In order to complete your request to modify your mortgage loan(s), you must complete a Borrower's Assistance Form and provide the information outlined below. Fax your completed package to the number below.

Borrower(s) Name: ____

Loan Number(s): ____

☐ Owner Occupied ☐ Non-Owner Occupied

Required Documentation

If you are a Wage Earner (you receive a W-2 from your employer) please use the following checklist and submit with the Borrower's Assistance Form:

- ☐ Hardship Letter
- ☐ Two (2) Most Recent Pay Stubs
  Length of service with Current Employer
  Year(s):______ Month(s):_____
- ☐ Most Recent one (1) month of Complete Bank Statement
- ☐ Most Recent Tax Return
- ☐ Proof of Income for other household members living in the home (Alimony, Child Support, Pension, etc.) if you want such income considered for a loan workout
- ☐ If loan is Non-Escrowed
  - ☐ A) Proof of payment of most recent taxes
  - ☐ B) Proof of payment of Homeowner's Insurance
  - ☐ C) Proof of payment of Homeowner's Association Fees
- ☐ Non-Owner Occupied (ONLY)
  - ☐ A) Rental Income w/copies of Rental Agreement
  - ☐ B) PITI & MTG Holder(s) for Prime Residence
  - ☐ C) Primary Residence Address (input below)
- ☐ Completed 4506-T

If you are Self Employed, please use the following checklist and submit with the Borrower's Assistance Form:

- ☐ Hardship Letter
- ☐ P & L Statement / Audited or reviewed YTD Income Statement
- ☐ Most Recent two (2) years of Tax Returns or 1099s
- ☐ Last four (4) months of complete Business and Personal Bank Statements
- ☐ Length of time of Business Ownership
  Year(s):______ Month(s):_____
- ☐ Proof of Income for other household members living in the home (Alimony, Child Support, Pension, etc.) if you want such income considered for a loan workout
- ☐ If loan is Non-Escrowed
  - ☐ A) Proof of payment of most recent taxes
  - ☐ B) Proof of payment of Homeowner's Insurance
  - ☐ C) Proof of payment of Homeowner's Association Fees
- ☐ Non-Owner Occupied (ONLY)
  - ☐ A) Rental Income w/copies of Rental Agreement
  - ☐ B) PITI & MTG Holder(s) for Prime Residence
  - ☐ C) Primary Residence Address (input below)
- ☐ Completed 4506-T

Primary Address:
____
____

Comments: ____
____

Fax completed package to: 904-886-1328 or 904-886-1329

WaMu is becoming CHASE

Borrower's Assistance Form

LOAN

BORROWER INFORMATION			
WaMu offers options for resolving your home loan issues. Please answer the questions below as completely and accurately as possible. This information will only be used to aid in the evaluation of homeownership preservation options, not for any other purpose.			
Borrower		**Co-Borrower**	
Borrower Name (Include Jr. or Sr. if applicable.)		Co-Borrower Name (Include Jr. or Sr. if applicable.)	
Borrower Social Security Number	Borrower Home Phone (Best Time) ( )	Co-Borrower Social Security Number	Co-Borrower Home Phone (Best Time) ( )
Borrower Work Phone (Best Time) ( )	Borrower Other Phone (Best Time) ( )	Co-Borrower Work Phone (Best Time) ( )	Co-Borrower Other Phone (Best Time) ( )
Borrower E-mail Address Permission To Contact Via E-mail?	Borrower Marital Status (*Married, Unmarried, Separated*)	Co-Borrower E-mail Address	Co-Borrower Marital Status (*Married, Unmarried, Separated*)

PROPERTY INFORMATION						
Property Address (Street, city, state & zip code.)				Mailing Address (If different than Property Address.)		
Reside at Property? Borrower Co-Borrower	Want to retain Property?	# Units at Property	Property Condition? (*Good, Fair, Poor*)	# People in Household	# Dependents	Is the Property for sale? Listing Amount
Realtor Name		Realtor Address			Realtor Phone	

LOAN INFORMATION				
Loan Account Number	Months Past Due	Second Loan Account Number Mortgage Co.	Second Loan Months Past Due	Balance
Are you currently working with WaMu on a foreclosure prevention resolution?		Which foreclosure resolution is in process? (*Refinance, Repayment Plan, Short Sale, Modification, Deferment, Deed-in-Lieu*)		
WaMu Associate Name	WaMu Associate Phone		Date Process Began	

BANKRUPTCY STATUS			
If you are in an active bankruptcy, we will need to work with your attorney on a possible resolution.			
Are you in an active bankruptcy?	Bankruptcy Chapter Type	Bankruptcy Case Number	Date of Bankruptcy Filing
Bankruptcy Attorney Name	Bankruptcy Attorney Address		Bankruptcy Attorney Phone

EMPLOYMENT INFORMATION					
Borrower			**Co-Borrower**		
Borrower Employer			Co-Borrower Employer		
Borrower Employer Address			Co-Borrower Employer Address		
Borrower Employer Phone	How long employed?	Self-Employed?	Co-Borrower Employer Phone	How long employed?	Self-Employed?

Borrower Name: Loan Number:

MONTHLY INCOME INFORMATION			
Borrower		**Co-Borrower**	
Income Source (*Employer Name, Rental, etc.*)	**Monthly Net Income**	**Income Source** (*Employer Name, Rental, etc.*)	**Monthly Net Income**
Employer:	$	Employer:	$
Employer:	$	Employer:	$
Employer:	$	Employer:	$
Employer:	$	Employer:	$
Rental Income:	$	Rental Income:	$
Other:	$	Other:	$
Other:	$	Other:	$
Total	$	**Total**	$

Borrower / Co-Borrower	**Additional Income Description** *Alimony, child support, or separate maintenance income need not be revealed if Borrower or Co-Borrower does not choose to have it considered for approval of a loan workout.*	**Monthly Amount**
		$
		$
		$
Total		**$**

ASSETS						
Asset	**Amount Owed**	**Value**	**Vehicle**	**Model/Year**	**Amount Owed**	**Value**
Home	**$**	**$**	Automobile		**$**	**$**
Other Real Estate	**$**	**$**	Automobile		**$**	**$**
Retirement Funds	**$**	**$**	Automobile		**$**	**$**
Investments	**$**	**$**	Motorcycle		**$**	**$**
Checking Balance	**$**	**$**	Boat		**$**	**$**
Savings Balance	**$**	**$**	Motor Home		**$**	**$**
Other:	**$**	**$**	Airplane		**$**	**$**
Other:	**$**	**$**	Other:		**$**	**$**
Other:	**$**	**$**	Other:		**$**	**$**
Totals	**$**	**$**	**Totals**		**$**	**$**

Borrower Name: Loan Number:

MONTHLY EXPENSES			HARDSHIP LETTER
Monthly Expense	**Borrower**	**Co-Borrower**	*Describe reasons causing the delinquency. Be sure to include your intended contribution amount (down payment).*
Other Home Loans, Rents & Liens	$	$	Why are you are having trouble with your home loan payments? Select all that apply: ☐ Payment Amount Changed ☐ Death ☐ Illness ☐ Other – Explain ☐ Reduced Income ☐ Loss Of Employment Contribution Amount: $
Auto Loan(s)	$	$	
Auto: Insurance & Other Auto Expenses	$	$	
Credit Cards & Installment Loans	$	$	
Health Insurance	$	$	
Medical Expenses	$	$	
Child Care, Child Support & Alimony	$	$	
Food	$	$	
Miscellaneous Spending Money	$	$	
Utilities	$	$	
Communications (Phone, Cell Phone, Internet)	$	$	
Other	$	$	
TOTAL	**$**	**$**	

I agree that the financial information provided is an accurate statement of my financial status. I understand and acknowledge that any action taken by the lender is in strict reliance on the financial information provided. My signature/acceptance below grants the holder of my mortgage the authority to confirm the information that I have disclosed in this financial statement, to verify it as accurate by ordering a credit report, and to contact my realtor and/or credit counseling service. By providing a wireless telephone number, you consent to receiving autodialed and pre-recorded message calls from the lender or its third-party debt collector at that number.

Signature Borrower __________________________ Date __________

Signature Co-Borrower ________________________ Date __________

AUTHORIZATION TO FURNISH AND RELEASE INFORMATION

TO: Washington Mutual, a Division of JPMorgan Chase Bank, N.A.

DATE: ___________, 200_

RE: MORTGAGE LOAN NUMBER: _____________
BORROWER: __________________
PROPERTY ADDRESS: _______________________
____

I, _________________________(borrower(s) name) , currently residing at ____County of ____________, State of ___________, hereby authorize Washington Mutual, a Division of JPMorgan Chase Bank, N.A. to release, furnish, and provide any information related to my mortgage under loan number _________________(loan number) to __________________(name of third party).

I UNDERSTAND THAT THIS AUTHORIZATION IS VALID UNTIL CONFIRMED RECEIPT BY WASHINGTON MUTUAL, A DIVISION OF JPMORGAN CHASE BANK, N.A. FROM ME OF WRITTEN NOTICE REVOKING THIS PRIOR AUTHORIZATION.

Signed by:

____

Print name:___________________

Signed by:

____

Print name:____________________

Form **4506-T**

(Rev. January 2008)

Department of the Treasury
Internal Revenue Service

Request for Transcript of Tax Return

▶ **Do not sign this form unless all applicable lines have been completed. Read the instructions on page 2.**

▶ **Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.**

OMB No. 1545-1872

Tip: Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use **Form 4506,** Request for Copy of Tax Return. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.

1b **First social security number on tax return or employer identification number (see instructions)**

2a If a joint return, enter spouse's name shown on tax return

2b **Second social security number if joint tax return**

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

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

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

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

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

a **Return Transcript,** which includes most of the line items of a tax return as filed with the IRS. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . ☐

b **Account Transcript,** which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days . ☐

c **Record of Account,** which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days . . . . ☐

7 **Verification of Nonfiling,** which is proof from the IRS that you **did not** file a return for the year. Most requests will be processed within 10 business days . . . . ☐

8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2006, filed in 2007, will not be available from the IRS until 2008. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days . . . . ☐

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

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

____ / ____ / ______   ____ / ____ / ______   ____ / ____ / ______   ____ / ____ / ______

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

Telephone number of taxpayer on line 1a or 2a
(   )

Sign Here

Signature (see instructions) — Date

Title (if line 1a above is a corporation, partnership, estate, or trust)

Spouse's signature — Date

General Instructions

Purpose of form. Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

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

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

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

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

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

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York, Vermont	RAIVS Team Stop 679 Andover, MA 05501 978-247-9255
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 770-455-2335
Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa, Kansas, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888 559-456-5876
Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia	RAIVS Team Stop 6705–B41 Kansas City, MO 64999 816-292-6102

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 801-620-6922
Connecticut, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, 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) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

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

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 60 days of the date signed by the taxpayer or it will be rejected.

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

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

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

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

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

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

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

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

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

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.