



COLORADO  
Escrow & Title

www.ColoEscrow.com

Tana Stevenson, Short Sale Coordinator  
Tana@ColoEscrow.com  
10851 S. Crossroads Drive, Suite B, Parker, Colorado 80134  
P: 303.834.5855 | F: 303.752.6502

## Required Documentation Checklist

Property address: \_\_\_\_\_

Items needed to start the file are:

- \_\_\_ Work Agreement **SIGNED AND DATED BY AGENT**
- \_\_\_ Homeowner Options Acknowledgement **SIGNED AND DATED**
- \_\_\_ Disclosure and Consent **SIGNED AND DATED**
- \_\_\_ Authorization to Release Information **SIGNED AND DATED FOR EACH LOAN OR LIEN**
- \_\_\_ Listing Agreement **SIGNED AND DATED**

Items needed as soon as possible. (before we have a contract):

- \_\_\_ Mortgage Account Statement(s), most recent
- \_\_\_ HOA Statement or Bill if Past Due
- \_\_\_ Occupancy Status Form **SIGNED AND DATED**
- \_\_\_ Payoff Request **SIGNED AND DATED**
- \_\_\_ MLS sheet with Photo **PROVIDED BY AGENT**
- \_\_\_ Hardship Letter **SIGNED AND DATED**
- \_\_\_ Financial Worksheet (ALL EXPENSES ON IT) **SIGNED AND DATED**
- \_\_\_ Form 710 Borrower Assistance **SIGNED AND DATED**
- \_\_\_ Paystubs, 3 most recent months **OR** No Paystub Form **OR** Profit and Loss Statement for current year
- \_\_\_ Bank Statements, 3 most recent months all pages (no online activity printouts) **OR** No Bank Account Form
- \_\_\_ Tax Returns, 2 most recent years, all schedules **including** W-2s **OR** No Tax Returns Form **SIGNED AND DATED ON THE 1040**
- \_\_\_ 4506T tax form **SIGNED AND DATED**
- \_\_\_ Dodd-Frank Certification **SIGNED AND DATED**

Items needed (as soon as you have a contract):

- \_\_\_ Executed Contract **SIGNED AND DATED BY ALL PARTIES**
- \_\_\_ Buyers Pre-approval Letter **OR** Proof of funds/if BOA need Buyers first 5 of social, bday, address, phone
- \_\_\_ HUD **TO BE PROVIDED BY THE TITLE CO. CLOSER**



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## WORK AGREEMENT

Client: \_\_\_\_\_

Property Address: \_\_\_\_\_

\_\_\_\_\_

Agent Name: \_\_\_\_\_

Agent's Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

I agree to contract Colorado Escrow & Title to help in coordinating the short sale on the above property. I understand that in this capacity Colorado Escrow & Title works in an administrative role and that I am responsible for all communication and decisions with my client and the buying agent. I agree to pay Colorado Escrow & Title upon closing of this transaction. I understand that the fee for this service will be \$1495.00 per closed transaction and that every attempt will be made to have this fee included in the settlement charges.

\_\_\_\_\_  
Agent Signature                      Date





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## HOMEOWNER OPTIONS ACKNOWLEDGMENT

\_\_\_\_\_ (“Homeowner(s)”), have been informed by Colorado Escrow & Title, that they have the opportunity to pursue options to avoid foreclosure with respect to the property described as follows:

Commonly known as (Property Address): \_\_\_\_\_

Homeowner(s) understand that it is their responsibility to contact their lender(s) to review available options. Colorado Escrow & Title has advised Homeowner(s) that they may wish to contact their lender(s) to discuss the following options, as well as any other available options.

- Restructure the mortgage
- Loan modification
- Reduce or delay payments or pay late payments
- Offset arrearages and penalties
- Sell the property for less than Homeowner(s) owe, without penalties
- Refinance the existing loan
- Grant a deed in lieu of foreclosure
- Sell the property with a short sale traditionally or with the HAFA program
- File bankruptcy

Homeowner(s) understand that, in response to today’s economy, lenders are creating programs to help avoid foreclosure.

Homeowner(s) confirm and acknowledge the foregoing and covenant and agree as follows:

After reviewing all available options presented by our lender(s), we have determined that the best course of action is to sell the property described above with a short sale. The decision to sell with a short sale is being made voluntarily by us/me and of our own free will; we have not been pressured by our Listing Agent, Colorado Escrow & Title, or any other person. It is our choice to pursue a short sale.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name





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## DISCLOSURE AND CONSENT FOR SHORT SALE PROCESSING

PROPERTY ADDRESS: \_\_\_\_\_

SELLERS: \_\_\_\_\_

1. I/We understand the meaning and purpose of a "short/sale" is my/our mortgage lender(s) will accept a lesser amount than is actually owed and provide a release of deed of trust in order to facilitate the sale of the referenced property
2. Even if I/we use the services of Colorado Escrow & Title, LLC ("CET"), I/we understand that the mortgage lender(s) may not agree to a short sale. I/We hereby hold CET and its subsidiaries and affiliates harmless from and not liable for any loss directly or indirectly incurred if I/we lose title to the property due to the foreclosure process.
3. If a short sale is finalized, I/we understand that CET cannot guarantee the mortgage lender(s) involved will not enforce the terms of its/their promissory note(s) and seek legal action to collect the remaining indebtedness owed against me/us, or report debt that is forgiven to the Internal Revenue Service as income to me/us. I/We hereby hold CET and its subsidiaries and affiliates harmless from and not liable for any loss directly or indirectly incurred in connection with any remaining indebtedness owed to the mortgage lender(s) or any tax due resulting from debt forgiveness.
4. Before a short sale package can be processed with my/our foreclosing lender, I/we will be required to provide several items as outlined in a list provided to me/us by my realtor and/or CET. I/We understand that the mortgage company may require information in addition to those items listed once the short sale request is made. I/We understand that my/our cooperation is vital to this process and will provide these items as soon as requested. I/We understand that CET will be unable to proceed until such items are provided.
5. I/We understand that unless I/we pay my/our mortgage balance in full at the time of closing, no proceeds will be paid to me/us from the sale of my/our home. All proceeds will be paid to closing costs as approved by the short sale lender(s) and any funds remaining are paid to the short sale lender(s). I/We further understand that I/we will not receive any refunds from the escrow account held by my/our lender, previous taxes paid or prorated homeowner's insurance refunds. All refunds will instead be paid to the short sale lender(s) and applied to any indebtedness still owed relating to the promissory note(s) and deed(s) of trust I/we had signed on the referenced property.
6. If CET is contracted to coordinate the short sale and they have preformed the duties of that agreement, sent in the packet, and coordinated with the bank and the file turns into a non short sale and closes, the coordination fee will still be collected.
7. CET and its subsidiaries and affiliates have made no promise, guaranty or warranty, oral, written or implied, as to the success of any short sale or short sale approval from my/our mortgage/lien holders.

\_\_\_\_\_  
Seller Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Seller Signature

\_\_\_\_\_  
Date





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## AUTHORIZATION TO RELEASE INFORMATION

Authorization Date: \_\_\_\_\_ Loan Number: \_\_\_\_\_ Amount \_\_\_\_\_

Property is: Owner occupied \_\_\_ Tenant occupied \_\_\_ Vacant but cared for \_\_\_

Is this an FHA Loan: Yes \_\_\_ No \_\_\_?

Has Seller Sought a Loan Modification: Yes \_\_\_ No \_\_\_?

Borrower: \_\_\_\_\_

Co-Borrower: \_\_\_\_\_

Property Address: \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

Lender's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

**Seller Consents to Lienholder's Release of Information.** Seller consents to Lienholder, through its authorized representatives, supplying, releasing, and communicating any loan, financial, or other information of Seller, whether personal, private, confidential, or otherwise, to any of the following, including but not limited to their officers, managers, employees, or representatives, with respect to the property and loan described above:

Colorado Escrow & Title, EIN # 65-1207811  
Tana Stevenson, Transaction & Short Sale Coordinator

\_\_\_\_\_ ("Closer")

\_\_\_\_\_ ("Processor")

\_\_\_\_\_ ("Agent")

\_\_\_\_\_

Borrower's Signature

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Social Security Number

\_\_\_\_\_

Co-Borrower's Signature

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Social Security Number





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## OCCUPANCY STATUS FORM

Property Address: \_\_\_\_\_  
\_\_\_\_\_

Property is:

Owner occupied: Yes \_\_\_ No \_\_\_

How many people are residing in the property? \_\_\_\_\_

Vacant: Yes \_\_\_ No \_\_\_ If Yes, month and date owner last occupied? \_\_\_ / \_\_\_

Tenant occupied: Yes \_\_\_ No \_\_\_

Tenant(s) name: \_\_\_\_\_ Phone: \_\_\_\_\_

How long rented \_\_\_\_\_

What is the property's primary purpose? \_\_\_\_\_

When was the property last occupied by the homeowner? \_\_\_\_\_

Reason owner vacated: \_\_\_\_\_  
\_\_\_\_\_

Is the home Winterized? Yes \_\_\_ No \_\_\_

Are you current on your HOA? Yes \_\_\_ No \_\_\_

Have you been a member of the military or been under military orders in the last 12 months? Yes \_\_\_ No \_\_\_

\*\*\* If the home is vacant or becomes vacant, the seller agrees to have the home winterized within 72hrs. Seller may also authorize the Broker to hire a property preservation company to winterize the property and seller agrees to pay for this service.

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Borrower's Signature

\_\_\_\_\_  
Date





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## PAYOFF REQUEST

Client's Name

Property Address

1st Mortgage Company:

Account #:

2nd Mortgage Company:

Account #:

To Whom It May Concern,

I/We hereby authorize \_\_\_\_\_, Broker Associate, Tana Stevenson, Transaction & Short Sale Coordinator, and Colorado Escrow & Title to receive information concerning the payoff of mortgage loan(s), credit line loan(s), credit card account(s), and/or judgments.

This information is confidential and is to be used for processing the sale of our home.

A photographic or carbon copy of this authorization (being a photographic or carbon copy of the signatures of the undersigned) may be deemed to be equivalent of the originals.

**YOUR PROMPT REPLY AND RELEASE WILL BE VERY MUCH APPRECIATED!**

Please fax the payoff attention: Tana Stevenson at 303-752-6502.

\_\_\_\_\_  
Borrower's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Co-Borrower's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number







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## HARDSHIP LETTER

Client's Name

Property Address

1st Mortgage Company:

Account #:

2nd Mortgage Company:

Account #:

To Whom It May Concern,

This letter is an explanation of the circumstances leading to the need for a short sale of the above referenced property. While our intentions have always been honorable, circumstances in life occur that change one's ability to continue with the financial commitments made. This, in our case, has created a failure to pay our mortgage obligation as we had intended.

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We do not take the situation we are in lightly, as we have enjoyed our home and wish the circumstances were different than they are. Please understand the circumstances leading up to our current standing are just too severe for us to uphold our financial commitment to you and ask for your assistance in allowing the short sale of our home.

Thank you for your consideration and attention to this matter.

Sincerely,

\_\_\_\_\_  
Mortgagee signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Mortgagee signature

\_\_\_\_\_  
Date







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## Financial Worksheet

Food	Monthly Expense	Housekeeping Supplies	Monthly Expense
groceries		cleaning supplies	
snacks		stationery	
tips		postage	
delivery		delivery services	
restaurants		household products	
<b>Apparel and Services</b>		lawn/garden supplies	
clothing		<b>Transportation Operating Costs</b>	
footwear		maintenance/repairs	
material		insurance	
patterns		fuel	
alterations		registration	
clothing rental/storage		licensing	
dry cleaning		inspections	
laundry		parking	
watches		tolls	
jewelry		hobbies/gifts	
watches/jewelry repair		donations/charity	
<b>Housing Utilities</b>		<b>Personal Care</b>	
mortgage or rent		hair products	
property taxes		oral hygiene	
interest		shaving needs	
insurance		cosmetics	
maintenance/repairs		bath products	
gas		personal care appliances	
water		<b>Miscellaneous</b>	
electric		life insurance	
heating oil		entertainment	
garbage collection		school supplies	
telephone and cell phone		memberships/dues	
cable		pet care	
internet service		personal loans	
<b>Health Care</b>		daycare	
medical services		tuition	
prescription drugs		hobbies/gifts	
medical supplies		donations/charity	



Loan number: \_\_\_\_\_

## Mortgage Assistance Application

If you are having mortgage payment challenges, please complete and submit this application, along with the required documentation, to loanDepot via fax: (844) 502-2856, or online: [lossmitigation@loandepot.com](mailto:lossmitigation@loandepot.com). We will contact you within five business days to acknowledge receipt and let you know if you need to send additional information or documents.

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 loanDepot at (866) 258-6572.

For a list of HUD-approved housing counseling agencies that can provide foreclosure prevention information, 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.

### Borrower Information

**Borrower's name:** \_\_\_\_\_

Social Security Number (last 4 digits): \_\_\_\_\_

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

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

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

**Co-borrower's name:** \_\_\_\_\_

Social Security Number (last 4 digits): \_\_\_\_\_

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

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

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

Preferred contact method (choose all that apply):  Cell phone  Home phone  Work phone  Email  Text—checking this box indicates your consent for text messaging

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

### Property Information

Property Address: \_\_\_\_\_

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  No – If yes, indicate monthly dues: \$ \_\_\_\_\_

## 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) \_\_\_\_\_

TYPE OF HARDSHIP (CHECK ALL THAT APPLY)	REQUIRED HARDSHIP DOCUMENTATION
<input type="checkbox"/> Unemployment	<ul style="list-style-type: none"> <li>▪ Not required</li> </ul>
<input type="checkbox"/> Reduction in income: a hardship that has caused a decrease in your income due to circumstances outside your control (e.g., elimination of overtime, reduction in regular working hours, a reduction in 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, HOA special assessment)	<ul style="list-style-type: none"> <li>▪ Not required</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>▪ <b>Note:</b> 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>▪ Final divorce decree or final separation agreement <b>OR</b></li> <li>▪ Recorded quitclaim deed</li> </ul>
<input type="checkbox"/> Separation of borrowers unrelated by marriage, civil union, or similar domestic partnership under applicable law	<ul style="list-style-type: none"> <li>▪ Recorded quitclaim deed <b>OR</b></li> <li>▪ Legally binding agreement evidencing that the non-occupying borrower or co-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></li> <li>▪ Obituary or newspaper article reporting the death</li> </ul>
<input type="checkbox"/> Distant employment transfer/relocation	<ul style="list-style-type: none"> <li>▪ <b>For active duty service members:</b> Permanent Change of Station (PCS) orders or letter showing transfer.</li> <li>▪ <b>For employment transfers/new employment:</b> Copy of signed offer letter or notice from employer showing transfer to a new location or written explanation if employer documentation not applicable, <b>AND</b></li> <li>▪ Documentation that reflects the amount of any relocation assistance provided (not required for those with PCS orders)</li> </ul>
<input type="checkbox"/> Other – hardship that is not covered above: _____ _____ _____ _____	<ul style="list-style-type: none"> <li>▪ Written explanation describing the details of the hardship and any relevant documentation</li> </ul>

## Borrower Income

Please enter all borrower income amounts in middle column.

MONTHLY TOTAL BORROWER INCOME TYPE & AMOUNT		REQUIRED INCOME DOCUMENTATION
Gross (pre-tax) wages, salaries and overtime pay, commissions, tips, and bonuses	\$	<ul style="list-style-type: none"> <li>▪ Most recent pay stub and documentation of year-to-date earnings if not on pay stub <b>OR</b></li> <li>▪ Two most recent bank statements showing income deposit amounts</li> </ul>
Self-employment income	\$	<ul style="list-style-type: none"> <li>▪ Two most recent bank statements showing self-employed income deposit amounts <b>OR</b></li> <li>▪ Most recent signed and dated quarterly or year-to-date profit/loss statement <b>OR</b></li> <li>▪ Most recent complete and signed business tax return <b>OR</b></li> <li>▪ Most recent complete and signed individual federal income tax return</li> </ul>
Unemployment benefit income	\$	<ul style="list-style-type: none"> <li>▪ No documentation required</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 deposit amounts <b>OR</b></li> <li>▪ Award letters or other documentation showing the amount 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 deposit amounts <b>OR</b></li> <li>▪ Award letters or other documentation showing the amount and frequency of the benefits</li> </ul>
Rental income (rents received, less expenses other than mortgage expense)	\$	<ul style="list-style-type: none"> <li>▪ Two most recent bank statements demonstrating receipt of rent <b>OR</b></li> <li>▪ Two most recent deposited rent checks</li> </ul>
Investment or insurance income	\$	<ul style="list-style-type: none"> <li>▪ Two most recent investment statements <b>OR</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>OR</b></li> <li>▪ Other documentation showing the amount and frequency of the income</li> </ul>

## Current Borrower Assets

Exclude retirement funds such as a 401(k) or Individual Retirement Account (IRA), and college savings accounts such as a 529 plan.

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

## Borrower Certification and Agreement

1. I 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 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 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 consent to the servicer or authorized third party\* obtaining a current credit report for the borrower and co-borrower.
5. I 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 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 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.\*

\* 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.

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

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

**Please submit your completed application, together with the required documentation, to loanDepot, via mail: 5465 Legacy Dr., S-200, Plano, TX 75024, fax: (844) 502-2856, or email: [lossmitigation@loandepot.com](mailto:lossmitigation@loandepot.com). We will contact you within five business days to acknowledge receipt and let you know if you need to send additional information or documents.**

**We will use the information you provided to help us identify the assistance you may be eligible to receive.**



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Fill out **ONLY** if you are self-employed or own a business

## PROFIT AND LOSS STATEMENT

Months \_\_\_\_\_ to \_\_\_\_\_  
Year \_\_\_\_\_

Name \_\_\_\_\_  
SSN \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_

### Income

Source \_\_\_\_\_  
Source \_\_\_\_\_  
Source \_\_\_\_\_

### Income

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
=====

### Expenses

### Total Annual Income

### Professional Fees (periodic)

Accounting \_\_\_\_\_

### Auto Expense

Mileage \_\_\_\_\_  
Parking & Tolls \_\_\_\_\_  
Insurance \_\_\_\_\_

### Bank Charges

### Wages

### Client Expense

Client Gift \_\_\_\_\_

### Dues & Subscriptions

Licensing Fee \_\_\_\_\_  
Bank Dues \_\_\_\_\_  
Denver Board Dues \_\_\_\_\_

### Education / Seminars

### Equipment Rentals

### Insurance: Health

### Licenses & Permits

Cont'd on next page





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## PROFIT AND LOSS STATEMENT (cont'd)

	<b>Expenses</b>
<b>Supplies</b>	_____
<b>Courier</b>	_____
<b>Postage</b>	_____
Stamps	_____
<b>Printing &amp; Reproduction</b>	_____
Business Cards	_____
Sphere Flyers	_____
<b>Repairs &amp; Maintenance</b>	_____
Computer	_____
Website	_____
<b>Taxes</b>	_____
Federal	_____
State	_____
<b>Utilities</b>	_____
Cell Phone	_____
EFax	_____
Internet	_____
Telephone	_____
<b>Travel</b>	_____
Client Entertainment	_____
<b>Total Income</b>	_____
<b>Total Expenses</b>	=====

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date







www.ColoEscrow.com

Tana Stevenson, Short Sale Coordinator  
Tana@ColoEscrow.com  
10851 S. Crossroads Drive, Suite B, Parker, Colorado 80134  
P: 303.834.5855 | F: 303.752.6502

### PAY STUB INFORMATION

Fill out this form only if you are not employed

Client's Name

Property Address

1st Mortgage Company:

Account #:

2nd Mortgage Company:

Account #:

I, \_\_\_\_\_, am currently not working and therefore I am unable to provide the paycheck stubs as required for the short sale package and have no verifiable income.

I am currently collecting unemployment (Yes \_\_\_) (No\_\_\_).  
If yes, please provide Unemployment Benefit Statement.

I am currently receiving Social Security (Yes \_\_\_) (No\_\_\_).  
If yes, please provide Social Security Benefit Statement.

\_\_\_\_\_  
Mortgagee signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Mortgagee signature

\_\_\_\_\_  
Date





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## BANK STATEMENT INFORMATION

Fill out this form only if you do not have a bank account.

Client's Name

Property Address

1st Mortgage Company:

Account #:

2nd Mortgage Company:

Account #:

I, (print your name) \_\_\_\_\_, do not currently have any bank accounts.

\_\_\_\_\_  
Mortgagee signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Mortgagee signature

\_\_\_\_\_  
Date





COLORADO  
Escrow & Title

www.ColoEscrow.com

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## TAX RETURN INFORMATION

Fill out this form only if you have not filed tax returns for specific years.

Client's Name

Property Address

1st Mortgage Company:

Account #:

2nd Mortgage Company:

Account #:

I, (print your name) \_\_\_\_\_, have not filed tax returns

for the following year(s): \_\_\_\_\_.

\_\_\_\_\_  
Mortgagee signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Mortgagee signature

\_\_\_\_\_  
Date





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.

## 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](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 P-6 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, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, 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 P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409  855-298-1145
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	Internal Revenue Service RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250  855-800-8015

**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 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-6526  
Washington, DC 20224

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

## ***Dodd-Frank Certification***

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 begin receiving 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.

I/we certify under penalty of perjury that I/we 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.

I/we understand that the servicer, the U.S. Department of the 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 law.

This Certificate is effective on the earlier of the date listed below or the date received by your servicer.

▶ _____ Borrower Signature	_____ Social Security Number	_____ Date of Birth	_____ Date
▶ _____ Co-Borrower Signature	_____ Social Security Number	_____ Date of Birth	_____ Date

