

P.O. Box 3010  
Anaheim, CA 92803

**You may be able to make your  
payments more affordable.  
Act now to get the help you need!**

0001024 02 MB 0.436 \*\*AUTO TO 0 9134 80126-305254 -C02-P01025-I

SHARON MINNOCK  
9754 CHANTECLAIR CIR  
HIGHLANDS RANCH CO 80126-3052



**Property Address:**  
9754 CHANTECLAIR CIRCLE  
HIGHLANDS RANCH, CO 80126



Dear Mortgagor(s),

**This is a legally required notice. We are sending this notice to you because the mortgage account is delinquent. We want to notify you of possible ways to avoid losing your home. We have a right to invoke foreclosure based on the terms of your mortgage contract. Please read this letter carefully.**

Carrington Mortgage Services, LLC ("CMS") offers several loss mitigation options if you are having difficulty making your mortgage payments (most are subject to lender approval). Please be advised that if your loss mitigation application was previously declined because you did not meet certain eligibility requirements, but your circumstances have changed we still **may** be able to provide you with the assistance you need. **You will not pay a fee to take advantage of any of the following loss mitigation options.**

- **Repayment Plan:** An agreement to reinstate a loan that is delinquent, by paying over a fixed period, the normal monthly payments plus a portion of the delinquency each month
- **Special Forbearance:** A written executed agreement where the Lender agrees to suspend all payments or accept reduced payments for one or more months, and the borrower agrees to pay the total delinquency at the end of the specified period or enter into a repayment plan.
- **Loan Modification:** A permanent change in one or more of the terms of a loan and typically includes re-amortization of the balance due.
- **Short Sale/Pre-Foreclosure Sale:** An alternative to foreclosure that allows borrowers to settle the mortgage debt by selling their home even though the sale proceeds are less than the total indebtedness.
- **Deed-in-Lieu of Foreclosure (DIL):** A voluntary conveyance of property from the borrower to the Lender for a release of all obligations under the mortgage.

## **PLEASE CONTACT US**

**Call us today to learn more about your options and instructions for how to apply.** The longer you wait, or the further you fall behind on your payments, the harder it will be to find a solution. To speed the process, it is important that you have your account number ready when you call. **For more information, visit [www.carringtonmortgage.com](http://www.carringtonmortgage.com)**

**(Phone): 1.800.561.4567**

**(Hours): Monday through Friday from 8:00am-8:00pm (Eastern Standard Time)**



## PLEASE GATHER THE INFORMATION WE NEED TO HELP YOU

Please visit [www.Carringtonmortgage.com](http://www.Carringtonmortgage.com) and create an online profile if you have not already done so. Click on "Mortgage Assistance" at the top of the page and this will route you to information about the loss mitigation process, including answers to Frequently Asked Questions. For your convenience, CMS has enclosed the loss mitigation application, which includes the Request for Mortgage Assistance (RMA), IRS Form 4506T, and a comprehensive list of required financial information. We have also enclosed a checklist of applicable documentation needed if you are interested in the Short Sale or Deed in Lieu options. **In addition to the documentation submission options provided below, you can upload your documents directly to our Loss Mitigation Team through the "Mortgage Assistance Portal" on the website.** You can also sign up for alerts and notifications to keep you informed about your loan status.

## PLEASE SUBMIT YOUR DOCUMENTS

**Complete and return the RMA along with all hardship and income documentation that is required based on your individual situation along with a completed IRS 4506-T.**

- (Fax): 1.877.267.1331
- (Email): [MortgageAssistance@Carringtonms.com](mailto:MortgageAssistance@Carringtonms.com)
- (Mail): Carrington Mortgage Services, LLC  
P.O. Box 3010, Anaheim, CA 92803

**In order to determine your eligibility, CMS must receive your complete loss mitigation application no later than 03/09/2020**

## Housing Counselors

For help exploring your options, the Federal government provides contact information for housing counselors, which you can access by contacting the Bureau of Consumer Financial Protection at <https://www.consumerfinance.gov/find-a-housing-counselor>, the Department of Housing and Urban Development at <https://apps.hud.gov/offices/hsg/sfh/hcc/hcs.cfm> or by calling the HUD nationwide toll-free telephone number at 1-800-569-4287.

Please be advised that collection proceedings will continue while we review and consider your request for mortgage assistance; however, except in certain circumstances, we will not (i) initiate foreclosure action or (ii) proceed to foreclosure sale once we acknowledge receipt of your complete loss mitigation application

Sincerely,

Carrington Mortgage Services, LLC

## IMPORTANT DISCLOSURES

### **-VERBAL INQUIRIES & COMPLAINTS-**

For verbal inquiries and complaints about your mortgage loan, please contact the CUSTOMER SERVICE DEPARTMENT for Carrington Mortgage Services, LLC, by calling 1-800-561-4567. The CUSTOMER SERVICE DEPARTMENT for Carrington Mortgage Services, LLC is toll free and you may call from 8:00 a.m. to 8:00 p.m. Eastern Time, Monday through Friday. You may also visit our website at <https://carringtonmortgage.com/>.

### **-IMPORTANT BANKRUPTCY NOTICE-**

If you have been discharged from personal liability on the mortgage because of bankruptcy proceedings and have not reaffirmed the mortgage, or if you are the subject of a pending bankruptcy proceeding, this letter is not an attempt to collect a debt from you but merely provides informational notice regarding the status of the loan. If you are represented by an attorney with respect to your mortgage, please forward this document to your attorney.

### **-CREDIT REPORTING-**

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report. 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 obligations.

### **-MINI MIRANDA-**

This communication is from a debt collector and it is for the purpose of collecting a debt and any information obtained will be used for that purpose. This notice is required by the provisions of the Fair Debt Collection Practices Act and does not imply that we are attempting to collect money from anyone who has discharged the debt under the bankruptcy laws of the United States.

### **-HUD COUNSELOR INFORMATION-**

If you would like counseling or assistance, you may obtain a list of HUD-approved homeownership counselors or counseling organizations in your area by calling the HUD nationwide toll-free telephone number at (800) 569-4287 or toll-free TDD (800) 877-8339, or by going to <http://www.hud.gov/offices/hsg/sfh/hcc/hcs.cfm>. You can also contact the CFPB at (855) 411-2372, or by going to [www.consumerfinance.gov/find-a-housing-counselor](http://www.consumerfinance.gov/find-a-housing-counselor).

### **-EQUAL CREDIT OPPORTUNITY ACT NOTICE-**

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, or 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 Agency that administers CMS' compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

### **-SCRA DISCLOSURE-**

**MILITARY PERSONNEL/SERVICEMEMBERS:** If you or your spouse is a member of the military, please contact us immediately. The federal Servicemembers Civil Relief Act and comparable state laws afford significant protections and benefits to eligible military service personnel, including protections from foreclosure as well as interest rate relief. For additional information and to determine eligibility please contact our Military Assistance Team toll free at (888) 267-5474.

### **-NOTICES OF ERROR AND INFORMATION REQUESTS, QUALIFIED WRITTEN REQUESTS (QWR)-**

Written complaints and inquiries classified as Notices of Error and Information Requests or QWRs must be submitted to Carrington Mortgage Services, LLC by fax to 800-486-5134, or in writing to Carrington Mortgage Services, LLC, and Attention: Customer Service, P.O. Box 5001, Westfield, IN 46074. Please include your loan number on all pages of the correspondence. You have the right to request documents we relied upon in reaching our determination. You may request such documents or receive further assistance by contacting the CUSTOMER SERVICE DEPARTMENT for Carrington Mortgage Services, LLC toll free at (800) 561-4567, Monday through Friday, 8:00 a.m. to 8:00 p.m. Eastern Time. You may also visit our website at <https://carringtonmortgage.com/>.



For Colorado Residents:  
7200 S. Alton Way  
Ste B180  
Centennial, CO 80112  
(303) 708-8795



P.O. Box 3010  
Anaheim, CA 92803

## THIRD PARTY AUTHORIZATION FORM

02/08/2020

SHARON MINNOCK  
9754 CHANTECLAIR CIR  
HIGHLANDS RANCH, CO 80126

**Property Address:**  
9754 CHANTECLAIR CIRCLE  
HIGHLANDS RANCH, CO 80126

Dear Mortgagor(s)

Thank you for your recent communication with Carrington Mortgage Services, LLC requesting another party be allowed to discuss the details of your loan. Please be advised you will be required to provide the name of the authorized party and sign the acknowledgement form below.

### Authorized Party Information

I/We hereby authorize Carrington Mortgage Services, LLC ("CMS") and its successors and assigns, to obtain, share, release and discuss public and non-public personal information contained in or related to my/our mortgage account with the individual(s) identified below as my/our designated agent(s):

Company Name (Please Print) \_\_\_\_\_

Representative Name (Please Print): (1) \_\_\_\_\_ (2) \_\_\_\_\_

3rd Party Contact Number: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Authorization Expiration Date (if applicable): \_\_\_\_\_

\_\_\_\_\_  
Primary Borrower Name (Please Print)

\_\_\_\_\_  
Primary Borrower Signature

\_\_\_\_\_  
Secondary Borrower Name (If Applicable)

\_\_\_\_\_  
Secondary Borrower Signature

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

Please fax this completed form separately to **1-800-486-5134** or mail to the following address:

Carrington Mortgage Services, LLC  
Attn: Customer Research Department  
P.O. Box 5001 Westfield, IN 46074



This page is intentionally left blank.

# 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](http://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](http://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.

<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>5a</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.	
<b>Equifax Verification Services 11432 Lackland Road, St. Louis, Missouri 63146 (888)-749-4411</b>	
<b>5b</b> 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 5a, 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 / 2017	12 / 31 / 2018	/ /	/ /
----------------	----------------	-----	-----

**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.

<input type="checkbox"/> <b>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.</b>	Phone number of taxpayer on line 1a or 2a
<b>Signature</b> (see instructions)	Date
<b>Title</b> (if line 1a above is a corporation, partnership, estate, or trust)	
<b>Spouse's signature</b>	Date

**Sign Here**



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](http://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 5a) 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](http://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 S-2 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, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, 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
Maine, Massachusetts, New Hampshire, New York, Pennsylvania, Vermont	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999  855-821-0094

**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-8526  
Washington, DC 20224

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



**Loan Number:** 4000629702

## Mortgage Assistance Application

If you are having difficulty making your mortgage payments, please complete and submit this application, along with the required documentation, to Carrington Mortgage Services, LLC ("CMS") as soon as possible. We will acknowledge receipt of your application within five business days and let you know if we need any additional information or documentations to complete your application.

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 us at 800-561-4567.

For a list of HUD-approved housing counseling agencies that can provide foreclosure prevention information, please 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](http://www.hud.gov/counseling)
- The Consumer Financial Protection Bureau (CFPB) at (855) 411-2372 or [www.consumerfinance.gov/mortgagehelp](http://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.

### Applicant Information

**Borrower's name:** \_\_\_\_\_ (please indicate if any name change since origination)

Social Security # \_\_\_\_\_ Marital Status: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Primary phone number: \_\_\_\_\_ ☐ Cell ☐ Home ☐ Work ☐ Other

Alternate phone number: \_\_\_\_\_ ☐ Cell ☐ Home ☐ Work ☐ Other

**Co-borrower's name:** \_\_\_\_\_ (please indicated if any name change since origination)

Social Security # \_\_\_\_\_ Marital Status: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Primary phone number: \_\_\_\_\_ ☐ Cell ☐ Home ☐ Work ☐ Other

Alternate phone number: \_\_\_\_\_ ☐ Cell ☐ Home ☐ Work ☐ Other

**\*Additional applicant name:** \_\_\_\_\_

Social Security # \_\_\_\_\_ Marital Status: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Primary phone number: \_\_\_\_\_ ☐ Cell ☐ Home ☐ Work ☐ Other

Alternate phone number: \_\_\_\_\_ ☐ Cell ☐ Home ☐ Work ☐ Other

**\* FHA and USDA insured loans will require additional applicants that apply and are approved for a loan modification and/or partial claim to be financially liable for the debt before the workout option becomes effective and may be required to sign a loan assumption agreement.**

### Preferred contact method (select all that apply):

☐ Cell phone ☐ Home phone ☐ Work phone ☐ Email ☐ Text — checking this box indicates your consent for text messaging.

**Notice:** When you give us your mobile number and/or email address, we have your permission to contact you at that number and/or email address about all of your accounts serviced by Carrington Mortgage Services, LLC ("CMS") and to communicate information about your application for assistance. Your consent specifically allows us to use text messaging, artificial or prerecorded voice message and automatic dialing technology for informational and account service calls, but not for telemarketing or sales calls. It may include contact from companies working on our behalf to service your accounts. You may contact us at any time to change these preferences.

**Property Information**

Property Address: \_\_\_\_\_ Number of people in household \_\_\_\_\_



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
- 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 ☐ NoIf yes, indicate frequency (select one) and amount of dues: \$ \_\_\_\_\_ ☐ Monthly ☐ Quarterly ☐ Yearly**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) \_\_\_\_\_

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

TYPE OF HARDSHIP (CHECK ALL THAT APPLY)	REQUIRED HARDSHIP DOCUMENTATION
<input type="checkbox"/> Unemployment	<ul style="list-style-type: none"><li>▪ Date of unemployment _____. Actively looking for employment? <input type="checkbox"/> Yes <input type="checkbox"/> No</li></ul>
<input type="checkbox"/> Reduction in income: a decrease in your income due to circumstances outside your control (e.g., elimination of overtime, reduction in regular working hours or base pay)	<ul style="list-style-type: none"><li>▪ Not required</li></ul>
<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, etc.)	<ul style="list-style-type: none"><li>▪ Hardship letter outlining the type, timing and amount and if the increase will continue into the foreseeable future</li></ul>
<input type="checkbox"/> Disaster (natural or man-made) impacting the property or borrower's place of employment	<ul style="list-style-type: none"><li>▪ Not required</li></ul>
<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"><li>▪ Written statement from the borrower, or other documentation verifying disability or illness</li><li>▪ Note: Detailed medical information is not required, and information from a medical provider is not required</li></ul>
<input type="checkbox"/> Divorce or legal separation	<ul style="list-style-type: none"><li>▪ Court approved divorce decree or final separation agreement <b>AND</b> recorded quitclaim deed (warranty deed for TX properties)</li></ul>
<input type="checkbox"/> Separation of borrowers unrelated by marriage, civil union, similar domestic partnership under applicable law	<ul style="list-style-type: none"><li>▪ Recorded quitclaim deed (special warranty deed for TX properties) <b>OR</b> legally binding agreement evidencing that the non-occupying borrower has relinquished all rights to the property</li></ul>
<input type="checkbox"/> Death of borrower or death of either the primary or secondary wage earner	<ul style="list-style-type: none"><li>▪ Death certificate <b>OR</b> obituary or newspaper article reporting the death</li></ul>
<input type="checkbox"/> Distant employment transfer/relocation	<ul style="list-style-type: none"><li>▪ For active duty service members: Permanent Change of Station orders or letter showing transfer.</li><li>▪ For employment transfers/new employment: Copy of signed offer letter from employer showing transfer to a new location <b>AND</b> documentation that reflects the amount of any relocation assistance provided</li></ul>
<input type="checkbox"/> Other – hardship that is not covered above:	<ul style="list-style-type: none"><li>▪ Letter describing the details of the hardship and any relevant documentation</li></ul>

## Monthly Household Income Documentation Requirements

Carefully review the income documentation requirements and then complete the borrower, co-borrower and applicant income details on the following page:

INCOME TYPE	REQUIRED INCOME DOCUMENTATION
Gross (pre-tax) wages, salaries and overtime pay, commissions, tips, and bonuses	<ul style="list-style-type: none"> <li>▪ Most recent 30 days consecutive pay stubs showing year to date earnings</li> <li>▪ Weekly pay – 4 paystubs, Bi weekly or Semi-monthly pay – 2 paystubs, Monthly – 1 paystub</li> </ul>
Self-employment income	<ul style="list-style-type: none"> <li>▪ Most recent signed and dated quarterly or year-to-date profit/loss statement <b>AND</b></li> <li>▪ Most recent complete and signed business tax return including all schedules <b>OR</b></li> <li>▪ Most recent complete and signed individual federal tax return or completed including all schedules and signed 4506T (attached) if tax returns not available</li> </ul>
Unemployment benefit income	<ul style="list-style-type: none"> <li>▪ Most recent benefit/award letter or statement</li> </ul>
Taxable Social Security, pension, disability, death benefits, adoption assistance, housing allowance, and other public assistance	<ul style="list-style-type: none"> <li>▪ Two most recent bank statements showing deposits (all pages) <b>AND</b></li> <li>▪ Award letters or other documentation showing the amount, duration and frequency of the benefits</li> </ul>
Non-taxable Social Security or disability income	<ul style="list-style-type: none"> <li>▪ Two most recent bank statements showing deposits (all pages) <b>AND</b></li> <li>▪ Award letters or other documentation showing the amount, duration and frequency of the benefits</li> </ul>
Rental income (rents received, less expenses other than mortgage expense)	<ul style="list-style-type: none"> <li>▪ 2 most recent bank statements demonstrating receipt of rent <b>AND</b></li> <li>▪ Current lease agreements for all properties <b>AND</b></li> <li>▪ Mortgage statements for all non-CMS serviced loans <b>AND</b></li> <li>▪ Most recent filed and signed Federal Tax Return (Including Scheduled E)</li> </ul>
Investment or insurance income	<ul style="list-style-type: none"> <li>▪ Two most recent investment statements <b>AND</b></li> <li>▪ Two most recent bank statements supporting receipt of the income</li> </ul>
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"> <li>▪ Two most recent bank statements showing receipt of income <b>AND</b></li> <li>▪ Other documentation showing the amount and frequency of the income</li> </ul>

## Monthly Household Income for Borrower(s)/Applicant



Borrower		Co-Borrower		Additional Applicant	
Are you a wage earner? <input type="checkbox"/> Yes <input type="checkbox"/> No	Provide start date: ____/____/____	Are you a wage earner? <input type="checkbox"/> Yes <input type="checkbox"/> No	Provide start date: ____/____/____	Are you a wage earner? <input type="checkbox"/> Yes <input type="checkbox"/> No	Provide start date: ____/____/____
Do you receive bonus/commission? <input type="checkbox"/> Yes <input type="checkbox"/> No	Frequency paid? (Weekly/Monthly/Annual) _____	Do you receive bonus/commission? <input type="checkbox"/> Yes <input type="checkbox"/> No	Frequency paid? (Weekly/Monthly/Annual) _____	Do you receive bonus/commission? <input type="checkbox"/> Yes <input type="checkbox"/> No	Frequency paid? (Weekly/Monthly/Annual) _____
Are you self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	% of business owned and company start? ____% / ____/____	Are you self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	% of business owned and company start? ____% / ____/____	Are you self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	% of business owned and company start? ____% / ____/____
Are you a school employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	# of months paid per year? _____	Are you a school employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	# of months paid per year? _____	Are you a school employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	# of months paid per year? _____
Do you have rental income? <input type="checkbox"/> Yes <input type="checkbox"/> No	# of properties /units and total rents received? #____\$_____	Do you have rental income? <input type="checkbox"/> Yes <input type="checkbox"/> No	# of properties /units and total rents received? #____\$_____	Do you have rental income? <input type="checkbox"/> Yes <input type="checkbox"/> No	# of properties /units and total rents received? #____\$_____
Other income sources not listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No	List type(s) and frequency: Type - _____ Frequency: _____	Other income sources not listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No	List type(s) and frequency: Type - _____ Frequency: _____	Other income sources not listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No	List type(s) and frequency: Type - _____ Frequency: _____
Total Monthly Gross Income \$_____	Total Monthly Net Income \$_____	Total Monthly Gross Income \$_____	Total Monthly Net Income \$_____	Total Monthly Gross Income \$_____	Total Monthly Net Income \$_____

## Household Assets

List all household assets and exclude retirement funds such as a 401(k) or Individual Retirement Account (IRA), and college savings accounts such as a 529 plan:

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

## Monthly Household Living Expenses

List average monthly household expenses:

Utilities (electric, water, gas, cell, cable, etc.)	\$
Food/groceries/household supplies/pet expenses	\$
Auto (gas/insurance/repairs/tolls, etc.)	\$
Tuition/Child Care	\$
Medical	\$
Child Support/Alimony	\$
Misc. Reoccurring Expenses (List)	\$

1. I/We certify and acknowledge that all of the information in this Mortgage Assistance Application is truthful, and the hardship I identified contributed to my need for mortgage relief. Knowingly submitting false information may violate Federal and other applicable law.
2. I/We agree to provide my servicer with all required documents, including any additional supporting documentation as requested, and will respond in a timely manner to all servicer or authorized third party\* communications.
3. I/We acknowledge and agree that my 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.
4. I/We consent to the servicer or authorized third party\* obtaining a current credit report for the borrower and co-borrower.
5. I/We consent to the disclosure by my servicer, authorized third party,\* or any investor/guarantor of my mortgage loan(s), of any personal information collected during the mortgage assistance process and of any information about any relief I receive, to any third party that deals with my first lien or subordinate lien (if applicable) mortgage loan(s), including Fannie Mae, Freddie Mac, or any investor, insurer, guarantor, or servicer of my mortgage loan(s) or any companies that provide support services to them, for purposes permitted by applicable law. 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.
6. I/We agree that the terms of this borrower certification and agreement will apply to any modification trial period plan, repayment plan, or forbearance plan that I may be offered based on this application. If I receive an offer for a modification trial period plan or repayment plan, I agree that my first timely payment under the plan will serve as acceptance of the plan.
7. I/We 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.\*
8. **Taxpayer First Act Disclosure and Consent to Use Tax Return Information**

Federal law requires this consent be provided to you. Carrington Mortgage Services, LLC (CMS) will not use, disclose or share your tax return information for any purpose other than the express purposes outlined below and shall not disclose tax return information to any other party without your express permission or request. If you agree with the terms below, please sign and date below.

I/We agree and authorize Carrington Mortgage Services, LLC, its affiliates, employees, managers, partners, officers, agents, service providers, successors and assigns and any third parties involved in this mortgage transaction to obtain, use, disclose or share tax return information for purposes of offering, marketing, originating, purchasing, servicing, maintaining, managing, insuring, selling, and/or securitizing this mortgage loan including, but not limited to, any due diligence activities associated therewith, in accordance with applicable laws, including state and federal privacy and data security laws. Third parties may include Fannie Mae, Freddie Mac, FHA, VA, USDA or any investor, guarantor, insurer, servicer, or purchaser of the loan, including any companies that provide support services to such parties for purposes permitted by applicable law.

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

#### **REQUIRED SIGNATURE SECTION FOR ALL APPLICANTS – All Applicants Must Sign and Date This Form**

Borrower signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Borrower signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Additional Documentation Required for Short Sale Requests

In addition to the required information outlined above, short sale requests may require the following additional documents:



<input type="checkbox"/> <b>Third-Party Authorization</b> – Required only if you want CMS to discuss your request with a third part acting on your behalf, such as a real estate agent or attorney
<input type="checkbox"/> <b>Contact Information</b> – If the property is currently listed for sale or vacant, please provide us with the contact name and phone number so we can gain access to the property and perform an appraisal if necessary. NOTE – all utilities must be on for an appraisal to be completed.
<input type="checkbox"/> <b>Listing Agreement</b> – Provide a copy of the current listing agreement with your agent/broker
<input type="checkbox"/> <b>Purchase Contract</b> – Provide a copy of the purchase contract signed by the buyer and seller. Contract must include language that the sale is contingent upon approval from CMS.
<input type="checkbox"/> <b>Closing Disclosure</b> – Provide a copy of the seller's closing costs. The figures in these statements must be accurate as our approval will be based, in part, on this information.
<input type="checkbox"/> <b>Buyer Pre-Qualification or Pre-Approval Letter</b> – Provide a copy of the buyer's pre-approval letter

### Additional Documentation Required for Deed in Lieu of Foreclosure Requests

In addition to the required information outlined in this application, DIL requests may require the following additional document:

<input type="checkbox"/> <b>Listing Agreement</b> – Provide a copy of recent listing agreement that documents your recent attempt to sell the property
--