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Mortgage Assistance Application



PNC Mortgage Customer Assistance
T: 800-523-8654 | F: 855-288-3974

Hours of Operation
 Mon-Fri: 8AM - 9PM ET Sat: 8AM - 2PM ET
 pnc.com/homehq/assistance

If you are experiencing temporary or long-term financial hardship and need help, please complete and submit all sections of this application to PNC Mortgage. In addition to IRS Form 4506-T and the Making Home Affordable Program Hardship Affidavit, all other required pages are identified as "Return this to PNC Mortgage." Please be sure to use the *Checklist* when completing the application.

When you sign and date the forms within the Mortgage Assistance Application, you will make important certifications, representations and agreements, including certifying that all of the information is accurate and truthful.

1 Borrower Information

Loan Account Number: _____

Borrower	Co-Borrower
Borrower's Name:	Co-Borrower's Name:
Social Security Number: _ _ - _ - _ _ _ _	Social Security Number: _ _ - _ - _ _ _ _
Date of Birth: ___ / ___ / _____ <small>MM DD YYYY</small>	Date of Birth: ___ / ___ / _____ <small>MM DD YYYY</small>
Home Phone: (_ _ _) _ _ - _ _ _ _	Home Phone: (_ _ _) _ _ - _ _ _ _
Cell or Work Phone: (_ _ _) _ _ - _ _ _ _	Cell or Work Phone: (_ _ _) _ _ - _ _ _ _
Email:	Email:
Co-Borrower	Co-Borrower
Co-Borrower's Name:	Co-Borrower's Name:
Social Security Number: _ _ - _ - _ _ _ _	Social Security Number: _ _ - _ - _ _ _ _
Date of Birth: ___ / ___ / _____ <small>MM DD YYYY</small>	Date of Birth: ___ / ___ / _____ <small>MM DD YYYY</small>
Home Phone: (_ _ _) _ _ - _ _ _ _	Home Phone: (_ _ _) _ _ - _ _ _ _
Cell or Work Phone: (_ _ _) _ _ - _ _ _ _	Cell or Work Phone: (_ _ _) _ _ - _ _ _ _
Email:	Email:

I want to: Keep the Property Sell the Property

The property is my: Primary Residence Second Home/Seasonal Rental Year-Round Rental/Investment

The property is: Owner Occupied Tenant Occupied Vacant Other _____

Number of People in Household: _____

Mailing Address: _____ _____ _____	Property Address (if same as mailing address, just write "same"): _____ _____ _____
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1 Customer Information

Loan Account Number:

1A Credit Counseling

Have you contacted a credit counseling agency for help? Yes No

If YES, please complete the following:

Counselor's Name:	Agency Name:
Counselor's Phone: (_ _ _) _ _ _ - _ _ _ _	Counselor's Email:

1B Bankruptcy Filing

Have you filed for bankruptcy? Yes No

If YES, please complete the following:

<input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13	Filing Date:
• For active bankruptcy, please include all bankruptcy documentation and schedules.	
Has your bankruptcy been discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No	Bankruptcy case number:
Was the mortgage debt reaffirmed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

1C Military Service Member Status

Is any Borrower a military service member? Yes No

If YES, please complete the following:

Have you recently been deployed away from your primary residence or recently received a permanent change-of-station order? Yes No

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1 Customer Information

Loan Account Number:

1D Home Affordable Modification Program (HAMP) Modification

Has the mortgage on any other property that you or any Co-Borrower(s) own had a permanent HAMP modification? Yes No

If YES, please complete the following:

How many: _____

Are you or any Co-Borrower(s) currently in or being considered for a HAMP trial period plan on a property other than your primary residence? Yes No

How many single-family properties other than your primary residence do you and/or any Co-Borrower(s) own individually, jointly, or with others? _____

Has the mortgage on your primary residence ever had a Home Affordable Modification Program (HAMP) trial period plan or permanent modification? Yes No

1E Power of Attorney

Do you have a Power of Attorney? Yes No

If YES, please:

- Include a copy of the Power of Attorney documentation

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2 Property Details

Loan Account Number:

2A Sale Listing

Is the property listed for sale? Yes No

If you have additional properties for sale, please list these properties and the information below on a separate sheet of paper.

If YES, please complete the following:

For Sale by Owner? Yes No List Date: ____ / ____ / ____
MM DD YYYY

Agent's Name: _____ Agent's Phone: (____) ____ - ____

• **Include a copy of the Listing Agreement, if applicable**

If you wish to authorize us to release loan account information to your real estate agent, please review and sign below to allow third-party correspondence:

I/We hereby authorize my Lender, PNC Mortgage, to release information and to discuss the terms of my mortgage. This includes, but is not limited to, the negotiation of the sale of my house by (list company name) _____ and its employees, including but not limited to _____ at phone (____) ____ - ____ and email _____. This authorization shall remain in effect until revoked in writing.

Borrower Signature _____

Borrower Printed Name _____ Date _____

Co-Borrower Signature _____

Co-Borrower Printed Name _____ Date _____

Co-Borrower Signature _____

Co-Borrower Printed Name _____ Date _____

Co-Borrower Signature _____

Co-Borrower Printed Name _____ Date _____

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2 Property Details

Loan Account Number:

2B Property Offer

Have you received an offer on the property? Yes No

If you have offers on additional properties, please list these properties and the information below on a separate sheet of paper.

If YES, please complete the following:

Closing Date: / / Amount of Offer: \$

MM DD YYYY

- Include a copy of the Sales Contract, if applicable
- Include a copy of the Estimated HUD-1 (Settlement Statement), if applicable

2C Condominium or Homeowner Association (HOA) Fees

Do you have condominium or homeowner association (HOA) fees? Yes No

If YES, please complete the following:

Total monthly amount: \$ Are fees paid current? Yes No

Name and address where fees are paid to:

- Include a copy of the most recent HOA billing statement

2D Taxes and Insurance Payment Details

Does your mortgage payment include taxes and insurance? Yes No

If NO, please complete the following:

Are taxes and insurance paid current? Yes No Annual Homeowner's Insurance: \$

- Include a copy of the most recent Declarations Page from your insurance policy

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2 Property Details

Loan Account Number:

2E Additional Mortgages

Do you have any additional mortgages on this property? Yes No

If YES, please complete the following:

2nd Mortgage on this Property Information:	3rd Mortgage on this Property Information:
Loan Number:	Loan Number:
Mortgage Servicer Name:	Mortgage Servicer Name:
Mortgage Servicer Phone: (_ _ _) _ _ _ - _ _ _ _	Mortgage Servicer Phone: (_ _ _) _ _ _ - _ _ _ _
Monthly Mortgage Payment: \$	Monthly Mortgage Payment: \$
Loan Balance: \$	Loan Balance: \$
▪ Include a copy of your mortgage statement	▪ Include a copy of your mortgage statement

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2 Property Details

Loan Account Number: _____

2F Property Use

If requesting assistance with a rental property, property is currently:

- Vacant and available for rent.
- Occupied without rent by your legal dependent, parent or grandparent as their primary residence.
- Occupied by a tenant as their primary residence. Include a copy of the Schedule E with your most recent filed tax return. If property was rented after January 1st of this year, please send a current lease agreement and two most recent bank statements, all pages (front and back), even blank pages.
- Other _____

If rental property is occupied by a tenant:

Term of lease / occupancy	__MM / __DD / __YYYY	to	__MM / __DD / __YYYY	Gross Monthly Rent: \$
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If rental property is vacant:

Describe efforts to rent property: _____

If applicable:

Describe relationship of and duration of non-rent-paying occupant of rental property: _____

Complete this section ONLY if you are requesting mortgage assistance for a property that is not your primary residence.

Is there a mortgage on your primary residence? Yes No

If YES, what is the name and phone number of the servicer where you send payment?

Name: _____ Phone number: (___) ___ - ____

Is the mortgage on your primary residence delinquent? Yes No

If YES, please complete the following:

State the number of months your payment is past due (if known): _____

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3 Hardship Details, Documentation and Written Explanation

Loan Account Number:

I (We) am/are requesting review of my current financial situation to determine whether I/we qualify for temporary or permanent mortgage relief options.

Date Hardship Began: ____/____/____
MM DD YYYY

I am having difficulty making my monthly payment because of financial difficulties created by (check all that apply) and am submitting required documentation demonstrating my hardship. Please review the necessary documentation required below based on the financial hardship situation.

3A If Your Hardship Is:	You Are Required to Provide:
<input type="checkbox"/> Unemployment	<ul style="list-style-type: none"> Proof of unemployment/verification of unemployment benefits OR A signed and dated written statement indicating that no unemployment benefits have been received
<input type="checkbox"/> Income reduction (in pay or hours)	<ul style="list-style-type: none"> Proof of Income Reduction, as shown in income information detailed in Section 4, Income Documentation.
<input type="checkbox"/> Divorce or legally documented Separation of Borrower/Co-Borrower(s)	<ul style="list-style-type: none"> Divorce decree signed by the court OR Current credit report evidencing recorded divorce decree or recorded separation agreement OR Separation agreement signed by the court if separation is legally documented by the court OR Recorded quit claim deed evidencing that the non-occupying Borrower or Co-Borrower(s) has relinquished all rights to the property. The quit claim deed does not relinquish the transferring borrower from financial obligation. AND Income or expense documentation prior to the divorce or separation compared to the income or expense documentation of the remaining Borrower afterward
<input type="checkbox"/> Death of Borrower/Co-Borrower(s)	<ul style="list-style-type: none"> Death certificate. If a death certificate is not available, we may be able to use the following: <ul style="list-style-type: none"> Obituary or newspaper article reporting the death AND Income documentation prior to the death compared to income documentation of the surviving Borrower(s) afterward

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3 Hardship Details, Documentation and Written Explanation

Loan Account Number:

3A If Your Hardship Is: You Are Required to Provide:

<input type="checkbox"/> Long-term or permanent disability or serious illness of Borrower/Co-Borrower(s) or dependent family member	<ul style="list-style-type: none"> • Doctor's certificate of illness or disability • AND Medical bills • OR Proof of monthly insurance benefits or government assistance (if applicable)
<input type="checkbox"/> Disaster (natural or man-made) adversely impacting the property or Borrower's/Co-Borrower's(s)' place of employment	<ul style="list-style-type: none"> • Insurance claim • OR Federal Emergency Management Agency grant or Small Business Administration loan • OR Proof of property or place of employment located in a federally declared disaster area, e.g. provide the property ZIP code or an official document of the business, such as letterhead or a paystub, showing the ZIP code of the affected location
<input type="checkbox"/> Distant employment transfer	<ul style="list-style-type: none"> • Most recent paystub showing new location
<input type="checkbox"/> Business failure	<ul style="list-style-type: none"> • Business federal tax return from the previous year, including all schedules • AND Personal federal tax return from the previous year, including all schedules • AND Proof of business failure supported by one of the following: <ul style="list-style-type: none"> • Bankruptcy filing for the business • OR Two most recent bank statements for the business account evidencing cessation of business activity – include all pages (front and back), even blank pages • OR Most recent signed and dated quarterly or year-to-date profit and loss statement

Provide an explanation of your hardship (continue on a separate sheet of paper if necessary):



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4 Income Documentation [Combined Income and Expenses of Borrower and Co-Borrower(s)]

Loan Account Number:

Monthly Household Income		Monthly Household Expenses/Debt		Household Assets	
Monthly Gross Wages	\$	First Mortgage Payment (Primary Residence)	\$	Checking Account(s)	\$
Overtime	\$	Second Mortgage Payment (Primary Residence)	\$	Savings/Money Market	\$
Child Support/Alimony*	\$	Third Mortgage Payment (Primary Residence)	\$	CDs	\$
Non-taxable Social Security benefits/SSDI	\$	Mortgage Payments on other real estate owned and additional mortgages	\$	Stocks/Bonds	\$
Taxable Social Security benefits or other monthly income from annuities or retirement plans	\$	Homeowner's Insurance Escrowed? <input type="checkbox"/> YES	\$	Other Cash on Hand	\$
Tips, commissions, bonus and self-employed income	\$	Property Taxes Escrowed? <input type="checkbox"/> YES	\$	Estimated Real Estate Value of Primary Residence	\$
Rents Received	\$	HOA/Condo Fees/Property Maintenance	\$	Estimated Real Estate Value of other properties (exclude primary residence)	\$
Unemployment Income	\$	Credit Cards/Installment Loan(s) (total minimum payment per month)	\$	Pension Funds	\$
Food Stamps/Family Assistance	\$	Child Care	\$	401(k)	\$
Gross Rents Received	\$	Alimony/Child Support Payments	\$	Annuities	\$
Other: _____	\$	Car/Lease Payments # Vehicles ____	\$	IRAs	\$
		Auto Expenses/Auto Insurance	\$	Keogh Plans	\$
		Life Insurance premiums (not withheld from pay)	\$	Other: _____	\$
		Health Insurance premiums (if not withheld from pay)	\$		
		Medical (co-pays and monthly prescriptions)	\$		
		Food	\$		
		Water/Sewer/Trash	\$		
		Gas/Electric	\$		
		Telephone/Internet/Cable	\$		
		Cell Phone	\$		
		Other: _____	\$		
Total (Gross Income)	\$	Total Expenses/Debt	\$	Total Assets	\$

* Alimony, child support or separate maintenance income need not be disclosed if you do not choose to have it considered for repaying your mortgage debt.

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4 Income Documentation

Loan Account Number: _____

PNC Mortgage may request additional documentation to complete your evaluation.

4A Employment Status – To Be Provided for Each Borrower/Co-Borrower, as Applicable

Wage Earner

- Hire Date of Most Recent Employment
Borrower: ____/____/____ **Co-Borrower:** ____/____/____
MM DD YYYY MM DD YYYY
Co-Borrower: ____/____/____ **Co-Borrower:** ____/____/____
MM DD YYYY MM DD YYYY
- One full month’s worth of pay stubs demonstrating year-to-date income
- AND** Three most recent bank statements (checking and savings) – include all pages (front and back), even blank pages
- AND** Two most recent W2s

Self-Employed

- Personal federal tax returns completed and signed by each Borrower/Co-Borrower. Include all schedules
- AND** Two most recent years of your Business federal tax return, including K1, if applicable, completed and signed by Borrower or Co-Borrower. Include all schedules
- AND** Either the most recent signed and dated quarterly or year-to-date Profit and Loss statement that reflects activity for the most recent twelve months
- OR** Two most recent bank statements for the business account – include all pages (front and back), even blank pages

4B Source of Additional Household Income – To Be Provided for Each Borrower and/or Contributing Party, as Applicable

Tips, commission, bonus, housing allowance or overtime

Provide documentation of:

- Written description of the type of income and frequency of receipt of income signed and dated
- AND** Third-party documentation describing income (e.g., employment contracts, tip income documents)
- AND** Two most recent bank statements – include all pages (front and back), even blank pages

Social Security, disability, death benefits, pension, public assistance or adoption assistance

Provide documentation of:

- Benefit statement or award letter from provider showing amount and frequency of benefits (e.g., exhibits, disability policy)
- AND** Receipt of payment (e.g., three most recent bank statements – include all pages (front and back), even blank pages or direct deposit advices)

Alimony, child support or separation maintenance payments

Notice: Alimony, child support or separation maintenance income need not be disclosed if you do not choose to have it considered for repaying your mortgage debt.

Provide documentation of:

- Divorce decree, separation agreement or other written legal agreement filed with the court that states the amount of the payments and the period of time that you are entitled to receive them
- AND** Copies of two most recent bank statements – include all pages (front and back), even blank pages, or direct deposit advices showing you received payment

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4 Income Documentation

Loan Account Number:

4C Rental Property Income That Is Not Your Primary Residence

Provide documentation of:

- Most recent federal tax return with all schedules, including Schedule E
- **OR** Current lease agreement with at least 3 months' bank statements showing deposits of rent checks – include all pages (front and back), even blank pages

4D Investment Income

Provide documentation of:

- Two most recent monthly or quarterly investment statements for any 401(k)s, mutual funds, stocks, bonds, CDs, IRAs, etc. If any of this income is being used as household income, please provide two most recent bank statements showing deposit amounts – include all pages (front and back), even blank pages.

4E Information for Non-Borrower Contributing to Household Income

Provide documentation of:

- Two most recent months of **the Borrower's** bank statements showing the non-borrower's contribution being deposited regularly – include all pages (front and back), even blank pages
- **AND** Signed and dated contribution letter from the non-borrower indicating amount contributed to the household
- **AND** Pay stubs from non-borrower showing at least 30 days of year-to-date earnings
- **AND** Signed and dated written statement from non-borrower, including the non-borrower's Social Security number, stating PNC Mortgage has authorization to pull their credit report

4F Additional Information

Provide documentation of any additional income you would like us to consider.

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4 Income Documentation (Other Properties Owned)

Loan Account Number:

You must provide information about all properties that you or the Co-Borrower(s) own. List your primary residence first if you are requesting assistance for a property that is not your primary residence. Use additional sheets if necessary.

4G Other Properties Owned

Other Property #1

Property Address:		
Loan I.D. Number:	Monthly Principal & Interest: \$	Mortgage Balance: \$
Servicer Name:	Monthly Tax: \$	Current Value: \$
Property is: <input type="checkbox"/> Vacant <input type="checkbox"/> Second/seasonal home <input type="checkbox"/> Rented <input type="checkbox"/> Primary residence	Monthly Insurance: \$	Gross Monthly Rent: \$
	Monthly Other (HOA, PMI, etc.): \$	
Are you submitting a Mortgage Assistance Application for this property? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Other Property #2

Property Address:		
Loan I.D. Number:	Monthly Principal & Interest: \$	Mortgage Balance: \$
Servicer Name:	Monthly Tax: \$	Current Value: \$
Property is: <input type="checkbox"/> Vacant <input type="checkbox"/> Second/seasonal home <input type="checkbox"/> Rented	Monthly Insurance: \$	Gross Monthly Rent: \$
	Monthly Other (HOA, PMI, etc.): \$	
Are you submitting a Mortgage Assistance Application for this property? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Other Property #3

Property Address:		
Loan I.D. Number:	Monthly Principal & Interest: \$	Mortgage Balance: \$
Servicer Name:	Monthly Tax: \$	Current Value: \$
Property is: <input type="checkbox"/> Vacant <input type="checkbox"/> Second/seasonal home <input type="checkbox"/> Rented	Monthly Insurance: \$	Gross Monthly Rent: \$
	Monthly Other (HOA, PMI, etc.): \$	
Are you submitting a Mortgage Assistance Application for this property? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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5 Borrower and Co-Borrower(s) Acknowledgement and Agreement

Loan Account Number:

- I certify that all of the information in this Mortgage Assistance Application is true, complete, and accurate and the hardship(s) identified above has contributed to submission of this request for mortgage relief.
- I understand and acknowledge that PNC Mortgage, the owner or guarantor of my mortgage loan, or their respective agents may investigate the accuracy of my statements, may require me to provide additional supporting documentation, and that knowingly submitting false information may violate federal and other applicable law.
- I understand PNC Mortgage will obtain a current credit report on all borrowers obligated on the Note.
- I understand that if I have intentionally defaulted on my existing mortgage, engaged in fraud or misinterpreted any fact(s) in connection with this request for mortgage relief or if I do not provide all required documentation, PNC Mortgage may cancel any mortgage relief granted and may pursue foreclosure on my home and/or pursue any available legal remedies.
- I certify that my property has not received a condemnation notice.
- I certify that I am willing to provide all requested documents and to respond to all Servicer communications in a timely manner. I understand that time is of the essence.
- I understand that PNC Mortgage will use the information to evaluate my eligibility for available relief options and foreclosure alternatives, but PNC Mortgage is not obligated to offer me assistance based solely on the representations in this document or other documentation submitted in connection with my request.
- If I am eligible for a trial period plan, repayment plan, or forbearance plan, and I accept and agree to all terms of such plan, I also agree that the terms of this Acknowledgement and Agreement are incorporated into such plan by reference as if set forth in such plan in full. My first timely payment following PNC Mortgage's determination and notification of my eligibility or prequalification for a trial period plan, repayment plan, or forbearance plan (when applicable) will serve as acceptance of the terms set forth in the notice sent to me that sets forth the terms and conditions of the trial period plan, repayment plan, or forbearance plan.
- I agree that when PNC Mortgage accepts and posts a payment during the term of any repayment plan it will be without prejudice to, and will not be deemed a waiver of, the acceleration of my loan or foreclosure action and related activities and shall not constitute a cure of my default under my loan unless such payments are sufficient to completely cure my entire default under my loan.
- I agree that any prior waiver as to my payment of escrow items to PNC Mortgage in connection with my loan has been revoked.
- If I qualify for and enter into a repayment plan, forbearance plan, and trial period plan, I agree to the establishment of an escrow account and the payment of escrow items if an escrow account never existed on my loan.
- I understand that PNC Mortgage will collect and record personal information that I submit in this Mortgage Assistance Application and during the evaluation process, including, but not limited to, my name, address, telephone number, Social Security number, credit score, income, payment history, and information about my account balances and activity. I understand and consent to PNC Mortgage's disclosure of my personal information and the terms of any relief or foreclosure alternative that I receive to any investor, insurer, guarantor, or servicer that owns, insures, guarantees, or services my first lien or subordinate lien (if applicable) mortgage loan(s) or to any HUD-certified housing counselor, Making Home Affordable Program notice, plan or agreement to the U.S. Department of the Treasury and its agents, Fannie Mae and Freddie Mac in connection with their responsibilities under Making Home Affordable Program, companies that perform support services in conjunction with, any investor, insurer, guarantor, or servicer that owns, insures, guarantees, or services my Making Home Affordable Program first lien or subordinate lien (if applicable) mortgage loan(s) and to any HUD-certified housing counselor.
- If I am eligible for foreclosure prevention relief under the federal Making Home Affordable Program, I understand and consent to the disclosure of my personal information and the terms of any Making Home Affordable Agreement by PNC Mortgage to (a) the U.S. Department of Treasury, (b) Fannie Mae and Freddie Mac in connection with their responsibilities under the Homeowner Affordability and Stability Plan, and (c) companies that perform support services in conjunction with Making Home Affordable.
- I consent to being contacted by PNC Mortgage and its agents regarding this request for mortgage assistance via cellular/mobile numbers or VOIP or any number for which I may be charged to receive a call. This includes text messages and calls to my cellular/mobile /VOIP number including calls by our automated dialer and pre-recorded reminders. I may incur access fees from my service provider.

_____	_____	____/____/____	_____
Borrower Signature	Social Security Number	Date of Birth	Date
_____	_____	____/____/____	_____
Co-Borrower Signature	Social Security Number	Date of Birth	Date
_____	_____	____/____/____	_____
Co-Borrower Signature	Social Security Number	Date of Birth	Date
_____	_____	____/____/____	_____
Co-Borrower Signature	Social Security Number	Date of Birth	Date

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Please note these key items when completing IRS FORM 4506-T

IRS Form 4506-T is an essential document to complete. It must be filled out **COMPLETELY** and **CORRECTLY** or it will be rejected, delaying your ability to have your mortgage assistance request reviewed.

That's why we want to make sure that in addition to filling out the entire form, you pay special attention to the following items:

Lines 1b & 2b:

Please make sure you fill out the Social Security number(s)/Individual Taxpayer Identification number(s), as applicable.

Line 6:

The most common tax form entered is 1040.

Line 6a:

Check this box so we may receive a transcript of your tax return(s).

Line 9:

Fill in the 4-digit year of the federal tax return(s).

Sign Here section:

Please make sure you sign and date the form.

Form 4506-T
(Rev. September 2015)
 Department of the Treasury
 Internal Revenue Service

Request for Transcript of Tax Return

Do not sign this form unless all applicable lines have been completed.

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

For more information about Form 4506-T, visit www.irs.gov/form4506t.

OMB No. 1545-1872

Tip: Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov 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 transcript information, you can specify this limitation in your written agreement with the third party.

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

a Return Transcript , which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120-S. 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. <input type="checkbox"/>	
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. <input type="checkbox"/>	
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. <input type="checkbox"/>	

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.

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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.

Signature (see instructions)	Date
Title (if line 1a above is a corporation, partnership, estate, or trust)	
Spouse's signature	Date

For Privacy Act and Paperwork Reduction Act Notice, see page 2. Cat. No. 37667N Form 4506-T (Rev. 9-2015)

Also, you will need to include a copy of your completed and signed federal tax returns (and all schedules) from the most recent two years.

CONTINUE ON NEXT PAGE >

Return this to PNC Mortgage



Request for Transcript of Tax Return

OMB No. 1545-1872

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

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

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days

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

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

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

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

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

| / / | / / | / / | / / |

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

▶ _____
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 "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 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 559-456-7227
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, 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 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 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. 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.



CAUTION 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.

▶ Loan I.D. Number _____

▶ Servicer _____

BORROWER
Borrower's name
Social Security Number
Home phone number with area code
Cell or work number with area code

CO-BORROWER
Co-borrower's name
Social Security Number
Home phone number with area code
Cell or work number with area code

I want to:	<input type="checkbox"/> Keep the Property	<input type="checkbox"/> Sell the Property	
The property is my:	<input type="checkbox"/> Primary Residence	<input type="checkbox"/> Second Home	<input type="checkbox"/> Investment Property
The property is:	<input type="checkbox"/> Owner Occupied	<input type="checkbox"/> Renter Occupied for Less than 12 Months	<input type="checkbox"/> Vacant for Less than 12 Months

Mailing address _____

Property address (if same as mailing address, just write same) _____ E-mail address _____

Is the property listed for sale? Yes No

Have you received an offer on the property? Yes No

Date of offer _____ **Amount of offer \$** _____

Agent's Name: _____

Agent's Phone Number: _____

For Sale by Owner? Yes No

Have you contacted a credit-counseling agency for help Yes No

If yes, please complete the following:

Counselor's Name: _____

Agency Name: _____

Counselor's Phone Number: _____

Counselor's E-mail: _____

Who pays the real estate tax bill on your property?

I do Lender does Paid by condo or HOA

Are the taxes current? Yes No

Condominium or HOA Fees Yes No \$ _____

Paid to: _____

Who pays the hazard insurance premium for your property?

I do Lender does Paid by Condo or HOA

Is the policy current? Yes No

Name of Insurance Co.: _____

Insurance Co. Tel #: _____

Have you filed for bankruptcy? Yes No **If yes:** Chapter 7 Chapter 13 **Filing Date:** _____

Has your bankruptcy been discharged? Yes No **Bankruptcy case number** _____

Additional Liens/Mortgages or Judgments on this property:

Lien Holder's Name/Servicer	Balance	Contact Number	Loan Number

HARDSHIP AFFIDAVIT

I (We) am/are requesting review under the Making Home Affordable Program.
I am having difficulty making my monthly payment because of financial difficulties created by (check all that apply):

<input type="checkbox"/> My household income has been reduced. For example: reduced pay or hours, decline in business earnings, death, disability or divorce of a borrower or co-borrower.	<input type="checkbox"/> My monthly debt payments are excessive and I am overextended with my creditors. Debt includes credit cards, home equity or other debt.
<input type="checkbox"/> My expenses have increased. For example: monthly mortgage payment reset, high medical or health care costs, uninsured losses, increased utilities or property taxes.	<input type="checkbox"/> My cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payment and cover basic living expenses at the same time.
<input type="checkbox"/> I am unemployed and (a) I am receiving/will receive unemployment benefits or (b) my unemployment benefits ended less than 6 months ago.	<input type="checkbox"/> Other: _____

Explanation (continue on a separate sheet of paper if necessary): _____

INCOME/EXPENSES FOR HOUSEHOLD¹

Number of People in Household:

Monthly Household Income		Monthly Household Expenses/Debt		Household Assets	
Monthly Gross Wages	\$	First Mortgage Payment	\$	Checking Account(s)	\$
Overtime	\$	Second Mortgage Payment	\$	Checking Account(s)	\$
Child Support/Alimony/ Separation ²	\$	Insurance	\$	Savings/Money Market	\$
Social Security/SSDI	\$	Property Taxes	\$	CDs	\$
Other monthly income from pensions, annuities or retirement plans	\$	Credit Cards/Installment Loan(s) (total minimum payment per month)	\$	Stocks/Bonds	\$
Tips, commissions, bonus and self-employed income	\$	Alimony, child support payments	\$	Other Cash on Hand	\$
Rents Received	\$	Net Rental Expenses	\$	Other Real Estate (estimated value)	\$
Unemployment Income	\$	HOA/Condo Fees/Property Maintenance	\$	Other _____	\$
Food Stamps/Welfare	\$	Car Payments	\$	Other _____	\$
Other (investment income, royalties, interest, dividends etc.)	\$	Other _____	\$	Do not include the value of life insurance or retirement plans when calculating assets (401k, pension funds, annuities, IRAs, Keogh plans, etc.)	
Total (Gross Income)	\$	Total Debt/Expenses	\$	Total Assets	\$

INCOME MUST BE DOCUMENTED

¹Include combined income and expenses from the borrower and co-borrower (if any). If you include income and expenses from a household member who is not a borrower, please specify using the back of this form if necessary.

²You are not required to disclose Child Support, Alimony or Separation Maintenance income, unless you choose to have it considered by your servicer.

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. **You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it.** If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request for a loan modification in person. **If you do not wish to furnish the information, please check the box below.**

BORROWER	<input type="checkbox"/> I do not wish to furnish this information	CO-BORROWER	<input type="checkbox"/> I do not wish to furnish this information
Ethnicity:	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity:	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Race:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Male

To be completed by interviewer

This request was taken by: <input type="checkbox"/> Face-to-face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet	Interviewer's Name (print or type) & ID Number	Name/Address of Interviewer's Employer
	Interviewer's Signature Date	
	Interviewer's Phone Number (include area code)	

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

ACKNOWLEDGEMENT AND AGREEMENT

In making this request for consideration under the Making Home Affordable Program, I certify under penalty of perjury:

1. That all of the information in this document is truthful and the event(s) identified on page 1 is/are the reason that I need to request a modification or forbearance of the terms of my mortgage loan, short sale or deed-in-lieu of foreclosure.
2. I understand that the Servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements, and may require me to provide supporting documentation. I also understand that knowingly submitting false information may violate Federal law.
3. I understand the Servicer will pull a current credit report on all borrowers obligated on the Note.
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, the Servicer may cancel any Agreement under Making Home Affordable and may pursue foreclosure on my home.
5. That I have not received a condemnation notice, there has been no change in the ownership of the Property since I signed the documents for the mortgage that I want to modify, and:
 - (a) for consideration for the Home Affordable Modification Program (HAMP) or unemployment assistance, my property is owner-occupied and I intend to reside in this property for the next twelve months, or
 - (b) for consideration for the Home Affordable Foreclosure Alternatives Program (HAFA), my property has been owner-occupied within the last twelve months.
6. I am willing to provide all requested documents and to respond to all Servicer questions in a timely manner.
7. I understand that the Servicer will use the information in this document to evaluate my eligibility for a loan modification or forbearance or short sale or deed-in-lieu of foreclosure, but the Servicer is not obligated to offer me assistance based solely on the statements in this document.
8. I am willing to commit to credit counseling if it is determined that my financial hardship is related to excessive debt.
9. I understand that the Servicer will collect and record personal information, including, but not limited to, my name, address, telephone number, Social Security Number, credit score, income, payment history, government monitoring information, and information about account balances and activity. I understand and consent to the disclosure of my personal information and the terms of any Making Home Affordable Agreement by Servicer to (a) the U.S. Department of the Treasury, (b) Fannie Mae and Freddie Mac in connection with their responsibilities under the Homeowner Affordability and Stability Plan; (c) any investor, insurer, guarantor or servicer that owns, insures, guarantees or services my first lien or subordinate lien (if applicable) mortgage loan(s); (d) companies that perform support services in conjunction with Making Home Affordable; and (e) any HUD-certified housing counselor.

The undersigned certifies/y under penalty of perjury that all statements in this document are true and correct.

Borrower Signature	Social Security Number	Date of Birth	Date
Co-borrower Signature	Social Security Number	Date of Birth	Date

HOMEOWNER'S HOTLINE

If you have questions about this document or the Making Home Affordable Program, please call your servicer.

If you have questions about the program that your servicer cannot answer or need further counseling, you can call the Homeowner's HOPE™ Hotline at 1-888-995-HOPE (4673). The Hotline can help with questions about the program and offers free HUD-certified counseling services in English and Spanish.

**NOTICE TO BORROWERS**

Be advised that by signing this document you understand that any documents and information you submit to your servicer in connection with the Making Home Affordable Program are under penalty of perjury. Any misstatement of material fact made in the completion of these documents including but not limited to misstatement regarding your occupancy in your home, hardship circumstances, and/or income, expenses, or assets will subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud, and wire fraud. The information contained in these documents is subject to examination and verification. Any potential misrepresentation will be referred to the appropriate law enforcement authority for investigation and prosecution. By signing this document you certify, represent and agree that: "Under penalty of perjury, all documents and information I have provided to Lender in connection with the Making Home Affordable Program, including the documents and information regarding my eligibility for the program, are true and correct."

If you are aware of fraud, waste, abuse, mismanagement or misrepresentations affiliated with the Troubled Asset Relief Program, please contact the SIGTARP Hotline by calling 1-877-SIG-2009 (toll-free), 202-622-4559 (fax), or www.sig tarp.gov and provide them with your name, our name as your servicer, your property address, loan number and reason for escalation. Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.



FAX COVER SHEET

PNC Mortgage Assistance Application

FROM

Name:

Telephone:

TO

PNC Mortgage

Fax to: 855-288-3974

Loan Account Number:

Number of Pages:

Please make sure the following sections of the Mortgage Assistance Application are completed and returned to PNC Mortgage:

- 1. Borrower Information
- 2. Property Details
- 3. Hardship Details, Documentation, and Written Explanation
- 4. Income Documentation
- 5. Borrower and Co-Borrower(s) Acknowledgement and Agreement

Additional Supporting Documents

- IRS Form 4506-T
- Copy of your completed and signed federal tax returns (and all schedules) from the most recent two years
- Write your Loan Account Number on **every page** of documentation that you send to PNC Mortgage

