



National Home Retention Center

5481 North University Drive • Suite 102
 Coral Springs, Florida 33067-4643
 Phone: 888 582-1906 • Fax: 888 582-1906
 Main E-Mail Address: legal@e-loanmod.com

Loan Modification Pre-Qualification Package

Note: There is **No Cost or Obligation** to be Pre-Qualified for a Loan Modification or Short Sale. Please allow us at least 5 working days to review your package and contact your lender on your behalf.

Client Name(s): _____

Client E-Mail Address: _____



Please complete the enclosed Worksheet¹ and fax back along with the following:

<input type="checkbox"/>	Copy of Most Recent Mortgage Statement(s) for any loan(s) on the Subject Property
<input type="checkbox"/>	If an <u>Employed Wage Earner</u>: 2 Current Consecutive Paystubs. Last 2 years W-2's
<input type="checkbox"/>	If <u>Self Employed</u>: 2007 & 2008 Tax Returns - All Pages PLUS Current Profit & Loss Statement
<input type="checkbox"/>	Most Recent Months Bank Statement(s) - All Pages
<input type="checkbox"/>	Hardship / Delinquency Letter of Explanation
<input type="checkbox"/>	Authorization and Consent to Disclose Personal Information Form
<input type="checkbox"/>	Disclosure Notice - Signed
<input type="checkbox"/>	4506-T executed
<input type="checkbox"/>	Current utility bill to prove residency
<input type="checkbox"/>	Copies of any Delinquency Notices, Notices of Default, Lis Pendens Filings, etc.

¹ If you have both a 1st and 2nd Mortgage please complete two (2) Worksheets.

Upon satisfactory completion of the Pre-Qualification we will require that the Consulting Agreement be executed.

What are your Goals and Objectives? (Check all that apply):

- Lower Payment Rate Reduction Short Sale of Property
 Other (Explain): _____

Do you have any Hardships? (Check all that apply)

- Job Loss Reduced Income ARM Reset Illness Inability to Sell
 Other (Explain): _____

**Fax package with supporting documents to: 888 582-1906
 Attn: Home Retention Division**

The services provided by National Home Retention Center are based and considered on a "best effort" basis only and are not guaranteed. The ultimate decision as to whether or not you will receive relief is up to your lender.

National Home Retention Center does not engage in any kind of property flipping, foreclosure rescue, agreements for deed, or any purchase-repurchase agreements.

Financial Worksheet

Loan # _____

Borrower			Co-Borrower		
Name			Name		
Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell	Work Phone		Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell	Work Phone	
Best Time & Place to Call:			Best Time & Place to Call:		
Employer	Self Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	How Long?	Employer	Self Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	How Long?
Property Street Address		City	State	Zip	

I represent that I am I am not currently occupying the property as my Primary Residence.

Current Loan Scenario		Is this a <input type="checkbox"/> 1st Lien or <input type="checkbox"/> 2nd Lien	
Are you current on this Mortgage <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, How many months are you behind?	
Loan Type: <input type="checkbox"/> Fixed <input type="checkbox"/> ARM	Current Rate	%	If ARM, When is Next Adjustment Date?
Current Loan Balance:		Current Value Estimate:	
Date Property Bought:	Date of Loan:	Is the Property Currently Listed For Sale? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever done a Loan Modification on this loan before? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Monthly Income - Borrower		Monthly Income - Co-Borrower	
Gross Monthly Income from Primary Job	+\$	Gross Monthly Income from Primary Job	+\$
Child Support/Alimony ¹	+\$	Child Support/Alimony ¹	+\$
Disability Income	+\$	Disability Income	+\$
Rents Received	+\$	Rents Received	+\$
Other	+\$	Other	+\$
Less: Federal and State Tax, FICA	-\$	Less: Federal and State Tax, FICA	-\$
Less: Other Deductions (401K, etc.)	-\$	Less: Other Deductions (401K, etc.)	-\$
Total	\$	Total	\$

¹ Alimony, Child Support, or separate Maintenance Income need not be revealed if the Mortgagor does not choose to have it considered for repaying the Mortgage.

Monthly Expenses - Joint		Monthly Expenses - Joint (Continued)	
Mortgages / Liens (Other than this Loan)	+\$	Medical Health / Life Insurance	+\$
Real Estate Taxes	+\$	Medical Expenses	+\$
Homeowners Insurance	+\$	Child Support / Alimony	+\$
Homeowners Association Dues (HOA)	+\$	Child Care	+\$
Auto Loan(s)	+\$	Food / Toiletries	+\$
Auto Insurance	+\$	Clothes and Dry Cleaning	+\$
Auto Expenses (Gas, Tolls, Parking, etc)	+\$	School Tuition	+\$
Credit Cards (# =) Total Min Payment	+\$	Club / Union Dues	+\$
Other Loans / Student Loans	+\$	Spending Money	+\$
Utilities including Cable	+\$	Other	+\$
Telephone (include Cell Phones)	+\$	Other	+\$
Total			\$

Assets			
Type of Asset	Estimated Value	Type of Asset	Estimated Value
Home (Subject Property)	+\$	Automobiles (# of Autos:)	+\$
Other Real Estate (# of Properties:)	+\$	Furniture & Jewelry	+\$
Checking & Savings Account(s)	+\$	Retirement Assets (401K, IRA, etc.)	+\$
Stocks, Bonds, CD's	+\$	Other:	+\$
Total			\$

I/We agree as follows: My lender may discuss, obtain and share information about my mortgage and personal financial situation with **National Home Retention Center**. I/We certify that the financial information stated above is an accurate statement of my/our financial condition and any action taken by my lender/servicer will be made in strict reliance on the financial information provided. By signing below, I/we grant National Home Retention Center and/or lender/servicer the authority to confirm the information disclosed, including, but not limited to, the ordering of credit reports and verification of employment and account balances.

Signature of Borrower _____ Date _____

Signature of Borrower _____ Date _____





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AUTHORIZATION AND CONSENT TO DISCLOSE PERSONAL INFORMATION

Borrower Name: _____ Social Security #: _____ Date of Birth: _____

Co-Borrower Name: _____ Social Security #: _____ Date of Birth: _____

Property Address: _____

I/We hereby authorize a release to **National Home Retention Center**, its designates, its legal associates, its successors and/or assigns of all information concerning my/our mortgages, financial obligations, employment information and other credit related matters. We authorize you to release this information to them.

I/We further authorize **National Home Retention Center** its designates, its legal associates, its successors and/or assigns to act as my representative in negotiations and correspondence with my mortgage lender and/or mortgage servicer. This includes, but is not limited to, all payment records, loan documents, disclosures, records, life of loan history, conversation logs, letters of explanation and any other pertinent information **National Home Retention Center** may deem necessary to process a forensic property and loan audit / document review on my mortgage and subsequently negotiate on my behalf.

This Authorization and Consent shall serve to confirm that I have retained the services of **National Home Retention Center** its designates, its legal associates, its successors and/or assigns and hereby direct that all phone calls are be directed to **National Home Retention Center** (888 582-1906).

I also direct you to send **National Home Retention Center** copies of all correspondence you send to me.

A photocopy or facsimile of the Authorization and Consent may be deemed the equivalent of the original and may be used as a duplicate original.

As time is of the essence, your prompt reply will be greatly appreciated in completing my transaction.



Borrower
Signature

Co-Borrower
Signature

_____ Date

_____ Date



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IMPORTANT NOTICE:

THE LOAN MODIFICATION AND SHORT SALE SERVICES PROVIDED BY **NATIONAL HOME RETENTION CENTER** DO NOT, IN ANY WAY, SHAPE OR FORM STOP, AVOID, PREVENT OR DELAY FORECLOSURE PROCEEDINGS. A LOAN MODIFICATION DOES NOT "PREVENT" FORECLOSURE. WE STRONGLY SUGGEST YOU SEEK LEGAL COUNSEL IF YOU ARE FACING FORECLOSURE. NATIONAL HOME RETENTION CENTER DOES NOT PROVIDE LEGAL SERVICES OR LEGAL REPRESENTATION.

NATIONAL HOME RETENTION CENTER DOES NOT ENGAGE IN ANY KIND OF PROPERTY FLIPPING, FORECLOSURE RESCUE, AGREEMENTS FOR DEED, OR PURCHASE-REPURCHASE AGREEMENTS AS DEFINED BY FLORIDA STATUTES CHAPTER 501 (f.s. 501.1377). A COPY OF THE STATUTES IS AVAILABLE TO YOU FREE OF CHARGE UPON REQUEST.

THE SERVICES PROVIDED BY **NATIONAL HOME RETENTION CENTER** ARE BASED AND CONSIDERED ON A BEST EFFORT BASIS ONLY AND ARE NOT GUARANTEED.

NATIONAL HOME RETENTION CENTER DOES NOT IMPLY TO BE AN ATTORNEY OR COUNSELOR AT LAW. FORECLOSURE CASES ARE LAWSUITS. ONLY YOU, OR A PRACTICING ATTORNEY, LICENSED IN THE STATE OF FLORIDA, CAN REPRESENT YOU IN DEFENDING A FORECLOSURE. IF YOU SEEK LEGAL ASSISTANCE CONTACT A LOCAL ATTORNEY OR A LOCAL BAR ASSOCIATION FOR A PROPER REFERRAL. HOMEOWNER AGREES THAT UPON COMMENCEMENT OF SERVICES ANY FEES PAID WILL NOT BE ENTITLED TO A REFUND.



Borrower
Signature

Co-Borrower
Signature

_____ Date

_____ Date

Form **4506-T**

Request for Transcript of Tax Return

(Rev. January 2008)

Department of the Treasury
Internal Revenue Service

- ▶ Do not sign this form unless all applicable lines have been completed. Read the instructions on page 2.
- ▶ Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.

OMB No. 1545-1872

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

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return	2b Second social security number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
4 Previous address shown on the last return filed if different from line 3	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.	

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

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

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

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

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

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

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

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

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

_____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____

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

Sign Here		Date	Telephone number of taxpayer on line 1a or 2a ()
	Signature (see instructions)		
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	Date	

General Instructions

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

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

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

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

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

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

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

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409
Connecticut, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250
	859-669-3592
	801-620-6922

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

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

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

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

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

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

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

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

Privacy Act and Paperwork Reduction Act Notice

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

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

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

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

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