April 29, 2016

Dear Homeowner(s)

Thank you for contacting Keep Your Home California (KYHC). Based on the information you provided during your KYHC counseling session, you are conditionally eligible for the following KYHC program(s):

**Principal Reduction Program (PRP)** - PRP provides eligible homeowners with up to $100,000 in principal reduction assistance to reduce the outstanding principal balance of their first mortgage loan which helps homeowners achieve an affordable payment and an appropriate level of first mortgage debt. A lien secured by your property will be recorded in the amount of PRP assistance and you will be required to sign a Promissory Note for the amount of the assistance. The Promissory Note bears zero interest and is forgiven after five (5) or thirty (30) years from the date assistance is provided.

* If the amount of PRP assistance provided to the homeowner results in a post-assistance first mortgage loan-to-value (LTV) ratio that is **equal to or greater than** 100%, a five (5) year lien will be applied. If the amount of PRP assistance provided to the homeowner results in a post-assistance first mortgage loan-to-value (LTV) ratio that is **less than** 100%, a thirty (30) year lien will be applied.

Your conditional eligibility for KYHC Program assistance is based upon information you provided during your counseling session and should not be construed to mean that you qualify or do not qualify for a home loan modification, short sale, deed-in-lieu or other foreclosure prevention programs. Only your loan servicer can determine if you qualify for these programs. If you have not already done so, you should contact your loan servicer to discuss all available foreclosure prevention options.

*Detailed Program descriptions are available at [www.KeepYourHomeCalifornia.org](http://www.KeepYourHomeCalifornia.org)*

**Required Documentation:**

In order to continue with your request for assistance, the following documentation should be received by no later than **05/14/2016**.
<table>
<thead>
<tr>
<th>#</th>
<th>Document Name</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>KYHC Request for Assistance, Hardship Affidavit, 3rd Party Disclosure and Homeowner Acknowledgement</td>
<td>Please review, <strong>complete</strong> the Dodd Frank section for all homeowners and have each homeowner <strong>sign</strong> and <strong>date</strong> both sections where indicated.</td>
</tr>
<tr>
<td></td>
<td>Non-Borrower Affidavit Disclosure (Non-Note Holder)</td>
<td>Non-Borrower to <strong>sign</strong> and <strong>date</strong> both sections where indicated.</td>
</tr>
<tr>
<td></td>
<td>4506T Request for Transcript of Tax Return</td>
<td>If married filing jointly, only one form required. <strong>Please review the instructions page when completing this form.</strong></td>
</tr>
<tr>
<td></td>
<td>Current Property Insurance Statement</td>
<td>Most recent statement.</td>
</tr>
<tr>
<td></td>
<td>Current Property Tax Statement</td>
<td>Most recent statement.</td>
</tr>
<tr>
<td></td>
<td>First 2 pages of 1040s</td>
<td>Previous year; <strong>INCLUSIVE ALL SCHEDULES</strong>.</td>
</tr>
<tr>
<td></td>
<td>Pay Stub - (PRP)</td>
<td>Most recent 30 days.</td>
</tr>
<tr>
<td></td>
<td>Personal Bank Statements</td>
<td>Most recent 2 months; <strong>ALL PAGES REQUIRED (even if blank)</strong>.</td>
</tr>
<tr>
<td></td>
<td>W-2 - (PRP)</td>
<td>Previous year.</td>
</tr>
<tr>
<td></td>
<td>Workers Comp Benefit Award Statement - (Co-Ho)</td>
<td>Supporting documentation showing currently receiving workers comp and a letter from employer to verify employment status.</td>
</tr>
<tr>
<td></td>
<td>Mortgage Statement from Bank of America</td>
<td>Most recent statement.</td>
</tr>
</tbody>
</table>

Please submit all of the documents requested above, via fax or mail, in accordance with the instructions below.

**IF VIA FAX:** If you fax us the documents, you MUST use the attached document cover sheet and fax the documents to 951-300-5993. **Failure to use the attached document cover sheet may result in lost documents and may impact your ability to receive assistance.** You may also mail the documentation to the address below.

**IF VIA MAIL:** Regular Mail or Express Mail documents to:

*Keep Your Home California*
P. O. Box 5678
Riverside, CA 92517

If sending your documents via Regular Mail or Express Mail, please **DO NOT** send original documents or double sided copies. We are unable to return any original documents mailed to the Central Processing Center.

Once all of the above information has been received, your file will be submitted to Processing and reviewed. Additional information and/or documentation may be requested at that time.

Also included is a Privacy Disclosure for your review. The final determination for program eligibility is subject to the verification of all information provided, and additional information as may be required.

If you need additional assistance to complete this request, please call the

**KYHC Assistance Center at 1-888-559-4225**

Representatives are available to assist you Monday-Friday from 7:00 a.m. to 7:00 p.m. and Saturday from 9:00 a.m. to 3:00 p.m.

Sincerely,

*Keep Your Home California*
PLEASE READ THIS IMPORTANT INFORMATION REGARDING YOUR REQUEST FOR KYHC PROGRAM ASSISTANCE:

Final approval of KYHC Program benefit assistance can **ONLY** be determined after all of the requested documents have been provided by you **AND** we receive consent from your loan servicer to proceed with your request for assistance. If your loan servicer has not received the consent from the investor/mortgage insurer who owns/insures your loan then unfortunately we will be unable to provide you with any benefit assistance. All KYHC Programs are subject to loan servicer participation and investor/mortgage insurer approval.

If your request for KYHC Program assistance is approved, **ALL** benefit assistance payments will be paid directly to your loan servicer unless the approved program is the Transition Assistance Program (TAP), then assistance will be sent directly to the homeowner.

The KYHC Program request for assistance process, which includes final determination of program benefits, will take approximately 30-45 days to complete. During this time the KYHC Program Centralized Processing Center will communicate with your loan servicer about your request for assistance.

If your loan servicer provides us with consent to proceed, we will continue to process your request for assistance in order to determine program eligibility. During this time you are required to respond to all requests for information from the KYHC Program Centralized Processing Center and/or your loan servicer in order to avoid risk of continuing collection efforts up to and including foreclosure sale.

If your loan servicer is unable to provide us with consent to proceed because the investor/mortgage insurer who owns/insures your loan will not approve participation in the KYHC Program, we will notify you of your ineligibility to receive benefit assistance.

**Beware of foreclosure rescue scams!**

- Keep Your Home California does not charge a fee for their services or assistance.
- Foreclosure rescue and mortgage modification scams are a growing problem. Homeowners must protect themselves so they do not lose money - or their home.
- If you believe you have been the victim of a scam, you should file a complaint with the Federal Trade Commission (FTC). Visit the FTC’s online Compliant Assistance or call 1-877-FTC-HELP (1-877-382-4357) for Assistance in English or Spanish.
**Privacy Notice:** CalHFA Mortgage Assistance Corporation ("CalHFA MAC") and Keep Your Home California Centralized Processing Center ("KYHC CPC") take its homeowner’s privacy very seriously. CalHFA MAC and the KYHC CPC are committed to assuring the privacy of homeowners ("you") who have contacted us for benefit assistance, housing education and counseling services, and processing services (collectively the "KYHC Program"). This notice explains what information we may collect about you, how each of us may use it and how we each protect it. CalHFA MAC and KYHC CPC are individually responsible for complying with their respective obligations under this Privacy Notice.

A. **The Types of Non-public Personal Information We Collect**
   a. CalHFA MAC and the KYHC CPC will collect and record non-public information, including, but not limited to:
      
      i. Information you provide directly (either in-person, through the internet, the phone or forms you complete), such as your name, address, telephone number, social security number, income, loan payment history, government monitoring information and information about account balance and activity;
      
      ii. Information about your transactions with us, your creditors, or others, such as your account balance, loan payment history, parties to transactions;
      
      iii. Information from consumer reporting agencies (e.g. credit reports); and
      
      iv. Information from your loan servicer.
   
   b. Information and data that was previously provided by you to your loan servicer and/or any other HUD-certified housing counselor may be shared by such parties with the CalHFA MAC and KYHC CPC to use such information in conjunction with evaluating your request for assistance and eligibility for the KYHC Programs.
   
   c. CalHFA MAC and the KYHC CPC have a joint services agreement with each other, any information, as described above that is collected by KYHC CPC will be shared with CalHFA MAC and any information as described above, collected by CalHFA MAC will be shared with the KYHC CPC.

B. **How We Use Your Non-public Personal Information**
   a. CalHFA MAC and the KYHC CPC may share all of your non-public personal information, as described above, with (a) the U.S. Department of the Treasury, (b) any investor, insurer, guarantor or servicer that owns, insures, guarantees or services your first lien or subordinate lien (if applicable) mortgage loan(s); and (c) companies that perform support services in conjunction with the KYHC Program.
   
   b. Information obtained solely through the procurement of my credit report, from a credit reporting agency, may only be shared with the U.S. Department of the Treasury, and other regulatory authorities, pursuant to their role in regulating or auditing the KYHC Program.

C. **How We Protect Your Non-public Information**
   a. We do not disclose any non-public personal information about our customers or former customers to anyone, except for our everyday business purposes, or as permitted by law.
   
   b. We restrict access to non-public personal information about you to our employees and agents who need your information to provide services to you or for quality control and research purposes.
   
   c. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your non-public personal information.
Please review and confirm the following information and make any necessary corrections

<table>
<thead>
<tr>
<th>HOMEOWNER’S NAME</th>
<th>PRP Test-1081</th>
<th>CO- HOMEOWNER’S NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOMEOWNER’S SOCIAL SECURITY NO</td>
<td>XXX-XX-6955</td>
<td>DATE OF BIRTH</td>
</tr>
<tr>
<td>DATE OF BIRTH</td>
<td>04/30/1985</td>
<td>CO- HOMEOWNER SOCIAL SECURITY NO</td>
</tr>
<tr>
<td>LOAN SERVICER NAME</td>
<td>Bank of America</td>
<td>FIRST LIEN MORTGAGE LOAN NUMBER</td>
</tr>
<tr>
<td>PROPERTY ADDRESS (include city, state and zip):</td>
<td>4016 Sutton Ct., Riverside, California, 92501</td>
<td>HOMEOWNER ID</td>
</tr>
<tr>
<td></td>
<td></td>
<td>307980</td>
</tr>
</tbody>
</table>

I (We) want to: ☑ Keep the Property ☐ Sell the Property The property is my / our: ☑ Primary Residence ☑ Owner Occupied

Number of dependents living in my / our home including myself: 1

HARDSHIP AFFIDAVIT

I (We) am/are requesting review for assistance from the Keep Your Home California (KYHC) Program. Based on the information collected during my KYHC counseling session,

- ☐ I am / ☑ I was having difficulty making my monthly payment because of financial difficulties created by one or more of the following reasons.
- ☑ My/Our hardship has ended but I/We need help to bring my/our loan current.
- ☑ My/Our household income has been/was reduced due to one or more of the following:
  - ☐ Unemployment
  - ☑ Reduced pay or hours
  - ☐ Decline in business earnings
  - ☑ Death
  - ☑ Disability
- ☑ Divorce of a homeowner or co-homeowner.

My/Our expenses had/have increased due to one or more of the following:

- ☑ Monthly mortgage payment reset
- ☑ Medical or health care costs
- ☑ Increased property taxes
- ☑ Uninsured losses
- ☑ Military service

My/Our cash reserves, including all liquid assets, are:

- ☐ Insufficient
- ☑ Have been exhausted and I can no longer cover my basic living expenses.

I/WE are at risk of imminent default due to:

- ☐ Severe Negative Equity

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following reflects information that you provided during your telephone counseling session. The information is requested by the Federal Government in order to monitor compliance with Federal statutes that prohibit discrimination in housing. You were not required to furnish this information, but were encouraged to do so. Federal and California law provides that a lender or servicer may not discriminate on the basis of this information or on whether you choose to furnish it.

<table>
<thead>
<tr>
<th>HOME OWNER</th>
<th>☑ I do not wish to furnish this information</th>
</tr>
</thead>
</table>
| Ethnicity: | ☐ Hispanic or Latino
| ☐ Not Hispanic or Latino |
| Race: | ☐ American Indian or Alaska Native
| ☐ Asian
| ☐ Black or African American
| ☐ Native Hawaiian or Other Pacific Islander
| ☑ White |
| Sex: | ☑ Male
| ☐ Female |

<table>
<thead>
<tr>
<th>CO-HOME OWNER</th>
<th>☐ I do not wish to furnish this information</th>
</tr>
</thead>
</table>
| Ethnicity: | ☐ Hispanic or Latino
| ☐ Not Hispanic or Latino |
| Race: | ☐ American Indian or Alaska Native
| ☐ Asian
| ☐ Black or African American
| ☐ Native Hawaiian or Other Pacific Islander
| ☐ White |
| Sex: | ☐ Female
| ☑ Male |
In making this request for assistance under the Keep Your Home California (KYHC) Program I certify under penalty of perjury:

That all of the information in this document is truthful and the event(s) that I identified on page 1 is/are the reason that I need financial assistance for my first lien mortgage loan.

1. I understand that CalHFA Mortgage Assistance Corporation (CalHFA MAC), my loan servicer listed above or its successor in interest (Servicer), the U.S. Department of the Treasury, or their respective agents, may investigate the accuracy of my statements, may require me to provide supporting documentation, and that knowingly submitting false information may violate Federal and California law.

2. I understand that CalHFA MAC has program restrictions that may prevent me from applying for and/or receiving benefit assistance from more than one of its foreclosure prevention programs. If it is determined that I have applied for benefits or that I am currently receiving benefits which conflict with its allowable program guidelines, it may result in denial of assistance. Applicable CalHFA MAC programs include: KYHC programs (Unemployment Mortgage Assistance, Mortgage Reinstatement Assistance Program, Principal Reduction Program, Transition Assistance Program) and Local Innovation Fund Programs including the Community Second Mortgage Short Sale Program.

3. I understand the KYHC Centralized Processing Center (CPC) will order a current credit report on all homeowners obligated on my first lien mortgage loan and that KYHC may require authorization from persons residing in the household who are NOT obligated on my first lien mortgage loan if those persons contribute to the financial support of the household and their income is required in order to consider me for benefit assistance.

4. I understand that if I have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this document, CalHFA MAC may cancel any request for assistance and/or agreement under the Keep Your Home California Program.

5. I certify that: my property is owner-occupied; the property is not condemned or vacant.

6. I certify that: my property does not have any special restrictions that would prohibit placement by CalHFA MAC of a lien to secure program assistance. Examples of property restrictions include but are not limited to: a land lease, land trust, private trust, Tribal Lands or an affordable housing program that strictly prohibits the addition of liens for any reason.

7. I am willing to provide all requested documents and respond to all CalHFA MAC and KYHC CPC questions in a timely and truthful manner.

8. I understand that my failure to return all requested documents and respond to all CalHFA MAC and KYHC CPC requests in a timely manner will jeopardize my request for assistance.

9. I understand that the CalHFA MAC and KYHC CPC will use the information that I provide to evaluate my eligibility for KYHC Program assistance.

10. I understand that information provided to me by the KYHC CPC will be shared with my Servicer but the KYHC CPC is not obligated to offer me assistance based solely on the statements in this document.

11. I understand that KYHC CPC will collect and record personal information, including, but not limited to, my name, address, telephone number, social security number, income, government monitoring information, and information about account balances and activity. I understand and consent to the disclosure and/or release of my personal information and the terms of any KYHC Agreement by KYHC CPC between (a) the U.S. Department of the Treasury, (b) the Office of Special Inspector General for the Troubled Asset Relief Program (SIGTARP) (c) any court or administrative order, a subpoena, or a search warrant (d) any investor, insurer, guarantor or servicer that owns, insures, guarantees or services my first lien or subordinate lien (if applicable) mortgage loan(s); and (e) companies that perform support services in conjunction with the KYHC Program including the State of California’s Employment Development Department (EDD).

12. I understand that information obtained solely through the procurement of my credit report, from a credit reporting agency, may be utilized by CalHFA MAC and the KYHC CPC for purpose of determining my eligibility for KYHC benefit assistance and that such information may only be shared with the U.S. Department of the Treasury, SIGTARP, other regulatory authorities, pursuant to their role in regulating or auditing the KYHC Program and as required by Federal and California law.

13. I understand that any loan information and data provided to my Servicer and/or any other HUD-certified housing counselor by me or collected on my behalf may be shared by such parties with the KYHC CPC, and hereby authorize the KYHC CPC to use such information in conjunction with evaluating my request for assistance and eligibility for the KYHC Program.

14. I hereby release, waive, discharge and covenant not to sue and hold harmless KYHC CPC and CalHFA MAC from any and all liability, claims, costs and expenses whatsoever arising out of or related to any loss, damage, or injury that may be sustained during and after receipt of my request for assistance and funding of the KYHC Program.

In making this certification contained in this affidavit, I/we certify under penalty of perjury that all of the information in this document is truthful and that I/we understand that the Servicer, the California Housing Finance Agency, the CalHFA MAC, the U.S. Department of Treasury, or their agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/we also understand that knowingly submitting false information may violate Federal and California law.

____________________________  ________________
Homeowner Signature        Date

____________________________  ________________
Co-Homeowner Signature      Date
The following information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203). You are required to furnish this information. The law provides that no person shall be eligible to receive assistance from the Making Home Affordable Program, authorized under the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 et seq.), or any other mortgage assistance program authorized or funded by that Act, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony larceny, theft, fraud or forgery, (B) money laundering or (C) tax evasion.

If the following statement is true, check the box, sign and date where indicated

<table>
<thead>
<tr>
<th>HOMEOWNER</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ I have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction: (a) felony larceny, theft, fraud or forgery, (b) money laundering or (c) tax evasion.</td>
<td>Date</td>
</tr>
</tbody>
</table>

| Homeowner Signature | Date |

<table>
<thead>
<tr>
<th>CO-HOMEOWNER</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ I have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction: (a) felony larceny, theft, fraud or forgery, (b) money laundering or (c) tax evasion.</td>
<td>Date</td>
</tr>
</tbody>
</table>

| Co-Homeowner Signature | Date |
Please review and confirm the following information and make any necessary corrections

<table>
<thead>
<tr>
<th>NON-BORROWER’S NAME</th>
<th>NON-BORROWER’S SOCIAL SECURITY NUMBER</th>
<th>DATE OF BIRTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-Ho Test1</td>
<td>XXX-XX-4622</td>
<td>04/30/1994</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PRIMARY HOMEOWNER’S NAME</th>
<th>HOMEOWNER ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRP Test-1081</td>
<td>307980</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF LOAN SERVICER</th>
<th>PRIMARY RESIDENCE PROPERTY ADDRESS (include city, state and zip):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank of America</td>
<td>4016 Sutton Ct, Riverside, California 92501</td>
</tr>
</tbody>
</table>

**ACKNOWLEDGEMENT AND AGREEMENT**

In support of the above named Homeowner’s request for assistance under the Keep Your Home California (KYHC) Program I certify under penalty of perjury:

That all of the information in this document is truthful and that I contribute financial support to the household maintained at the above referenced “Primary Residence Property Address” (Residence).

1. I understand that although I am not obligated as a Borrower on the first lien mortgage loan for the above referenced Residence, the financial contribution I make to the household may be relied upon by KYHC in making its benefit eligibility determination.

2. I understand that CalHFA Mortgage Assistance Corporation (CalHFA MAC), the Primary Homeowner’s (Homeowner) Loan Servicer listed above or its successor in interest (Servicer), the U.S. Department of the Treasury, or their respective agents, may investigate the accuracy of my statements, may require me to provide supporting documentation, and that knowingly submitting false information may violate Federal and California law.

3. I understand that CalHFA MAC has program restrictions that may prevent me from applying for and/or receiving benefit assistance from more than one of its foreclosure prevention programs. If it is determined that I have applied for benefits or that I am currently receiving benefits which conflict with its allowable program guidelines, it may result in denial of assistance. Applicable CalHFA MAC programs include: KYHC programs (Unemployment Mortgage Assistance, Mortgage Reinstatement Assistance Program, Principal Reduction Program, Transition Assistance Program) and Local Innovation Fund Programs including the Community Second Mortgage Short Sale Program.

4. I understand the KYHC Centralized Processing Center (CPC) may order my current credit report in order to qualify me as a financial contributor to the household. I authorize the KYHC CPC to order a credit report for purposes of determining my qualifications.

5. I understand that if I have intentionally defaulted on another existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this document, CalHFA MAC may cancel any request for assistance and/or agreement under the Keep Your Home California Program.

6. I certify that I occupy the Residence and that the property is not abandoned, condemned or vacant.

7. I am willing to provide all requested documents and respond to all CalHFA MAC and KYHC CPC questions in a timely and truthful manner.

8. I understand that my failure to return all requested documents and respond to all CalHFA MAC and KYHC CPC requests in a timely manner will jeopardize the Homeowner’s request for assistance.

9. I understand that the CalHFA MAC and KYHC CPC will use the information that I provide to evaluate the Homeowner’s eligibility for KYHC Program assistance.

10. I understand that information provided by me to the KYHC CPC will be shared with the Servicer but the KYHC CPC is not obligated to offer assistance based solely on the statements in this document.

11. I understand that KYHC CPC will collect and record personal information, including, but not limited to, my name, address, telephone number, social security number, income and other financial information. I understand and consent to the disclosure and/or release of my personal information and the terms of any KYHC Agreement by KYHC CPC between (a) the U.S. Department of the Treasury, (b) the Office of Special Inspector General for the Troubled Asset Relief Program (SIGTARP) (c) any court or administrative order, a subpoena, or a search warrant (d) any investor, insurer, guarantor or servicer that owns, insures, guarantees or services the first lien or subordinate lien (if applicable) mortgage loan(s); and (e) companies that perform support services in conjunction with the KYHC Program including the State of California’s Employment Development Department (EDD).

12. I understand that information obtained solely through the procurement of my credit report, from a credit reporting agency, may be utilized by CalHFA MAC and the KYHC CPC for purpose of determining the Homeowner’s eligibility for KYHC benefit assistance and that such information may only be shared with the U.S. Department of the Treasury, SIGTARP, other regulatory authorities, pursuant to their role in regulating or auditing the KYHC Program and as required by Federal and California law.

13. I understand that any loan information and data provided to Servicer and/or any other HUD-certified housing counselor by me or collected on my behalf may be shared by such parties with the KYHC CPC, and hereby authorize the KYHC CPC to use such information in conjunction with evaluating the request for assistance and the Homeowner’s eligibility for the KYHC Program.

14. I hereby release, waive, discharge and covenant not to sue and hold harmless KYHC CPC and CalHFA MAC from any and all liability, claims, costs and expenses whatsoever arising out of or related to any loss, damage, or injury that may be sustained during and after receipt of my information in support of the above referenced request for assistance and funding of the KYHC Program.
In making this certification contained in this affidavit, I certify under penalty of perjury that all of the information in this document is truthful and that I understand that the Servicer, the California Housing Finance Agency, the CalHFA MAC, the U.S. Department of Treasury, or their agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases. I also understand that knowingly submitting false information may violate Federal and California law.

<table>
<thead>
<tr>
<th>Non-Borrower Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

### DODD-FRANK ACKNOWLEDGEMENT

The following information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203). **You are required to furnish this information.** The law provides that no person shall be eligible to receive assistance from the Making Home Affordable Program, authorized under the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 et seq.), or any other mortgage assistance program authorized or funded by that Act, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony larceny, theft, fraud or forgery, (B) money laundering or (C) tax evasion.

**If the following statement is true, check the box, sign and date where indicated**

**NON-BORROWER**

- [ ] I have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:  
  (a) felony larceny, theft, fraud or forgery,  
  (b) money laundering or  
  (c) tax evasion.

<table>
<thead>
<tr>
<th>Non-Borrower Signature</th>
<th>Date</th>
</tr>
</thead>
</table>
## DOCUMENT COVER SHEET

Fax To: (951)300-5993

<table>
<thead>
<tr>
<th>Date:</th>
<th>No of Pages (including this Document Cover Sheet):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Faxing From Number:</td>
</tr>
</tbody>
</table>

Please do not write anything between the 2 lines below

---

307980
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.

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

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

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

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

2b Second social security number or individual taxpayer identification number if joint tax return

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

4 Previous address shown on the last return filed if different from line 3 (see instructions)

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.

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

<table>
<thead>
<tr>
<th>Year or period requested</th>
<th>2015</th>
<th>2014</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 / 31</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>12 / 31</td>
<td>☑</td>
<td>☑</td>
<td></td>
<td></td>
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<tr>
<td>12 / 31</td>
<td>☑</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 / 31</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

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

Phone number of taxpayer on line 1a or 2a

<table>
<thead>
<tr>
<th>Sign Here</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature (see instructions)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title (if line 1a above is a corporation, partnership, estate, or trust)</th>
</tr>
</thead>
</table>

| Spouse’s signature | Date |

For Privacy Act and Paperwork Reduction Act Notice, see page 2.
Section references are to the Internal Revenue Code unless otherwise noted.

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

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

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

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

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

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

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts. If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

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

<table>
<thead>
<tr>
<th>State/Location</th>
<th>Mail or fax to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nevada, New Jersey, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address</td>
<td>Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 801-620-6922</td>
</tr>
<tr>
<td>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</td>
<td>Internal Revenue Service RAIVS Team P.O. Box 14550 Stop 2800 F Cincinnati, OH 45250 512-460-2272</td>
</tr>
</tbody>
</table>

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.

CAUTION

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 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 for federal non-tax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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

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

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

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

Do not send the form to this address. Instead, see Where to file on this page.
AUTHORIZATION FOR THIRD PARTY REPRESENTATION

Instructions: All Borrowers must complete this form and have the document signed, notarized and faxed to 951-328-7739. Additional forms are to be completed if there are more than two (2) Borrowers. All other requested documentation should be faxed to 951-300-5993 and include the document cover sheet provided in the Homeowner Action Plan package.

I/We, the undersigned_____________________________________________________________,

Hereby authorize ________________________________________________________________, (Representative), to represent me/us in the application and approval process for benefit assistance under the Keep Your Home California program for my/our home that is located at _________________________________________________________________.

(Street Address, City, State, Zip Code)

This authorization includes, but is not limited to, providing the Keep Your Home California Centralized Processing Center (CPC) with required information about my/our income, credit, property and mortgage loan. I/We hereby authorize the Keep Your Home California CPC to use or disclose to Representative my/our individual information including but not limited to income, credit, delinquency, property and mortgage loan information and eligibility or reasons for ineligibility. I/We affirm that the Representative is 18 years of age, or older, and can provide and be provided any and all public and non-public information contained in or related to my/our request for benefits. I/We also authorize Representative to make or request any changes to my/our request for assistance. I/We understand that this authorization is voluntary and I/we may revoke it at any time by submitting a request in writing.

Authorized Representative:

<table>
<thead>
<tr>
<th>Print Name</th>
<th>Age</th>
<th>Relationship to Homeowner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
<td>Phone Number</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>State</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>Zip Code</td>
<td></td>
</tr>
</tbody>
</table>

If you are an Attorney, this form is invalid without a valid state bar number provided by the Bar Association Accreditation.

Bar Association Number: ____________________________________________________________

Name of Law Firm: _________________________________________________________________

This authorization is effective when the fully executed Authorization for Third Party Representation is received and approved by the Keep Your Home California CPC. This authorization supersedes any previously approved authorizations and will remain in effect until Keep Your Home California is notified in writing that this authorization is no longer in effect. Cancellation of this authorization will not have any affect on actions taken while this authorization was in effect.

Before signing this Authorization, beware of foreclosure rescue scams!

- Keep Your Home California does not charge a fee for their services or assistance.
- Foreclosure rescue and mortgage modification scams are a growing problem. Homeowners must protect themselves so they do not lose money – or their home.
- If you believe you have been the victim of a scam, you should file a complaint with the Federal Trade Commission (FTC). Visit the FTC’s online Complaint Assistant or call 1-877-FTC-HELP (1-877-382-4357) for Assistance in English or Spanish.
Note: All signatures must be acknowledged by a Notary Public
All Signature(s) Required.

Homeowner Acknowledgement

I/We understand and agree with the terms of this Authorization for Third Party Representation.

<table>
<thead>
<tr>
<th>Homeowner</th>
<th>Co-Homeowner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print Name</td>
<td>Print Name</td>
</tr>
<tr>
<td>Signature</td>
<td>Signature</td>
</tr>
<tr>
<td>Date</td>
<td>Date</td>
</tr>
</tbody>
</table>

ALL-PURPOSE ACKNOWLEDGMENT NOTARY FOR CALIFORNIA

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of ___________________________

On ____________________ before me, __________________________ (here insert name and title of officer), personally appeared __________________________, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

Witness my hand and official seal.

Signature __________________________ (Seal)