



Referral: _____

Package Submission Date: _____ *(Date package was sent to us.)*

DOCUMENT CHECKLIST

(Please ensure all document in this checklist accompany this package. Missing documents will delay the modification process.)

COPIES OF PAST TWO MONTHS BANK STATEMENTS FOR BOTH BORROWER AND CO-BORROWER

FOUR CURRENT PAYSTUBS FOR BOTH BORROWER AND CO-BORROWER

LAST YEAR'S W-2 FOR BOTH BORROWER AND CO-BORROWER

LAST TWO YEARS TAX RETURNS

IF SELF EMPLOYED, YEAR TO DATE PROFIT AND LOSS STATEMENT (SIGNED)

CURRENT MONTHLY MORTGAGE STATEMENT

COPIES OF ANY CORRESPONDENCE FROM YOUR LENDER CONCERNING THIS MATTER

COPIES OF ANY CURRENT LEASES OR RECENT RENT PAYMENTS

PROOF OF ANY OTHER INCOME, AWARD LETTER, PENSION ETC.

BORROWER NAME: _____ LOAN # (1ST Mortgage) _____



Borrower / Co-Borrower Information

Borrower Name: _____ Social Security Number: _____
 Date of Birth: _____ (mm/dd/yyyy) Driver's License Number: _____
 Email: _____ Home Phone: _____
 Work Phone: _____ Cell Phone: _____
 Can we contact you at work? Yes No
 What is the best time to contact you? _____
 Co-Borrower Name: _____ Social Security Number: _____
 Date of Birth: _____ (mm/dd/yyyy)

Property: Address: _____
 City: _____ State: ____ Zip: _____

Mortgage Information: ALL FIELDS ARE REQUIRED!!!

<i>1st Mortgage Information</i>		<i>2nd Mortgage Information</i>	
Lender		Lender	
Loan Number		Loan Number	
Unpaid Principle Balance		Unpaid Principle Balance	
Interest Rate		Interest Rate	
Loan Term (i.e. 30 years)		Loan Term (i.e. 30 years)	
Loan Type (ARM or Fixed)		Loan Type (ARM or Fixed)	
Last Purchase or Re-Finance Price		Last Purchase or Re-Finance Price	
Date of Purchase or Re-Finance		Date of Purchase or Re-Finance	
Monthly Mortgage Pymt.		Monthly Mortgage Pymt.	

Check what's escrowed: Real Estate Taxes Homeowners Insurance

Borrower's Monthly Employment Information			
Name of Employer			
Mailing Address			
City/State/Zip			
Business Phone			
Self Employed	<input type="checkbox"/>	Yes	<input type="checkbox"/>
	<input type="checkbox"/>	No	<input type="checkbox"/>
Position/Title/Type of Business			
Length of time in this position?			
Length of time in this field?			
Gross Monthly Income?			
Overtime?			
Bonuses?			
Commissions?			
Dividends/Interest?			
Net Monthly Income?			
Child Support/Alimony/Other?			

Loan 1st #: _____

Co-Borrower's Monthly Employment Information			
Name of Employer			
Mailing Address			
City/State/Zip			
Business Phone			
Self Employed	<input type="checkbox"/>	Yes	<input type="checkbox"/>
	<input type="checkbox"/>		No
Position/Title/Type of Business			
Length of time in this position?			
Length of time in this field?			
Gross Monthly Income?			
Overtime?			
Bonuses?			
Commissions?			
Dividends/Interest?			
Net Monthly Income?			
Child Support/Alimony/Other?			

Loan 1st #: _____

Monthly Expenses Directions: *Please estimate as accurately as possible, the amount of money you spend on the items listed below.*

Monthly Expenses	Monthly Payment
Mortgage Payment (1st Mortgage)	
Mortgage Payment (2nd Mortgage)	
Property Taxes (required)	<i>Estimate Yearly or Monthly</i>
Homeowner's Insurance (required)	<i>Estimate Yearly or Monthly</i>
HOA / Association Fees (if not escrowed)	
Other Mortgages (total other properties)	
1 st Automobile Payment	
2nd Automobile Payment	
Automobile Insurance	
Gasoline (Auto)	
Electricity	
Gas/Heat	
Water/Sewage	
Garbage	
Home Telephone + Cell Phone	
Cable TV	
Credit Cards (total monthly minimum)	
Other Loans	
Health Ins. (if not deducted from pay)	
Life Insurance (if not deducted from pay)	
Taxes (if not deducted from pay)	
Dues/Memberships	
Medical Bills (not insured)	
Prescription Medications	
Child Care	
Alimony/Child Support (paid out)	
Tuitions	
Food/Household	<i>Usually \$100 per household member</i>
Dry Cleaning	

Loan 1st #: _____



Current Cash Position Directions: *Please estimate as accurately as possible, the amount of money you have saved in the following accounts.*

Current Cash Position	
Available Cash	
Checking Account Balance	
Savings Account Balance	
Available Credit	
401K	

How many months delinquent are you on your current mortgage? _____

If you have a second mortgage, how many months delinquent are you? _____

What is your current estimated past due balance owed to your mortgage company? _____

Are you currently in bankruptcy? Yes No

Have you been issued a repayment program by your lender in the past: Yes No

If yes, please explain: _____

Loan 1st #: _____



Manning Law Office

1599 Smith Street
N. Providence, RI 02911

Hardship Letter

Borrower's Name: _____ Co Borrower's Name: _____

Loan Number 1st: _____ Loan Number 2nd: _____

Please briefly explain your hardship or reason for being delinquent and how you propose to resolve it.

BORROWER SIGNATURE

DATE

CO-BORROWER SIGNATURE

DATE



LIMITED POWER OF ATTORNEY

THAT, the undersigned has made, constituted and appointed and by these presents do make, constitute and appoint the Law Offices of Walter J. Manning III, Esq. P.C., as modification agent, limited power of attorney to correct, modify and/or execute or initial any and all typographical, clerical or other errors discovered in any or all of the modification documentation required to be executed by the undersigned at, or with respect to, the modification of the mortgage loan(s). In the event this limited power of attorney is exercised, the undersigned will be notified and will receive a copy of any document executed, corrected, modified or initialed on their behalf.

FROM THIS DAY, SPECIFIED BELOW, ALL FUTURE COMMUNICATIONS AND CORRESPONDENCE MUST BE DIRECTED TO THE MANNING LAW OFFICE NOT TO THE BORROWER

THIS LIMITED POWER OF ATTORNEY MAY NOT BE USED TO INCREASE THE INTEREST RATE THE UNDERSIGNED IS PAYING OR INCREASE THE UNDERSIGNED'S MONTHLY PRINCIPAL AND INTEREST PAYMENTS. Any changes specified in this paragraph must be executed directly by the undersigned.

In Witness Whereof, the undersigned have executed this Limited Power of Attorney as of the date first above referenced.

Sealed and delivered in the presence of:

Borrower (Print Name)

Signature (Date)

Co Borrower (Print Name)

Signature (Date)

STATE OF _____)
) ss.

COUNTY OF _____)

This instrument was acknowledged before me on _____, by _____.

My Commission expires: _____

(Seal)

Notary Public



AUTHORIZATION FORM

Mortgage Company: _____ Date: _____

I authorize my Mortgage Company, named above, to discuss my request and release information for payment Assistance with the individual(s) that I have identified below as my Designated Agent(s). I also authorize you to work out the terms of payment agreement with my Designated Agent and / or their assignees and to cause to deliver requested documents to my Designated Agent that concerns a request for payment assistance. I understand that I am fully responsible to review any and all information sent by my Mortgage Company to my Designated Agent.

I demand that your organization immediately cease direct contact with me regarding my account. I require that all contact related to my account be referred to the Designated Agent listed below.

Be further informed that this authorization will remain in effect until I specifically notify my Mortgage Company's Loss Mitigation Department in writing that this authorization is no longer in force or effect.

Please make all appropriate notifications in your system to reflect this authorization.

My Designated Agent	Designated Agents (Individual Names)	
Manning Law Offices 1599 Smith Street North Providence, RI 02911 Phone: (401) 649-4330 Fax: (401) 649-4331 Tax ID # 9617	Bob Bridge Walter Manning Gerald Galeshaw Amanda Cirillo Kathi Deutsh	Isabel Taveras Ericka Angell Ryan Piantedosi Cassandra Barone Amanda Williams

Borrower's Name: _____

Loan Number: _____

Borrower's Signature: _____

Date: _____

Co-Borrower's Name: _____

Co-Borrower's Signature: _____

Date: _____

▶ **Request may not be processed if the form is incomplete or illegible.**

Tip. Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number if joint tax return

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code

4 Previous address shown on the last return filed if different from line 3

5 If the transcript is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

Third party name	Telephone number
Address (including apt., room, or suite no.), city, state, and ZIP code	

6 **Year(s) requested.** Enter the year(s) of the return transcript you are requesting (for example, "2008"). Most requests will be processed within 10 business days.

Caution. If the transcript is being mailed to a third party, ensure that you have filled in line 6 before signing. Sign and date the form once you have filled in line 6. Completing these steps helps to protect your privacy.

Note. If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS may notify you or the third party that it was unable to locate a return, or that a return was not filed, whichever is applicable.

Signature of taxpayer(s). I declare that I am the taxpayer whose name is shown on either line 1a or 2a. If the request applies to a joint return, **either** husband or wife must sign. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of signature date.

Sign Here	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 5px;">Signature (see instructions)</td> <td style="width:20%; padding: 5px;">Date</td> </tr> </table>	Signature (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a
	Signature (see instructions)	Date		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 5px;">Spouse's signature</td> <td style="width:20%; padding: 5px;">Date</td> </tr> </table>	Spouse's signature	Date		
Spouse's signature	Date			

Purpose of form. Individuals can use Form 4506T-EZ to request a tax return transcript that includes most lines of the original tax return. The tax return transcript will not show payments, penalty assessments, or adjustments made to the originally filed return. You can also designate a third party (such as a mortgage company) to receive a transcript on line 5. Form 4506T-EZ cannot be used by taxpayers who file Form 1040 based on a fiscal tax year (that is, a tax year beginning in one calendar year and ending in the following year). Taxpayers using a fiscal tax year must file Form 4506-T, Request for Transcript of Tax Return, to request a return transcript.

Use Form 4506-T to request the following.

- A transcript of a business return (including estate and trust returns).
- An account transcript (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).
- A record of account, which is a combination of line item information and later adjustments to the account.
- A verification of nonfiling, which is proof from the IRS that you did not file a return for the year.
- A Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.

Form 4506-T can also be used for requesting tax return transcripts.

Automated transcript request. You can call 1-800-829-1040 to order a tax return transcript through the automated self-help system. You cannot have a transcript sent to a third party through the automated system.

Where to file. Mail or fax Form 4506T-EZ to the address below for the state you lived in when that return was filed.

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

If you filed an individual return and lived in:

Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia

Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address

Alaska, Arizona, California, Colorado, District of Columbia, Hawaii, Idaho, Iowa, Kansas, Maine, Maryland, Massachusetts, Minnesota, Montana, Nebraska, Nevada, New Hampshire, New Mexico, New York, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Vermont, Washington, Wisconsin, Wyoming

Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia

Mail or fax to the "Internal Revenue Service" at:

RAIVS Team
P.O. Box 47-421
Stop 91
Doraville, GA 30362
770-455-2335

RAIVS Team
Stop 6716 AUSC
Austin, TX 73301
512-460-2272

RAIVS Team
Stop 37106
Fresno, CA 93888
559-456-5876

RAIVS Team
Stop 6705-B41
Kansas City, MO
64999
816-292-6102

Signature and date. Form 4506T-EZ 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 4506T-EZ within 120 days of the date signed by the taxpayer or it will be rejected.

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

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

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

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

The time needed to complete and file Form 4506T-EZ will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 9 min.; **Preparing the form**, 18 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 4506T-EZ simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.