M&T Bank

• P.O. Box 840 • Buffalo, NY 14240

Dear Customer:

In order to process your request for a modification of your mortgage loan, you will need to provide the bank with required financial information, and complete the attached forms. By providing this information, we will be able to begin our review in order to determine if you qualify for a modification of your loan. <u>Only upon completion of our review will we notify you of our decision as to your modification request</u>.

This offer is being extended in accordance with the servicing guidelines required by the owner of your loan, and to assist you in your desire to avoid a possible foreclosure of your property.

The following forms are attached, and need to be completed and signed by all borrowers:

- **Certification, Authorization and Acknowledgement Form.**
- **Borrower(s) Financial Report.**
- **IRS Form 4506-T** (allows us to verify tax return information if necessary).
- **Second Lien form** (only if the property secures other debt, including a Home Equity line).

In addition to these, we will also need the following information for all borrowers:

- **<u>Hardship Letter</u>**: Please <u>write and sign</u> a detailed letter explaining the reason(s) for default and/or why you are unable to afford your current periodic payment. Provide details of any changed circumstances including any dates and amounts of income changes, if applicable.
- **<u>Escrow Documentation Information</u>**: If your loan is <u>not</u> escrowed for property taxes and/or Homeowner's insurance, please provide a copy of your most recent property tax bill and/or a copy of your Homeowner's insurance binder.
- **<u>Income and Asset Documentation</u>**: Please submit the following based on your employment status:

  <u>Hourly/Salaried Employees</u>:

  - **Most recent pay stubs** (the past thirty (30) days including year to date income).
  - **Checking and savings account statements** for the past two (2) months (include all pages).
  - **Most recent tax return** - complete with all schedules and attachments (W-2's and/or 1099's).

Self-Employed:

- **A current year profit and loss statement.**
- **Checking and savings account statements** for the past two (2) months both personal and business (include all pages).
- **Most recent personal and business tax returns** - complete with all schedules and attachments (W-2's and/or 1099's).

Other Household Income (if applicable) - In addition to the above:

- For household members who have other income (such as: Social Security/pension, rental leases, disability, death benefit/annuity or unemployment), please provide a copy of the benefit statement(s), which includes the amount, frequency and duration of this benefit.
- Alimony, separate maintenance and/or child support payments (note: this income need not be revealed if you do not wish to have this source of income considered). If you chose to have it considered, please provide a copy of the divorce/separation or any other agreement that states the amount, frequency and duration of these payments.

Our ability to review your request will depend on your timely and complete response to this letter. It is possible that after our review additional information may be requested from you. Typically a decision will be reached within thirty (30) days from the date M&T Bank receives all of the required documentation to determine if any loss mitigation options are available. If applicable, this would include approval from the mortgage insurance company.

Until a decision is made with respect to your loss mitigation assistance request, you may still receive notices, and you are required to make your monthly payments during the review process. There is a possibility that the foreclosure process may commence/continue.

If you need any assistance or have any questions, please contact our Single Point of Contact Team at 1-800-724-1633. Please note, if you have an FHA insured mortgage and have not received Consumer Credit Counseling, you should contact HUD approved credit counseling for assistance. To contact one of these agencies in your area dial 1-800-569-4287.

Single Point of Contact Team
Fax 855-678-0866

Borrower(s) Financial Report

Loan Number:	
Property Address:	

Borrower			
Name:		Social Security #:	
Mailing Address:		Home Phone #:	
		Work Phone #:	
		Email:	
Co-Borrower			
Name:		Social Security #:	
Mailing Address:		Home Phone #:	
		Work Phone #:	
		Email:	

General Questions

Do You occupy the property?	Is the property a rental?	Do you wish to retain the property?
Is the property listed for sale?	If listed for sale, what is the listing agent's name and phone number?	

Filed Bankruptcy?	If filed for bankruptcy,		
	Chapter:	Filing Date:	Attorney Name & Number

Household Composition			Contribution	
# of Cars	# of Adults	# of Children	Amount:	Date:

Please confirm that the amounts in the "Stated" columns below are accurate. If the amount is inaccurate, enter the correct amount in the "Confirmed" column.

Wages/Earning Income (monthly)

Borrower		
	Stated	Confirmed
Gross		
Take Home		

Co-Borrower		
	Stated	Confirmed
Gross		
Take Home		

Household Totals		
	Stated	Confirmed
Total		

Other Income (monthly)

	Stated	Confirmed
Unemployment		
Alimony		
Child Support		
Social Security		
Business		
Interest & Dividends		
Real Estate		
Personal/Retirement		
Food Stamps		
Disability		
Death Benefits		
Other		
Total		

Notice: Alimony, child support, or separate maintenance income need not be revealed if the Borrower or Co-Borrower does not choose to have it considered for repaying this loan.

Installment Payments

	Stated	Confirmed
Monthly Credit Card		
Student Loans		
Installment for car #1		
Installment for car #2		
Second Mortgage		
Home Equity Loan		
Other Loan #1		
Other Loan #2		
Total		

Food, Clothing & Other Expenses

	Stated	Confirmed
Food		
Clothing		
Laundry & Dry Cleaning		
Housekeeping Supplies		
Total		

Utilities Expense

	Stated	Confirmed
Electric & Heating Fuel		
Water & Sewer		
Telephone		
Garbage		
Security		
Cable TV/Satellite		
Rent (not in monthly installments)		
Total		

Transportation Expense

	Stated	Confirmed
Gas		
Bus Fare		
Subway		
Train		
Car Pool		
Other		
Total		

Other Miscellaneous Expenses

	Stated	Confirmed
Child Support		
Child Care		
Dependents (not living at home)		
Tuition		
Auto Insurance		
Life Insurance		
Health Insurance (if not deducted from pay)		
Medical and Dental		
Religious/Charity Contribution		
Home Maintenance		
HOA or Condo Fee		
Alimony		
Taxes (non-escrow loan)		
Homeowner Insurance (non-escrow loan)		
Monthly Rental Property Loss		
Renters Insurance		
Other		
Total		

Assets

Type	Estimated Value		Balance Due	
	Stated	Confirmed	Stated	Confirmed
Home				
Other Real Estate				
Checking				
Savings				
Retirement Plan				
Cash Value insurance				
Personal Property				
Other Investments				
Other Vehicles				
Total				

The Information herein is an accurate statement of my financial status.

Name:	
Signature:	Date:

Name:	
Signature:	Date:

• P.O. Box 840 • Buffalo, NY 14240

CERTIFICATION, AUTHORIZATION AND ACKNOWLEDGMENT

I have requested that M&T Bank (hereinafter "M&T" or "You") evaluate me for loss mitigation assistance.

Certification: By signing below, I certify the following:

1. In connection with requesting assistance, I provided you with required information, including financial information. I certify that all of the information I provided is true, accurate and complete.

Authorization: By signing below I authorize the following:

1. You may, at any time, obtain credit reports on me or any other information you feel is necessary in connection with my request. If I ask You, You will tell me if a credit report was obtained and, if so, the name and address of the credit reporting agency furnishing the report. (NY Gen Bus Law Sec 380-b(b))
2. You may engage in discussions with me or my designated representative, ______________________________, regarding this request, the documentation and information I submitted, and all foreclosure alternative programs.
3. You and the mortgage insurer, if any, may discuss and share any and all information about my mortgage loan and personal financial situation with each other, as You or the mortgage insurer deem necessary.

Acknowledgment:
I acknowledge that M&T is not under any obligation to agree to loss mitigation assistance/alternative to foreclosure. The decision will be based on, among other things, my financial information, credit report and payment history. I understand that any agreement that I may reach with M&T must be in writing, to be binding upon me and M&T. I understand and acknowledge that any action, including foreclosure, currently in progress will continue without delay while I am being reviewed for loss mitigation/foreclosure alternative programs.

I agree that discussions regarding loss mitigation or a possible alternative to foreclosure will not constitute a waiver or defense to M&T Bank's right to commence or continue any foreclosure or other collection action or otherwise enforce its rights under the Note, Mortgage or other loan documents.

I understand that this document is a legally binding agreement and that I have the right to seek the advice of legal counsel before signing it.

Authorization to release information: You may use the following authorization, at any time, to obtain any information you need in connection with my request.

To Whom it May Concern:

1. M&T Bank ("M&T"), any investor that makes or purchases my loan and the mortgage insurer of my loan (if any), may verify information contained in my application and in other documents required in connection with my loan, either before or after my loan is closed.
2. I authorize you to provide to M&T and to any investor, to the mortgage insurer of my loan (if any), and to the servicer of my loan, any and all information and documentation that they request. Such information includes, but is not limited to, employment history and income, any deposit or investment account balances, and credit history.
3. M&T or any investor of my loan or the mortgage insurer of my loan (if any) may address this authorization to any party in possession of any of the above information.
4. A copy of this authorization may be accepted as an original.

___________________________	____________________	__________________
Borrower	Date	SS Number
___________________________	____________________	__________________
Co-Borrower	Date	SS Number

If you are not obligated under the terms of the loan and want to have your financial information considered for this request, please authorize by signing below.

__________________________	____________________	__________________
Additional Contributor	Date	SS Number

Return to:

Loss Mitigation
M & T Bank
P.O. Box 840
Buffalo, NY 14240

M&T Bank

• P.O. Box 840 • Buffalo, NY 14240

SECOND LIEN INFORMATION

Date: ______________________________________

Borrower Name: ______________________________________

Loan Number: ______________________________________

Lien Holder's Name: ______________________________________

Lien Holder Address: ______________________________________

Lien Holder Phone: ______________________________________

Amount of Lien: ______________________________________

Subordination Fee: ______________________________________

List of Requirements: ______________________________________

PROFIT AND LOSS STATEMENT (MINIMUM OF LAST THREE MONTHS) **(Rev. 6/14)**

Please complete a separate Profit and Loss Statement for each business owned by the borrower(s).

Company Name: ____

Type of Business: ____

For the Period: ________________ through __________________
MM/DD/YYYY MM/DD/YYYY

Name(s) of /Business Owner/Borrower(s):____

Income:	Gross Sales and Receipts………………………………………….	________________
	MINUS Cost of Goods Sold ……………………………….….	________________
Other Income:	Interest, fees earned, etc……………………………………….	________________
	Total Income (Gross Sales + Other Income)	________________
Business-Only Expenses: (If applicable)	Officer Wages and Salaries	________________
	Employee Wages and Salaries	________________
	Payroll Taxes	________________
	Business Utilities	________________
	Business Rent and/or Mortgage Payments	________________
	Insurance	________________
	Advertising	________________
	Telephone	________________
	Office Expenses	________________
	Repairs and Maintenance	________________
	Business Travel, Meals, and Entertainment	________________
	Supplies	________________
	Other Business Expenses	________________
	Other Business Expenses	________________
	Other Business Expenses	________________
	Other Business Expenses	________________
	Total Business Expenses	________________
Net Income/Loss: (Total income Minus Total Expenses)		________________

This form accurately states my/our business expenses and self-employed income for the state period.

_________________________________ _________________________________
Business Owner/Borrower Signature Date

_________________________________ _________________________________
Business Owner/ o-Borrower Signature Date

Loan Number:

Form **4506-T**
(Rev. September 2013)
Department of the Treasury
Internal Revenue Service

Request for Transcript of Tax Return

▸ **Request may be rejected if the form is incomplete or illegible.**

OMB No. 1545-1872

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Return or Account Transcript" 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.

M&T Bank C/O DataVerify 875 Greentree Rd. 8 Parkway Center, Pittsburgh PA 15220

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 transcript information, you can specify this limitation in your written agreement with the third party.*

6 **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▸ 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 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 10 business days . ☐

c **Record of Account,** which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days . . . . ☑

7 **Verification of Nonfiling,** which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days . . ☐

8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days . ☑

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

9 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately. 12/31/2012 12/31/2013

Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved **identity theft** on your federal tax return . . . . ☐

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

Phone 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

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 "Order a Return or Account Transcript" 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 512-460-2272
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 559-456-5876
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 816-292-6102

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, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 801-620-6922
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 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) 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 address 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. If you completed line 5 requesting the information be sent to a third party, 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.

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 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.

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.

LOAN # _______________

CHECKLIST OF REQUIRED DOCUMENTS NEEDED

- **Certification, Authorization and Acknowledgement Form**
- **Completed Borrower Financial Report**
- **Completed 4506-T**
- **Hardship Letter**
- **Completed Second Lien Form**
- **Escrow Documentation Information (non-escrowed accounts only)**
- **Tax Returns**
- **Bank Statements**
- **Income Documentation:**
  - ✓ **Hourly/Salaried Employees Information**
  - ✓ **Self-Employed**
  - ✓ **Other Household Income**

PLEASE READ!!!!!

IT IS VERY IMPORTANT TO MAKE SURE
YOU ARE INCLUDING *ALL OF THE REQUIRED DOCUMENTS*
WHEN RETURNING THE WORK OUT PACKET IN ORDER
TO BE REVIEWED! *THANK YOU*!