="checkbox"/>	Provide hardship information and documentation	3-5
		<input type="checkbox"/>	<input type="checkbox"/>	Write a hardship letter (use the space provided on page 6 or type your own letter)	6
STEP 3	Income	Client	Co-Client	Description	Page
		<input type="checkbox"/>	<input type="checkbox"/>	List the monthly income for client/co-client, and provide supporting income documentation	7-8
STEP 4	Assets & Expenses	Client	Co-Client	Description	Page
		<input type="checkbox"/>	<input type="checkbox"/>	Tell us your household assets	9
		<input type="checkbox"/>	<input type="checkbox"/>	Tell us your monthly expenses/debt	10-11
STEP 5	Acknowledgment & Agreement	Client	Co-Client	Description	Page
		<input type="checkbox"/>	<input type="checkbox"/>	Sign the Acknowledgment and Agreement form	12
		<input type="checkbox"/>	<input type="checkbox"/>	Sign the Certification and Authorization form	13
STEP 6	Finish & Sign Documents	Client	Co-Client	Description	Page
		<input type="checkbox"/>	<input type="checkbox"/>	Complete and sign the 4506-T	14-15
		<input type="checkbox"/>	<input type="checkbox"/>	Sign the Third-Party Authorization form	16
				Return your fully completed Application For Success and required documentation Do not use email to send the documents Fax to <b>(877) 380-5084</b> OR Mail to the following address: Quicken Loans Attn: Servicing - Client Solutions 635 Woodward Ave. Detroit, MI 48226	

Questions? Contact Your Account Resolution Team!

Phone: (XXX) XXX-XXXX  
Email: AFSHelp@QuickenLoans.com  
Secure Fax: (877) 380-5084

Hours: Monday - Friday: 8:30 a.m. - 9:00 p.m. ET  
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# Client Information

**DIRECTIONS:** Complete all of the fields.

**STEP**  
**1**

<b>Client Information</b>	My goal is to:	<input type="checkbox"/> Keep the property	<input type="checkbox"/> Vacate the property	<input type="checkbox"/> Sell the property
	The property type currently is:	<input type="checkbox"/> My primary residence	<input type="checkbox"/> A second home	<input type="checkbox"/> An investment property
	The occupancy type currently is:	<input type="checkbox"/> Owner occupied	<input type="checkbox"/> Renter occupied	<input type="checkbox"/> Vacant
	Number of people in the household:			
	Are any clients on the loan actively serving for any branch of the military?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Commanding officer's name:	Phone number:		
	Have any clients on the loan been deployed away from their primary residence or received a Permanent Change of Station order?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are any clients on the loan the surviving spouse of a deceased service member who was on active duty at the time of death?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Client</b>	<b>Co-Client</b>		
	Name:	Name:		
Social Security Number:	Social Security Number:			
Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated	Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated			
Mailing address:	Mailing address:			
Home phone number:	Cell phone number:	Home phone number:	Cell phone number:	
Best time to be reached:	Number to call:	Best time to be reached:	Number to call:	
Email:	Email:			
<b>Property</b>	Property address:			
	Is the property listed for sale?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what was the listing date?	
	If the property has been listed for sale, have you received an offer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the offer amount?	
			Date of offer:	
			<b>Documentation needed:</b> <b>- Listing agreement</b> <b>- Purchase agreement</b>	
Is the property for sale by owner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, what is the real estate agent's name and phone number?		
		Name:	Phone number:	

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# Hardship Information and Documentation

**DIRECTIONS:** We need to know the main reason for your hardship. Select the reason that most recently impacted your hardship.

STEP  
**2**

**I am requesting a review of my current financial situation to determine whether I qualify for temporary or permanent mortgage loan relief options.**

Date hardship began: \_\_\_\_\_

I believe that my situation is:

Short-term (under 6 months)

Long-term or permanent (greater than 6 months)

Choose the main reason for your hardship below:

**(Choose only one)**

## Unemployment

Client

Co-Client

## 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, or reduction in base pay)*

Client

Co-Client

## Increase in Housing Expenses

*A hardship that has caused an increase in your housing expenses due to circumstances outside your control*

Client

Co-Client

## Divorce or Legal Separation

*Separation of clients unrelated by marriage, civil union or similar domestic partnership under applicable law*

Client

Co-Client

**If applicable, please provide one of the items listed below:**

1. Include separate maintenance agreement, property settlement and custody agreement when applicable if not included in the documentation below

**AND**

2. Divorce decree or separation agreement signed by the court

**OR**

3. Recorded quit claim deed showing that non-occupying client/co-client has relinquished all rights to the property

**Do not send original copies of documents.**

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# Hardship Information and Documentation

**DIRECTIONS:** We need to know the main reason for your hardship. Select the reason that most recently impacted your hardship.

STEP  
**2**

## Death of a Client or Primary/Secondary Wage Earner

**Client**      **Co-Client**

**If applicable, please provide one of the items listed below:**

1. Death certificate

**OR**

2. Obituary or newspaper article reporting the death

## Long-Term or Permanent Disability; Serious Illness of a Client/Co-Client or Dependent Family Member

**Client**      **Co-Client**

**If applicable, please provide one of the items listed below:**

1. Doctor's certificate of illness or disability

**OR**

2. Medical bills

**OR**

3. Proof of monthly insurance benefits or government assistance

**OR**

4. Written statement or other documentation from a third party verifying disability or illness

None of the above shall require detailed medical information.

## Disaster (Natural or Man-Made)

**Client**      **Co-Client**

**If applicable, please provide one of the items listed below:**

1. Copy of the insurance claim

**OR**

2. Proof of the proceeds from the Federal Emergency Management Agency grant or Small Business Administration loan

**OR**

3. Proof that client's or employer's property is located in a federally declared disaster area

## Distant Employment Transfer/Relocation

**Client**      **Co-Client**

**If applicable, please provide one of the items listed below:**

1. For active duty service members: Notice of Permanent Change of Station (PCS) or actual PCS orders

**OR**

2. For employment transfers/new employment:

a. Documentation that reflects the amount of any relocation assistance provided, if applicable (not required for those with PCS orders)

**AND**

b. Copy of signed offer letter or notice from employer showing transfer to a new employment location

**OR**

c. Pay stub from new employer

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# Hardship Information and Documentation

**DIRECTIONS:** We need to know the main reason for your hardship. Select the reason that most recently impacted your hardship.

STEP  
**2**

## Business Failure

Client      Co-Client

**If applicable, please provide one of the items listed below:**

1. Business and personal tax returns from the previous year

**AND**

2. Proof of business failure supported by one of the following:

a. Bankruptcy filing for the business

**OR**

b. Most recent 2 months of bank statements for the business account showing no business activity

**OR**

c. Most recent signed and dated quarterly or year-to-date profit and loss statement

## Other

*A hardship that is not covered above*

Client      Co-Client

**If applicable, please provide the item listed below:**

Written explanation describing the details of the hardship and relevant documentation

## REMINDER:

You **MUST** provide the corresponding documentation for the main hardship reason you selected. Without these documents, we will be unable to process your application.

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# Current Household Income

**STEP**  
**3**

**DIRECTIONS:** List all types of income received by the client or co-client on a monthly basis. Then provide the documentation needed for each income type.

## Employer Information (if applicable)

Name:		Name:	
Address:		Address:	
Start date:	Work phone number:	Start date:	Work phone number:
Frequency of pay: <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Semimonthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other		Frequency of pay: <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Semimonthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other	

Income	Client	Co-Client	Document Requirements
Hourly or Salary Income (Full Time, Part Time, Seasonal, Second Job, Military and Union)	\$ /mo.	\$ /mo.	Copies of the most recent 30 days of pay stubs showing year-to-date (YTD) earnings
Commission, Tip, Overtime and Bonus	\$ /mo.	\$ /mo.	Copies of the most recent 30 days of pay stubs showing year-to-date (YTD) earnings, defining regular pay as well as overtime, bonuses, tips and/or commission
Alimony/Child Support*	\$ /mo.	\$ /mo.	Copy of the divorce decree/separation agreement or other type of legal agreement or court decree that provides for the payment of alimony or child support and states the amount of the award and the period of time over which it will be received <b>AND</b> Copies of the 2 most recent months of bank statements showing full, regular and timely payments
Housing Allowance	\$ /mo.	\$ /mo.	Copies of the contract or pay stub evidencing amount of housing allowance and how long it will last
SSI/Death Benefits	\$ /mo.	\$ /mo.	Award letter or 1099 <b>AND</b> Signed federal income tax return from the most recent tax year <b>AND</b> Copies of the 2 most recent months of bank statements showing receipt of income
Disability (Short-Term, Long-Term and Workers' Compensation)	\$ /mo.	\$ /mo.	Award letter, benefits statement or disability policy from the provider <b>AND</b> Copies of the 2 most recent months of bank statements showing receipt of disability income
Pension	\$ /mo.	\$ /mo.	Benefits statement, pay stub or 1099 <b>AND</b> Copies of the 2 most recent months of bank statements showing receipt of pension income

<b>Subtotal</b>	<b>\$ /mo.</b>	<b>\$ /mo.</b>
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\*Notice: Alimony, child support or separate maintenance income need not be revealed if you do not choose to have it considered for repaying this loan.

**Do not send original copies of documents.**

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# Current Household Income

**STEP**  
**3**

**DIRECTIONS:** List all types of income received by the client or co-client on a monthly basis. Then provide the documentation needed for each income type.

Income	Client	Co-Client	Document Requirements
Personal Retirement and Investments/ Annuities	\$ /mo.	\$ /mo.	Account statement <b>AND</b> Copies of the 2 most recent months of bank statements showing receipt of income
Rental Income	\$ /mo.	\$ /mo.	Copies of the 2 most recent months of bank statements showing receipt of rental income and one of the following: <ul style="list-style-type: none"> <li>Signed federal income tax return from the most recent tax year, including Schedule E</li> </ul> <b>OR</b> <ul style="list-style-type: none"> <li>Current signed lease agreement</li> </ul>
Adoption/Foster Income and Public Assistance	\$ /mo.	\$ /mo.	Benefits statement or award letter <b>AND</b> Copies of the 2 most recent months of bank statements showing receipt of income
Self-Employment	\$ /mo.	\$ /mo.	A complete, signed individual federal income tax return; your business tax return (e.g., IRS Forms 1120, 1120S and 1065) if applicable; and one of the following: <ul style="list-style-type: none"> <li>The most recent signed and dated quarterly or year-to-date profit and loss statement that reflects activity for the most recent 3 months</li> </ul> <b>OR</b> <ul style="list-style-type: none"> <li>Copies of bank statements for the business account for the last 2 months to document continuation of business activity</li> </ul> Copies of 2 months of pay stubs, if applicable
Unemployment Income	\$ /mo.	\$ /mo.	Unemployment award letter <b>AND</b> Copies of the 2 most recent months of bank statements showing receipt of unemployment benefits
Non-Client Income	\$ /mo.	\$ /mo.	Submit the required documentation based on the income type of the non-client
<b>Subtotal</b>	\$ /mo.	\$ /mo.	
<b>+ Previous Page Subtotal</b>	\$ /mo.	\$ /mo.	
<b>Total Gross Income</b>	\$ /mo.	\$ /mo.	

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# Current Household Assets

**STEP**  
**4**

**DIRECTIONS:** List all household assets associated with the property and/or client(s).  
Then provide the documentation needed.

Asset Type	Institution Name	Last 4 Digits of Account	Current Balance
Checking Account(s)			\$ /mo.
Savings Account 1			\$ /mo.
Savings Account 2			\$ /mo.
Money Market Account 1			\$ /mo.
Money Market Account 2			\$ /mo.
Certificate of Deposit 1			\$ /mo.
Certificate of Deposit 2			\$ /mo.
Investment Account 1 <i>Stocks/Bonds/Mutual Funds</i>			\$ /mo.
Investment Account 2 <i>Stocks/Bonds/Mutual Funds</i>			\$ /mo.
Cash on Hand			\$ /mo.
Additional Assets 1			\$ /mo.
Additional Assets 2			\$ /mo.

**Total Assets**

**\$ /mo.**

## Documentation Required:

For all of the items listed above, provide copies of statements covering the 2 most recent months for all financial accounts for all clients. The statements **must include all pages** and identify all of the following:

- Account holder's name and/or the name of the business
- Name of the bank/financial institution
- Account number (at least the last four digits)
- Date range
- Ending balance

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# Household Monthly Expenses/Debt

**STEP**  
**4**

**DIRECTIONS:** List your monthly expenses/debt for each category. Next, add the category subtotals together, and list the grand total in box F on the following page.

**A**

## HOA Dues

Do you have condominium or homeowners association (HOA) fees?  Yes  No

If yes:

Frequency of fees:  Monthly  Quarterly  Annually  Other

Amount:

Association name:

Association address:

Association phone number:

**B**

## Housing and Utilities Expenses

**Monthly Amount**

Mortgage/Rent	\$	/mo.
Property Taxes	\$	/mo.
Interest	\$	/mo.
Homeowners Insurance	\$	/mo.
HOA/Condo Fees	\$	/mo.
Water and Sewer	\$	/mo.
Maintenance	\$	/mo.
Repairs	\$	/mo.
Utilities	\$	/mo.
Phone (Home and Cell)	\$	/mo.
Cable/Internet	\$	/mo.
<b>Subtotal B</b>	<b>\$</b>	<b>/mo.</b>

**C**

## Food, Clothing and Personal Expenses

**Monthly Amount**

Food	\$	/mo.
Housekeeping Supplies	\$	/mo.
Apparel and Services	\$	/mo.
Personal Care and Services	\$	/mo.
<b>Subtotal C</b>	<b>\$</b>	<b>/mo.</b>

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# Household Monthly Expenses/Debt

**DIRECTIONS:** List your monthly expenses/debt for each category. Next, add the category subtotals together, and list the grand total in box F.

**STEP**  
**4**

<b>D</b>		<b>Monthly Amount</b>
<b>Out-of-Pocket Health Care Expenses</b>		
Medical Services		\$ /mo.
Prescription Drugs		\$ /mo.
Medical Supplies, Such as Eyeglasses and Contacts		\$ /mo.
	<b>Subtotal D</b>	\$ /mo.
<b>E</b>		<b>Monthly Amount</b>
<b>Transportation Expenses</b>		
Number of Cars		
Vehicle 1 Payment		\$ /mo.
Vehicle 2 Payment		\$ /mo.
Vehicle Insurance		\$ /mo.
Fuel		\$ /mo.
Parking/Tolls		\$ /mo.
Public Transportation/Transit Fares		\$ /mo.
	<b>Subtotal E</b>	\$ /mo.
<b>F</b>		<b>Monthly Amount</b>
<b>Additional Expenses</b>		
Alimony/Child Support		\$ /mo.
Child Care		\$ /mo.
Health Insurance (If Not Deducted on Pay Stub)		\$ /mo.
Life Insurance		\$ /mo.
Payments on Liens/Judgments (If Not Garnished)		\$ /mo.
Personal Loans		\$ /mo.
Student Loans		\$ /mo.
School Costs		\$ /mo.
Credit Card Payment(s)		\$ /mo.
	<b>Subtotal F</b>	\$ /mo.
<b>G</b>		<b>Monthly Amount</b>
<b>GRAND TOTAL</b>		
Add Subtotals B Through F		\$ /mo.

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# Acknowledgment and Agreement

**DIRECTIONS:** Read and sign.

\*An authorized third party may include, but is not limited to, a counseling agency, a Housing Finance Agency (HFA), or other similar entity.

STEP  
**5**

## Client/Co-Client Acknowledgment and Agreement

### I certify, acknowledge and agree to the following:

- 1) All of the information in the Application For Success is truthful, and the hardship that I have identified contributed to my need for mortgage assistance.
- 2) The accuracy of my statements may be reviewed by the Servicer, the owner or the 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 requested documents and will respond in a timely fashion 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 assistance, or if I do not provide all required documentation, the Servicer may cancel any mortgage assistance 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.  
I understand that the Servicer may incur certain costs in evaluating my Application For Success, and I am responsible for these costs whether or not I'm approved for mortgage assistance. This could include, but is not limited to, an appraisal or broker price opinion to determine the value of my property and a title search. I acknowledge and agree that I have had ample opportunity to contact the Servicer with any concerns I have about these costs, and I have no unresolved concerns.
- 6) 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 to the following:
  - 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. If I was not previously required to pay escrow amounts, I agree to the establishment of an escrow account and agree that any prior waiver is revoked. If any of the above programs do not complete under the approved terms, I understand my escrow account will remain on my loan.**

- 7) A condemnation notice has not been issued for the property.
- 8) The Servicer or authorized third party\* will obtain a current credit report on all borrowers obligated on the Note.
- 9) The Servicer or authorized third party\* will collect and record personal information that I submit in this Application For Success and during the evaluation process. This personal information may include, but is not limited to (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 account balances and activity. I understand and consent to the Servicer or an 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 of 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
  - b. The U.S. Department of the 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
- 10) I consent to being contacted concerning this request for mortgage assistance at any telephone number, including the mobile telephone number or email address I have provided to the Servicer/lender/or authorized third party.\*
- 11) Bankruptcy Notice: If you are in bankruptcy or if your obligation to repay this loan was discharged in bankruptcy, this package is sent to you in order to comply with investor guidelines or at your request. It is not an attempt to collect the debt. You may disregard any information pertaining to payment remittance. You are not obligated to make payments, and any amount you do pay the Servicer is at your discretion.
- 12) The issuance of this package is neither an offer for a refinance, repayment plan, forbearance plan, modification or mortgage release, nor an acceptance of a short sale offer. Each individual case will be reviewed and a decision made on your request. If you have received any notice regarding your foreclosure sale and have questions, please use the contact information on that notice to obtain answers. Foreclosure proceedings may continue or commence after issuance of this package.
- 13) This communication is from a debt collector. This is an attempt to collect a debt, and any information obtained will be used for that purpose.

▶ Client  
Signature: \_\_\_\_\_

▶ Date: \_\_\_\_\_

▶ Co-Client  
Signature: \_\_\_\_\_

▶ Date: \_\_\_\_\_

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# Certification and Authorization

**DIRECTIONS:** Read and sign.

**STEP**  
**5**

## Certification

### The undersigned certify the following:

- 1) I/We have a mortgage loan with Quicken Loans Inc. ("Servicer"). In connection with the loan, I/we completed an application containing various information on the purpose of the loan, employment and income information, and assets and liabilities. I/We certify that all of the information is true and complete. I/We made no misrepresentations in the application or other documents, nor did I/we omit any pertinent information.
- 2) I/We understand and agree that Servicer reserves the right to change the review process to a full documentation program. This may include verifying the information provided on the application with the employer and/or the financial institution.
- 3) I/We fully understand that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements when applying for this mortgage, as applicable under the provisions of Title 18, United States Code, Section 1014.

## Authorization to Release Information

### I/We certify, acknowledge and agree to the following:

- 1) I/We have a mortgage loan with the Servicer. As part of the application process, Servicer may verify information contained in my/our application and in other documents required by Servicer. I/We understand that any misrepresentations discovered during the application process and thereafter may be reported or shared with law enforcement or fraud alert databases.
- 2) I/We authorize you to provide to Servicer, and to any investor to whom Servicer may transfer my/our mortgage loan to, any and all information and documentation that they request. Such information includes, but is not limited to, employment history and income; bank, money market, and similar account balances; credit history; and copies of income tax returns. This authorization also applies to proof of homeowners insurance coverage and requests for payoff statements from my/our current mortgage Servicer/bank even if such requests are from the title company performing the closing/settlement of my/our mortgage loan with Servicer.
- 3) The Servicer or any investor that purchases the mortgage may address this authorization to any party named in the application or disclosed by any consumer credit reporting agency or similar source.
- 4) I/We release and agree to hold Servicer and any investor that purchases my/our mortgage harmless from any liability that may arise from verifying information contained in my/our application or for any reporting of misrepresentations discovered during the application process or thereafter.
- 5) A copy of this authorization may be accepted as an original, and this authorization may be electronically signed in place of a handwritten signature.
- 6) To evaluate a modification, we may order an appraisal or some other type of valuation to determine the property's value and charge you for the appraisal. We will give you a copy of any appraisal or valuation. You can pay for an additional appraisal for your own use at your own cost. Lender is an equal opportunity lender and abides by the federal (and state) Equal Credit Opportunity Act, which prohibits creditors from discrimination against credit applications on the bases of sex, marital status, race, color, religion, national origin, age (provided the applicant has the capacity to contract), receipt of income from a public assistance program, or the good faith exercise of rights under the Consumer Credit Protection Act. The Federal Agency that administers compliance with this law concerning Lenders is the Federal Trade Commission, Equal Credit Opportunity Division, Washington, D.C., 20580.

**NOTICE TO CLIENTS:** This to you as required by the Right to Financial Privacy Act of 1978 that HUD/FHA has a right of access to financial records held by financial institutions in connection with the consideration or administration of assistance to you. Financial records involving your transaction will be available to HUD/FHA without further notice or authorization but will not be disclosed or released by this institution to another Government Agency or Department without your consent except as required or permitted by law.

▶ Client Signature: \_\_\_\_\_ ▶ Date: \_\_\_\_\_

▶ Co-Client Signature: \_\_\_\_\_ ▶ Date: \_\_\_\_\_

## Questions? Contact Your Account Resolution Team!

**Phone:** (XXX) XXX-XXXX  
**Email:** AFSHelp@QuickenLoans.com  
**Secure Fax:** (877) 380-5084

**Hours:** Monday – Friday: 8:30 a.m. – 9:00 p.m. ET  
Saturday: 10:00 a.m. – 4:00 p.m. ET

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# Request for Transcript of Tax Return

STEP  
**6**

**DIRECTIONS:** You are required to complete this section.

- Complete all boxes marked with yellow arrows.
- If a joint tax return was filed, the client's spouse does not need to complete this form.
- If the client and co-client did not file a joint tax return, each must complete a separate 4506-T. An additional form is located on page 5 of the "For Your Review" section.
- In #4 below, indicate the address shown on your last tax return **IF** it is different from your current address.
- **IF** you submit a 4506-T that is not the one provided below, "Quicken Loans Inc., 635 Woodward Ave., Detroit, MI 48226 - (XXX) XXX-XXXX" must be entered in Box 5.

Form <b>4506-T</b> (Rev. January 2012) Department of the Treasury Internal Revenue Service	<b>Request for Transcript of Tax Return</b> ► Request may be rejected if the form is incomplete or illegible.	OMB No. 1545-1872
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**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](http://IRS.gov) and click on "Order a Transcript" 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.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number or individual taxpayer identification number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
<b>4</b> Previous address shown on the last return filed if different from line 3 (see instructions)	
<b>5</b> 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. Quicken Loans Inc., 635 Woodward Ave., Detroit, MI 48226 (XXX) XXX-XXXX	

**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 IRS transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

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

**a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 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 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 30 calendar days

**7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days

**8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2010, filed in 2011, will not be available from the IRS until 2012. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days

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

**9 Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately. 12/31/2013 12/31/2014

Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved **identity theft** on your federal tax return

**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, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

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

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 37667N

Form **4506-T** (Rev. 1-2012)

## Questions? Contact Your Account Resolution Team!

Phone: (XXX) XXX-XXXX  
 Email: [AFSHelp@QuickenLoans.com](mailto:AFSHelp@QuickenLoans.com)  
 Secure Fax: (877) 380-5084

Hours: Monday – Friday: 8:30 a.m. – 9:00 p.m. ET  
 Saturday: 10:00 a.m. – 4:00 p.m. ET

# Information to Review

**DIRECTIONS:** This page is for your review. No action is needed.

STEP  
**6**

Form 4506-T (Rev. 1-2012)

Page **2**

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

## What's New

The IRS has created a page on IRS.gov for information about Form 4506-T at [www.irs.gov/form4506](http://www.irs.gov/form4506). Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

## 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.

**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.

**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 "Order a Transcript" or call 1-800-908-9946.

## 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 the "Internal Revenue Service" at:
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	RAIVS Team Stop 6716 AUSC Austin, TX 73301  512-460-2272
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	RAIVS Team Stop 37106 Fresno, CA 93888  559-456-5876
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	RAIVS Team Stop 6705 P-6 Kansas City, MO 64999  816-292-6102

## Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409  801-620-6922
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250  859-669-3592

**Line 1b.** Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) 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 address on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address.

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

**Signature and date.** Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

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

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

## Privacy Act and Paperwork Reduction Act Notice

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

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, 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 Products Coordinating Committee  
SE:W:CAR:MP:T:M:S  
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.

## Questions? Contact Your Account Resolution Team!

Phone: (XXX) XXX-XXXX  
Email: AFSHelp@QuickenLoans.com  
Secure Fax: (877) 380-5084

Hours: Monday - Friday: 8:30 a.m. - 9:00 p.m. ET  
Saturday: 10:00 a.m. - 4:00 p.m. ET

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# Third-Party Authorization Form

STEP  
**6**

**DIRECTIONS:** This form is optional. If you would like us to communicate with others about your loan term, or if you will be working with a third party during this process, sign and complete this form. If more space is needed, complete the additional copy of this document located on page 7 in the "For Your Review" section.

## Third-Party Authorization Form

Quicken Loans Inc.

### Servicer

### Loan Number

The undersigned Borrower and Co-Borrower (if any) (individually and collectively, "Borrower" or "I"), authorize the above Servicer and the following third parties

▶ _____ [Counseling Agency]	▶ _____ [Agency Contact Name and Phone Number]
▶ _____ [State HFA Entity]	▶ _____ [State HFA Contact Name and Phone Number]
▶ _____ [Other Third Party]	▶ _____ [Third Party Contact Name and Phone Number]
▶ _____ [Relationship of Other Third Party to Borrower and Co-Borrower]	

(individually and collectively, "Third Party") to obtain, share, release, discuss, and otherwise provide to and with each other public and non-public personal information contained in or related to the mortgage loan of the Borrower. This information may include (but is not limited to) the name, address, telephone number, social security number, credit score, credit report, income, government monitoring information, loss mitigation application status, account balances, program eligibility, and payment activity of the Borrower. I also understand and consent to the disclosure of my personal information and the terms of any agreements under the Making Home Affordable or Hardest Hit Fund Programs by Servicer or State HFA to the U.S. Department of the Treasury or their agents in connection with their responsibilities under the Emergency Economic Stabilization Act.

The Servicer will take reasonable steps to verify the identity of a Third Party, but has no responsibility or liability to verify the identity of such Third Party. The Servicer also has no responsibility or liability for what a Third Party does with such information.

**Before signing this Third-Party Authorization, beware of foreclosure rescue scams!**

- It is expected that a HUD-approved housing counselor, HFA representative or other authorized third party will work directly with your lender/mortgage servicer.
- Please visit <http://makinghomeaffordable.gov/counselor.html> to verify you are working with a HUD-approved housing counseling agency.
- Beware of anyone who asks you to pay a fee in exchange for a counseling service or modification of a delinquent loan.

This Third-Party Authorization is valid when signed by all borrowers and co-borrowers named on the mortgage and until the Servicer receives a written revocation signed by any borrower or co-borrower.

### I UNDERSTAND AND AGREE WITH THE TERMS OF THIS THIRD-PARTY AUTHORIZATION:

#### BORROWER

▶ \_\_\_\_\_  
Printed Name

▶ \_\_\_\_\_  
Signature

▶ \_\_\_\_\_  
Date

#### CO-BORROWER

▶ \_\_\_\_\_  
Printed Name

▶ \_\_\_\_\_  
Signature

▶ \_\_\_\_\_  
Date

**Questions? Contact Your Account Resolution Team!**

Phone: (XXX) XXX-XXXX  
Email: [AFSHelp@QuickenLoans.com](mailto:AFSHelp@QuickenLoans.com)  
Secure Fax: (877) 380-5084

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