

PO Box 949 Sioux Falls SD 57101 877.361.5421

Loss Mitigation Packet Cover Letter

<u>Help! I Can't Make My Mortgage Payment.</u> We understand that life happens and sometimes it can be challenging to make your mortgage payment. Communication is the best way to overcome mortgage payment obstacles. Unexpected hardships, whether short-term or long-term, can make it difficult. Paying your mortgage is an important piece of managing your home asset and building a secure future. That's why we are here to help and offer options to assist you in protecting the personal and financial investment you've made in your home.

If you're facing a financial hardship, please talk to us. The sooner we know about your situation, the more we can do to help you work through it. We'll explore options to help you keep your home, or if home retention is not feasible, discuss options to help you liquidate the property and transition out of your home.

Call us today, toll free at 877-361-5421, to learn more about your options and instructions for how to apply. The longer you wait, or the further you fall behind on your payments, the harder it is to find a solution.

When you call, be prepared to discuss:

- Why you are unable to make your payments.
- Whether the problem is temporary or permanent.
- Details about your income, expenses, and other assets, such as cash in the bank.

Complete the <u>Loss Mitigation Packet</u> and return the required documents to CorTrust Bank. After review of your application, if any additional documentation is needed we will contact you.

Documents you need to send us:

- · Cover Sheet.
 - Place the enclosed cover sheet on top of all the documentation you return to us, whether you send it by mail, fax, or drop it off in person at a local branch.
- Homeowner Assistance Form.
 - All borrowers must complete, sign and return this document (no notary required) providing
 information about your property, income and expenses, and why it's difficult for you to make your
 current mortgage payments.
- IRS Form 4506T-EZ.
 - To help us obtain information from your previous IRS tax returns, each borrower who filed an
 individual tax return must complete, sign, and return a separate 4506T-EZ form. Borrowers who filed
 a joint tax return may complete and return the 4506T-EZ signed and completed by both borrowers.
- · Documentation to verify all income of each borrower.
 - Review the Proof of Income Information Section for your applicable sources of income
- Additional information based on your mortgage loan type.
 - Please review the Mortgage Assistance Cover Sheet for any other documentation you need to gather and send us that would be specific to your mortgage loan type.

CorTrust Bank Mortgage Servicing

PO Box 949, Sioux Falls SD 57101

Toll Free Phone 877-361-5421 | NMLS ID # 405612

Mortgage Assistance Cover Sheet

Please include this cover sheet with all documentation you return.

Loan #:		
Docum	ents inc	:luded:
	Homeo	owner / Borrower Assistance Form
	IRS For	m 4506-C
	0	Each borrower who filed an individual tax return must complete, sign, and return a separate 4506-C form.
	0	Borrowers who filed a joint tax return may complete and return the 4506-C, signed and completed by both borrowers.
	Income	e Documentation (please refer to <i>Proof of Income Information Section</i> for specifics) Paystubs
	0	Tax Returns
	0	W2(s)
	Hardsh	ip Letter & Supporting Documentation
	Other	
		(please specify)
Foi	r Federa	l Housing Administration (FHA) Loans:
	Suppoi	rting Documentation for all reoccurring monthly expenses for last three (3) months
	0	Examples: billing statement for utilities and insurance
	0	Expenses such as food / fuel / miscellaneous, do not need supporting documents
		ng Account Statements Attach the three (3) most recent months
	Income	e Documentation
	0	Income verification should be for the last three (3) months

Documents should be returned to:

CorTrust Bank Mortgage Servicing PO Box 949, Sioux Falls, SD 57101 OR

Fax to: 605.335.0304

Loan number:		
Loan namber.		

Mortgage Assistance Application

If you are having mortgage payment challenges, please complete and submit this application, along with the required documentation, to **CorTrust Bank** via mail: **PO Box 949, Sioux Falls, SD 57101-0949**, fax: **605-335-0304**, or email: **servicing@cortrustbank.com**. We will contact you within five business days to acknowledge receipt and let you know if you need to send additional information or documents.

We will use the information you provide to help us identify the assistance you may be eligible to receive. If you need help completing this application, please contact **CorTrust Bank** at **877-361-5421** for Default Servicing.

For a list of HUD-approved housing counseling agencies that can provide foreclosure prevention information, contact one of the following federal government agencies:

- The U.S. Department of Housing and Urban Development (HUD) at (800) 569-4287 or www.hud.gov/counseling
- The Consumer Financial Protection Bureau (CFPB) at (855) 411-2372 or www.consumerfinance.gov/mortgagehelp

If you need assistance with translation or other language assistance, HUD-approved housing counseling agencies may be able to assist you. These services are provided without charge.

to assist you. These services are provided without charge.							
Borrower Information							
Borrower's name:							
Social Security Number (last 4 digits):							
E-mail address:							
Primary phone number:	☐ Cell	☐ Home	□ Work	☐ Other			
Alternate phone number:	□ Cell	☐ Home	□ Work	☐ Other			
Co-borrower's name:							
Social Security Number (last 4 digits):							
E-mail address:							
Primary phone number:	□ Cell	☐ Home	□ Work	☐ Other			
Alternate phone number:	☐ Cell	☐ Home	□ Work	☐ Other			
Preferred contact method (choose all that apply): \square Cell phone \square Home phone \square V this box indicates your consent for text messaging	Vork pho	ne 🗖 Emai	I □ Text-	-checking			
Is either borrower on active duty with the military (including the National Guard and Reserves), the dependent of a borrower on active duty, or the surviving spouse of a member of the military who was on active duty at the time of death? Yes							
Property Information							
Property Address:							
Mailing address (if different from property address):							
• The property is currently: ☐ A primary residence ☐ A second home ☐ An inve	stment p	roperty					
• The property is (select all that apply): ☐ Owner occupied ☐ Renter occupied ☐	1 Vacant						
ullet I want to: $igsquare$ Keep the property $igsquare$ Sell the property $igsquare$ Transfer ownership of the	property	to my ser	vicer □ U	Jndecided			
Is the property listed for sale? ☐ Yes ☐ No – If yes, provide the listing agent's name sale by owner" if applicable:	•	e number	or indica	ate "for			
Is the property subject to condominium or homeowners' association (HOA) fees? \square Y	es 🗆 No	– If yes, inc	dicate mo	nthly dues:			

The h	nardship causing mortgage payment challenges began or	ар	proximately (date)	and is believed to be:
	Long-term or permanent (greater than 6 months)			
	TYPE OF HARDSHIP (CHECK ALL THAT APPLY)		REQUIRED HARDSHIP DOCUME	NTATION
	Unemployment	•	Not required	
	Reduction in income: a hardship that has caused a decrease in your income due to circumstances outside your control (e.g., elimination of overtime, reduction in regular working hours, a reduction in base pay)	•	Not required	
	Increase in housing-related expenses: a hardship that has caused an increase in your housing expenses due to circumstances outside your control (e.g., uninsured losses, increased property taxes, HOA special assessment)	•	Not required	
	Disaster (natural or man-made) impacting the property or borrower's place of employment	•	Not required	
	Long-term or permanent disability, or serious illness of a borrower/co-borrower or dependent family member	•	Written statement from the borrower, of documentation verifying disability or illn Note : Detailed medical information is not information from a medical provider is r	ess ot required, and
	Divorce or legal separation	:	Final divorce decree or final separation a Recorded quitclaim deed	agreement OR
	Separation of borrowers unrelated by marriage, civil union, or similar domestic partnership under applicable law	•	Recorded quitclaim deed OR Legally binding agreement evidencing th occupying borrower or co-borrower has rights to the property	
	Death of borrower or death of either the primary or secondary wage earner	:	Death certificate OR Obituary or newspaper article reporting	the death
	Distant employment transfer/relocation		For active duty service members: Perma Station (PCS) orders or letter showing the For employment transfers/new employ signed offer letter or notice from employ transfer to a new location or written expemployer documentation not applicable Documentation that reflects the amount assistance provided (not required for the orders)	ansfer. ment: Copy of yer showing blanation if , AND t of any relocation
	Other – hardship that is not covered above:	•	Written explanation describing the deta and any relevant documentation	ils of the hardship

Hardship Information

Written explanation describing the details of the hardship.					

Borrower Income

Please enter all borrower income amounts in middle column.

MONTHLY TOTAL BORROWER INCOM	E TYPE & AMOUNT	REQUIRED INCOME DOCUMENTATION
Gross (pre-tax) wages, salaries and overtime pay, commissions, tips, and bonuses	\$	 Most recent pay stub and documentation of year-to-date earnings if not on pay stub OR Two most recent bank statements showing income deposit amounts
Self-employment income	\$	 Two most recent bank statements showing self-employed income deposit amounts OR Most recent signed and dated quarterly or year-to-date profit/loss statement OR Most recent complete and signed business tax return OR Most recent complete and signed individual federal income tax return
Unemployment benefit income	\$	No documentation required
Taxable Social Security, pension, disability, death benefits, adoption assistance, housing allowance, and other public assistance	\$	 Two most recent bank statements showing deposit amounts OR Award letters or other documentation showing the amount and frequency of the benefits
Non-taxable Social Security or disability income	\$	 Two most recent bank statements showing deposit amounts OR Award letters or other documentation showing the amount and frequency of the benefits
Rental income (rents received, less expenses other than mortgage expense)	\$	 Two most recent bank statements demonstrating receipt of rent OR Two most recent deposited rent checks
Investment or insurance income	\$	 Two most recent investment statements OR Two most recent bank statements supporting receipt of the income
Other sources of income not listed above (Note: Only include alimony, child support, or separate maintenance income if you choose to have it considered for repaying this loan)	\$	 Two most recent bank statements showing receipt of income OR Other documentation showing the amount and frequency of the income

Current Borrower Assets

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

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

Utilities	BORROWER EXP	ENSES			
Heating Water/Sewage Other: Oth	CATEGORY	DESCRIPTION	MONTHLY PAYMENT	BALANCE DUE	Past Due?
Heating Water/Sewage Other: Oth		Electricity			
Water/Sewage	Utilities				
Other:					
Automobile					
Automobile		Mortgage (CorTrust Bank)			
Dither: Other:					
Other: Other Payments Other Payment		Automobile			
Other: Card 1 Card 2 Card 3 Card 4 Card 5 Card 5 Card 6 Card 7 Card 7<	Loans	Other:			
Credit Cards Card 1 Card 2 Card 3 Card 4 Card 4 Card 3 Card 4 Card 10 Card 10 Card 10 <t< td=""><td></td><td></td><td></td><td></td><td></td></t<>					
Credit Cards Card 2					
Credit Cards Card 2		Card 1			
Credit Cards Card 4 Image: Card 4 <td></td> <td></td> <td></td> <td></td> <td></td>					
Card 4	Credit Cards				
Other Payments Alimony					
Child Support Child Care Rent, Additional Mortgage Automobile Health Life Donations Club Union Medical Expense (Not Covered By Insurance) Car Maintenance Monthly Parking Food Clothing Cloth School or Work Lunches Purchases New Clothes/Shoes Dry Cleaning Uniforms or Required Items Spending Money Cable TV Clubs, Sports & Hobbies Entertainment* Vacations Other					
Child Care Rent, Additional Mortgage Rent Realth Re	Other Payments				
Rent, Additional Mortgage					
Automobile Health Life Donations Dues Club Union Medical Expense (Not Covered by Insurance) Car Maintenance Monthly Parking Food Family School or Work Lunches Purchases New Clother's Sports & Hobbies Dry Cleaning Uniforms or Required Items Misc. Misc. Automobile Health Club Unio Club Unio Doctor/Dentist Prescription Drugs Prescription Dr					
Health Life					
Life	Insurance				
Donations	msarance				
Dues		LITC			
Dues Union Medical Expense (Not Covered By Insurance) Frescription Drugs Hospital Gasoline Maintenance Monthly Parking Food Family School or Work Lunches Purchases New Clothers/Shoes Dry Cleaning Uniforms or Required Items Misc. Misc. Misc. Union Doctor/Dentist Prescription Drugs Prescription Drugs New Clothe Prescription Drugs New Clother Prescription Drugs New Clother Nothing Doctor/Dentist Prescription Drugs New Clother Prescri	Donations				
Dues Union Medical Expense (Not Covered By Insurance) Frescription Drugs Hospital Gasoline Maintenance Monthly Parking Food Family School or Work Lunches Purchases New Clothers/Shoes Dry Cleaning Uniforms or Required Items Misc. Misc. Misc. Union Doctor/Dentist Prescription Drugs Prescription Drugs New Clothe Prescription Drugs New Clother Prescription Drugs New Clother Nothing Doctor/Dentist Prescription Drugs New Clother Prescri		Club			
(Not Covered By Insurance) Prescription Drugs Hospital Gasoline Car Maintenance Monthly Parking Food Family School or Work Lunches Purchases New Clothes/Shoes Dry Cleaning Uniforms or Required Items Spending Money Cable TV Clubs, Sports & Hobbies Entertainment* Vacations Other	Dues				
(Not Covered By Insurance) Prescription Drugs Hospital Gasoline Car Maintenance Monthly Parking Food Family School or Work Lunches Purchases New Clothes/Shoes Dry Cleaning Uniforms or Required Items Spending Money Cable TV Clubs, Sports & Hobbies Entertainment* Vacations Other	Medical Evnence	Doctor/Dentist			
Insurance) Hospital Gasoline Maintenance Monthly Parking Food Family School or Work Lunches Purchases New Clothes/Shoes Dry Cleaning Uniforms or Required Items Spending Money Cable TV Clubs, Sports & Hobbies Entertainment* Vacations Other					
Gasoline Maintenance Monthly Parking Food Family School or Work Lunches Purchases New Clothes/Shoes Dry Cleaning Uniforms or Required Items Spending Money Cable TV Clubs, Sports & Hobbies Entertainment* Vacations Other					
Car Maintenance Monthly Parking Food Family School or Work Lunches Purchases New Clothes/Shoes Dry Cleaning Uniforms or Required Items Spending Money Cable TV Clubs, Sports & Hobbies Entertainment* Vacations Other					
Monthly Parking Food Family School or Work Lunches Purchases New Clothes/Shoes Dry Cleaning Uniforms or Required Items Spending Money Cable TV Clubs, Sports & Hobbies Entertainment* Vacations Other	Car				
Family					
School or Work Lunches Purchases					
Dry Cleaning	Food				
Uniforms or Required Items		New Clothes/Shoes			
Spending Money Cable TV Clubs, Sports & Hobbies Entertainment* Vacations Other O	Clothing	Dry Cleaning			
Cable TV		Uniforms or Required Items			
Cable TV		Spending Money			
Clubs, Sports & Hobbies Entertainment* Vacations Other					
Misc. Entertainment* Vacations Other		Clubs, Sports & Hobbies			
Vacations Other					
Other	Mísc.				
Other					
i i i i i i i i i i i i i i i i i i i		Other			
Other		Other			

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Total Expenses		
	Page 5 of 6	

Borrower Certification and Agreement

- 1. I certify and acknowledge that all of the information in this Mortgage Assistance Application is truthful, and the hardship I identified contributed to my need for mortgage relief. Knowingly submitting false information may violate Federal and other applicable law.
- 2. I agree to provide my servicer with all required documents, including any additional supporting documentation as requested, and will respond in a timely manner to all servicer or authorized third party* communications.
- 3. I acknowledge and agree that my servicer is not obligated to offer me assistance based solely on the representations in this document or other documentation submitted in connection with my request.
- 4. I consent to the servicer or authorized third party* obtaining a current credit report for the borrower and co-borrower.
- 5. I consent to the disclosure by my servicer, authorized third party,* or any investor/guarantor of my mortgage loan(s), of any personal information collected during the mortgage assistance process and of any information about any relief I receive, to any third party that deals with my first lien or subordinate lien (if applicable) mortgage loan(s), including Fannie Mae, Freddie Mac, or any investor, insurer, guarantor, or servicer of my mortgage loan(s) or any companies that provide support services to them, for purposes permitted by applicable law. Personal information may include, but is not limited to: (a) my name, address, telephone number, (b) my Social Security number, (c) my credit score, (d) my income, and (e) my payment history and information about my account balances and activity.
- 6. I agree that the terms of this borrower certification and agreement will apply to any modification trial period plan, repayment plan, or forbearance plan that I may be offered based on this application. If I receive an offer for a modification trial period plan or repayment plan, I agree that my first timely payment under the plan will serve as acceptance of the plan.
- 7. I consent to being contacted concerning this application for mortgage assistance at any telephone number, including mobile telephone number, or email address I have provided to the lender, servicer, or authorized third party.*
 - * An authorized third party may include, but is not limited to, a housing counseling agency, Housing Finance Agency (HFA) or other similar entity that is assisting me in obtaining a foreclosure prevention alternative.

Borrower signature:	Date:
Co-Borrower signature:	Date:

Please submit your completed application, together with the required documentation, to CorTrust Bank via mail: PO Box 949, Sioux Falls, SD 57101-0949, fax: 605-335-0304, or email: servicing@cortrustbank.com. We will contact you within five business days to acknowledge receipt and let you know if you need to send additional information or documents.

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

Form **4506-C** (October 2022)

Department of the Treasury - Internal Revenue Service

OMB Number 1545-1872

IVES 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-C, visit www.irs.gov and search IVES.

1a. Current name					2a. Spous	se's	current name (if join	t return and trans	scripts are requested for both taxpayers)	
i. First nar	ne ii. Middle initial iii. Last name/BMF company name				9	i. Spouse	s fir	st name	ii. Middle initial	iii. Spouse's last name
1b. First taxpayer identification number (see instructions)							taxpayer identification (axpayers)	on number <i>(if joir</i>	nt return and transcripts are requested	
1c. Previo	us name shown	on the last return fi	led if different from line 1a			2c. Spous	se's	previous name shov	n on the last ret	urn filed if different from line 2a
i. First nan	ne	ii. Middle initial	iii. Last name			i. First na	ıme		ii. Middle initial	iii. Last name
3. Current	address (includi	ing apt., room, or st	uite no.), city, state, and ZIP c	ode (se	ee instructi	ions)				
a. Street a	ddress (includin	g apt., room, or sui	ite no.)			b . City			c. State	d. ZIP code
4. Previou	s address showr	on the last return	filed if different from line 3 (se	e instr	ructions)					
a. Street a	ddress (includin	g apt., room, or sui	ite no.)			b . City			c. State	d. ZIP code
5a . IVES p	articipant name	, ID number, SOR r	mailbox ID, and address							
i. IVES pa	rticipant name					ii. IVES p	artic	sipant ID number	iii. SOR mailbo	x ID
iv. Street a	address (includir	ng apt., room, or su	ite no.)			v. City			vi. State	vii. ZIP code
5b. Custor	ner file number	(if applicable) (see	instructions)			5c . Uniqu	ie ide	entifier (if applicable) (see instruction	s)
5d. Client	name, telephone	e number, and addr	ress (this field cannot be blan	k or no	t applicable	e (NA))				
i. Client na	ime									ii. Telephone number
iii. Street a	address (includir	ng apt., room, or su	ite no.)			iv. City			v. State	vi. ZIP code
Caution:	This tax transcrip	ot is being sent to th	ne third party entered on Line	5a and	d/or 5d. Ens	sure that I	lines	5 through 8 are con	npleted before si	gning. (see instructions)
6. Transcriptranscrip		Enter the tax form r	number here (1040, 1065, 112	20, etc.	.) and chec	ck the app	ropr	iate box below. Ente	r only one tax fo	rm number per request for line 6
a. Return	Franscript		b. Account Transcript				c. F	Record of Account		
7. Wage a	nd Income tran	script (W-2, 1098-	E, 1099-G, etc.)							
a. Enter a	max of three for	m numbers here; if	no entry is made, all forms w	ill be se	ent.					
b . Mark the Line 1a	e checkbox for ta	axpayer(s) requesti	ing the wage and income tran Line 2a	scripts.	. If no box	is checke	d, tra	anscripts will be prov	rided for all listed	Itaxpayers
8. Year or	period requested	d. Enter the ending	date of the tax year or period	using	the mm do	d yyyy forr	mat ((see instructions)		1 1
Caution: I	On not eign this f	form unless all anni	licable lines have been comple	atad				/ /		/ /
Signature requested sign the re or party ot	Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or, if applicable, line 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; however, if both spouses' names and TINs are listed in lines 1a-1b and 2a-2b, both spouses must sign the request. 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-C on behalf of the taxpayer. Note: This form must be received by IRS within 120 days of the signature date.									
Signa	tory attests tha	t he/she has read t	the above attestation clause	and up	pon so rea	ding dec	lares	s that he/she has the	e authority to si	gn the Form 4506-C. See instructions.
	Signature for	Line 1a (see instru	ections)				Dat	te	Phone nun	nber of taxpayer on line 1a or 2a
	Form 4506	6-C was signed by	an Authorized Representative	!				Signatory confirms	document was	electronically signed
	Print/Type nar	me								
Sign Here	Title (if line 1a	above is a corpora	tion, partnership, estate, or tro	ust)						
	Spouse's sign	nature (required if li	isted on Line 2a)						Date	
	Form 4506	6-C was signed by	an Authorized Representative	!				Signatory confirms	document was	electronically signed
	Print/Type nar	me								

Instructions for Form 4506-C, IVES Request for Transcript of Tax Return

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

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

What's New. Form 4506-C includes the Client company requesting transcripts and increased the number of Wage and Income transcripts requests.

General Instructions

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

Designated Recipient Notification. Section 6103(c) limits disclosure and use of return information received pursuant to the taxpayer's consent and holds the recipient subject to penalties for any unauthorized access, other use, or redisclosure without the taxpayer's express permission or request.

Taxpayer Notification. Section 6103(c) limits disclosure and use of return information provided pursuant to your consent and holds the recipient subject to penalties, brought by private right of action, for any unauthorized access, other use, or redisclosure without your express permission or request.

Purpose of form. Use Form 4506-C to request tax return information through an authorized IVES participant. You will designate an IVES participant to receive the information on line 5a.

Note: If you are unsure of which type of transcript you need, check with the party requesting your tax information.

Where to file. The IVES participant will fax Form 4506-C with the approved IVES cover sheet to their assigned Service Center.

Chart for ordering transcripts

•	•
If your assigned Service Center is:	Fax the requests with the approved coversheet to:
Austin Submission	Austin IVES Team
Processing Center	844-249-6238
Kansas City Submission	Kansas City IVES Team
Processing Center	844-249-8128
Ogden Submission	Ogden IVES Team
Processing Center	844-249-8129

Specific Instructions

Line 1a/2a (if spouse is also requested). For IMF Requests: Enter the First, Middle Intial, and Last Name in the indicated fields. If all characters will not fit, please enter up to 12 for First name and 22 for Last name. For BMF Requests: Enter the company name in the Last Name field. If all characters will not fit, please enter up to 22.

Line 1b/2b (if spouse is also requested). Enter the social security number (SSN) or individual taxpayer identification number (ITIN) for the individual listed on line 1a including the dashes in the correct format, or enter the employer identification number (EIN) for the business listed on line 1a including the dashes in the correct format.

Line 1c/2c (if spouse is also requested). Enter your previous name as shown on your last filed tax return if different than line 1a.

Line 3. Enter your current address in the indicated fields. If you use a P.O. Box, include it and the number in the Current Address field.

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, or Form 8822-B, Change of Address or Responsible Party — Business, with Form 4506-C

Line 5b. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

Line 5c. Enter up to 10 alpha-numeric characters to create a unique identifier that will show in the mailbox file information. The unique identifier cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

Note. If you use an SSN, we will not input the information and the customer file number or unique identifier will reflect a generic entry of "999999999".

Line 5d. Enter the Client company name, address, and phone number in the indicated fields. A Client company receives the requested tax transcripts from the IVES participant. If the IVES participant is also the Client company, the IVES participant information should be entered on Line 5a and 5d. These fields cannot be blank or Not Applicable (NA).

Line 6. Enter only one tax form number (1040, 1065, 1120, etc.) per request for all line 6 transcripts request types.

Line 6a. Return Transcript 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-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.

Line 6b. Account Transcript 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

Line 6c. Record of Account 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.

Line 7. The IRS can provide a transcript that includes data from these information returns: Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. Enter up to three information return types. If no specific type is requested, all forms will be provided. 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, Form W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need Form W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213.

Line 8. Enter the end date of the tax year or period requested in mm dd yyyy format. This may be a calendar year, fiscal year or quarter. Enter each quarter requested for quarterly returns. Example: Enter 12 31 2018 for a calendar year 2018 Form 1040 transcript.



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 if unchecked.

Signature and date. Form 4506-C must be signed and dated by the taxpayer listed on line 1a and, if listed, 2a. The IRS must receive Form 4506-C within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines, including lines 5a through 8, are completed before signing.

Authorized Representative: A representative can sign Form 4506-C for a taxpayer if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5a, and Form 2848 is attached to the Form 4506-C request. 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. If Form 4506-C is signed by a representative, the Authorized Representative check box must be marked.

Electronic Signature: Only IVES participants that opt in to the Electronic Signature usage can accept electronic signatures. Contact the IVES participant for approval and guidance for electronic signatures. If the Form 4506-C is signed electronically, the Electronic Signature check box must be marked

Individuals. Transcripts listed on line 6 may be furnished to either spouse if jointly filed. Signatures are required for all taxpayers listed on Line 1a and 2a.

Corporations. Generally, Form 4506-C 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-C but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-C can be signed by any person who was a member of the partnership during any part of the tax period requested on line 8.

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.

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-C 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.

 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-C 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.

Proof of Income Information Section:

1. Gross monthly income

For wage earners/salary:

If homeowner(s) are wage earners, the following proof of income, including year-to-date information, must be provided, such as most recent paystubs:

30 days of wages

- If paid weekly -- send five paystubs
- If paid biweekly send three paystubs
- If paid semi-monthly send two paystubs
- If paid monthly send one paystub

If unable to provide paystubs, salary vouchers with the dates of payment must be dated within the last 30 days, including year-to-date information and the borrower's name and/or Social Security number.

If unable to provide paystubs and salary vouchers (e.g., you are paid in cash), please send a letter from the employer with pay frequency and amount. This letter must be on company letterhead, signed and dated within the last 30 days and include year-to-date information, the borrower's name and/or Social Security number.

The most recent tax returns along with a copy of filed IRS extension must be provided.

- 'Other Earned Income' such as bonuses, commissions, housing allowance, tips, or overtime:
 - Reliable third-party documentation describing the amount and nature of the income (e.g. W2, employment contract, or printouts documenting tip income).

2. Self-employed/business income

- Borrower's complete personal and business tax return for the most recent year with all schedules Most recent quarter, with year-to-date information profit and loss statement that reflects activity for the most recent three months; and
- Copies of bank statements for the business account for the last two months evidencing continuation of business activity.

Note: If the federal tax return has not been filed and it is past the filing deadline, please send a copy of the filing extension request along with the profit and loss statement for the year not filed.

3. Retirement, pension, unemployment and disability

- IRA/401k/annuity/investment income:
- Most recent two months account statement and at least ONE of the following:
 - o Borrower's most recent year of tax returns (1040) including all schedules; or
 - Most recent 1099 forms
- Retirement or pension:
 - o Award letter for current year unless it states -- ifetime; and
 - Three months' bank statements.
- Unemployment income and short-term disability income:
 - o Award letter within 60 days; and
 - Three months' recent bank statements or cancelled checks.

- Social Security, disability or death benefits, pension, public assistance, or adoption assistance:
 - Documentation showing the amount and frequency of the benefits, such as letters, exhibits, disability policy or benefits statement from the provider; and
 - Documentation showing the receipt of payment, such as copies of the two most recent bank statements showing deposit amounts.

4. Income from tenants

- Rental/Boarder income:
 - Copy of the most recent filed federal tax return with all schedules, include Schedule E Supplement Income and Loss. Rental income for qualifying purposes will be 75% of the gross rent reduced by the monthly debt service on the property if applicable; or
 - If rental income is not reported on Schedule E Supplemental Income and Loss, provide a copy of the current lease agreement with either bank statements or cancelled rent checks demonstrating receipt of rent.
- If Boarder income also include:
 - Proof of occupancy (i.e., cell phone or utility bill, bank statements or other evidence of occupancy from boarder).

5. Other income

- Alimony, child support, or separation maintenance payments as qualifying income:*
 - Copy of divorce decree, separation agreement, or other written legal agreement filed with a court, or court decree that states the amount of the alimony, child support, or separation maintenance payments and the period of time over which the payments will be received; and
 - Copies of your two most recent bank statements or other third-party documents showing receipt of payment.
- *Notice: Alimony, child support, or separation maintenance income need not be revealed if you do not choose to have it considered for repaying this loan.
- Welfare:

If welfare is listed as income, need a letter from County.

- Non-borrower household income
 - Must be non-obligated fiancé/fiancée, spouse or domestic partner, parent or child (additional relatives may be considered in certain circumstances):
 - The income of a non-borrower who contributes to the mortgage loan payment and is included in the
 monthly gross income must be documented and verified using the same standards used for verifying a
 borrower's income, including a completed and signed 4506T-EZ. Proof of occupancy (i.e., cell phone or
 utility bill, bank statements or other evidence of occupancy from contributor); and
 - Contribution letter stating contributor's name, relationship, frequency, and amount of contribution, signed and dated by contributor.

Housing Counseling Notification Statement

YOUR SITUATION IS SERIOUS! YOU COULD LOSE YOUR HOME!

Your mortgage payments with CorTrust Mortgage are past due. If you have missed your mortgage payment because of a condition which you could not control, (such as reduction in income by involuntary loss of employment or by a loss or reduction in self employed income) the Department of Housing and Urban Development (HUD) may be able to help you through their counseling service.

Counseling provided by HUD is offered through approved agencies. To contact one of these agencies you must contact the Housing Counseling Clearinghouse to obtain the HUD-approved counseling agencies in your area. The 24 hour toll free number for the Housing Counseling Clearinghouse is (800) 569-4287.

If you are interested in saving your home, we urge you to act now. This notice is being sent to you as required by Section 205 of the Department of Veterans Affairs and Housing and Urban Development, and Independent Agencies Appropriations Act for 2002.

For a HUD approved counselor, call 1-800-569-4287, or TDD 1-800-569-4287, or visit either:

http://www.hud.gov/offices/hsg/sfh/hcc/fc/

http://portal.hud.gov/hudportal/HUD?src=/i want to/talk to a housing counselor

HUD APPROVED HOUSING COUNSELING AGENCIES in SOUTH DAKOTA

ne: 605-229-5140 free: 888-258-2227 605-229-5140 site: www.lsssd.org ne: 605-692-9636 free: 888-258-2227 605-692-9636 site: www.lsssd.org ne: 605-578-1401	110 6th Ave SE Suite 200 ABERDEEN, South Dakota 57401-6265 1310 Main Ave S Suite 107A BROOKINGS, South Dakota 57006-3819 795 Main St Deadwood, South Dakota
605-229-5140 site: www.lsssd.org ne: 605-692-9636 free: 888-258-2227 605-692-9636 site: www.lsssd.org	57401-6265 1310 Main Ave S Suite 107A BROOKINGS, South Dakota 57006-3819 795 Main St
site: www.lsssd.org ne: 605-692-9636 free: 888-258-2227 605-692-9636 site: www.lsssd.org	1310 Main Ave S Suite 107A BROOKINGS, South Dakota 57006-3819
ne: 605-692-9636 free: 888-258-2227 605-692-9636 osite: www.lsssd.org	BROOKINGS, South Dakota 57006-3819 795 Main St
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osite: www.lsssd.org	795 Main St
	DEADWOOD SOUTH DAKOTA
	57732+1015
ne: 605-352-7256	1000 18th St. SW
free: 888-258-2227	HURON, South Dakota 57350-3486
	Honory, South Baketa 37336 3466
Website: www.lsssd.org	
	111 N Van Eps Ave
	MADISON, South Dakota 57042-2800
	MADISON, SOUTH BERGLE 37042 2000
	403 N. Lawler Suite 206
	MITCHELL, South Dakota 57301-2694
	Will Citete, 30dtil Bakota 37301-2034
	3060 E. Elizabeth Street
	PIERRE, South Dakota 57501-5876
	l lenne, south bandta s7301 3070
	Old Ambulance Building
	P. O. Box 3001
	Pine Ridge, South Dakota 57770
ne: 605-348-4550	2310 N Maple Ave
free: 800-568-6615	Rapid City, South Dakota
605-348-0107	57701+7849
osite: www.cccsbh.com	
	1644 Concourse Drive
free: 800-888-1596	RAPID CITY, South Dakota
osite: www.pioneercredit.com	57703-4720
	PO Box 89228
	SIOUX FALLS, South Dakota
605-357-0150	57109-9228
osite: www.lsssd.org	
ne: 605-339-0942	200 North Phillips Avenue STE, 303
605-339-0201	SIOUX FALLS, South Dakota
osite:	57104-6042
/31te.	
w.siouxempirehousing.org	1424 9th Avenue SF Suite 7
w.siouxempirehousing.org ne: 605-882-2228	1424 9th Avenue SE Suite 7 WATERTOWN, South Dakota
w.siouxempirehousing.org ne: 605-882-2228 -free: 888-258-2227	WATERTOWN, South Dakota
w.siouxempirehousing.org ne: 605-882-2228 -free: 888-258-2227 605-882-4323	
w.siouxempirehousing.org ne: 605-882-2228 -free: 888-258-2227 605-882-4323 bsite: www.lsssd.org	WATERTOWN, South Dakota 57201-5383
w.siouxempirehousing.org ne: 605-882-2228 -free: 888-258-2227 605-882-4323	WATERTOWN, South Dakota
	605-357-0150 site: www.lsssd.org ne: 605-256-6518 free: 800-896-4106 605-256-2238 site: www.interlakescap.com ne: 605-996-0868 free: 888-258-2227 605-996-0868 site: www.lsssd.org ne: 605-773-3181 free: 800-540-4241 605-773-5154 site: www.sdhda.org ne: 605-867-1555 free: 866-394-2874 605-867-1522 ne: 605-348-4550 free: 800-568-6615 605-348-0107 site: www.cccsbh.com ne: 605-716-1121 free: 800-888-1596 site: www.ploneercredit.com ne: 605-330-2700 free: 888-258-2227 605-357-0150 site: www.lsssd.org ne: 605-339-0942

Servicemembers Civil Relief Act Notice Disclosure

U.S. Department of Housing and Urban Development

OMB Approval No. **2502-0584** (Expires 03/31/2028)

Office of Housing - Federal Housing Commissioner

Legal Rights and Protections Under the SCRA

Servicemembers on "active duty" or "active service," or a spouse or dependent of such a servicemember may be entitled to certain legal protections and debt relief pursuant to the Servicemembers Civil Relief Act (50 USC §§ 3901-4043) (SCRA).

Who May Be Entitled to Legal Protections Under the SCRA?

- Regular members of the U.S. Armed Forces (Air Force, Army, Coast Guard, Marine Corps, Navy, and Space Force).
- Reserve and National Guard personnel who have been activated and are on Federal active duty.
- National Guard personnel under a call or order to active duty for more than 30 consecutive days under section 502(f) of title 32, United States Code, for purposes of responding to a national emergency declared by the President and supported by Federal funds.
- Active service members of the commissioned corps of the Public Health Service and the National Oceanic and Atmospheric Administration.
- Certain United States citizens serving with the armed forces of a nation with which the United States is allied in the prosecution of a war or military action.

What Legal Protections Are Servicemembers Entitled To Under the SCRA?

- The SCRA states that a debt incurred by a servicemember, or servicemember and spouse jointly, prior to entering military service shall not bear interest at a rate above 6 % during the period of military service and one year thereafter, in the case of an obligation or liability consisting of a mortgage, trust deed, or other security in the nature of a mortgage, or during the period of military service in the case of any other obligation or liability.
- The SCRA states that in a legal action to enforce a debt against real estate that is filed during, or within one year after the servicemember's military service, a court may stop the proceedings for a period of time, or adjust the debt. In addition, the sale, foreclosure, or seizure of real estate shall not be valid if it occurs during or within one year after the servicemember's military service unless the creditor has obtained a valid court order approving the sale, foreclosure, or seizure of the real estate.
- The SCRA contains many other protections besides those applicable to home loans.

How Does A Servicemember or Dependent Request Relief Under the SCRA?

- In order to request relief under the SCRA from loans with interest rates above 6% a servicemember or spouse must provide a written request to the lender, together with a copy of the servicemember's military orders. [Note: Lender should place its name, address, and contact information here.]
- There is no requirement under the SCRA, however, for a servicemember to provide a written notice or a copy of a servicemember's military orders to the lender in connection with a foreclosure or other debt enforcement action against real estate. Under these circumstances, lenders should inquire about the military status of a person by searching the Department of Defense's Defense Manpower Data Center's website, contacting the servicemember, and examining their files for indicia of military service. Although there is no requirement for servicemembers to alert the lender of their military status in these situations, it still is a good idea for the servicemember to do so.

How Does a Servicemember or Dependent Obtain Information About the SCRA?

- Servicemembers and dependents with questions about the SCRA should contact their unit's Judge Advocate, or their installation's Legal Assistance Officer. A military legal assistance office locator for all branches of the Armed Forces is available at: https://legalassistance.law.af.mil/
- "Military OneSource" is the U. S. Department of Defense's information resource. If you are listed as entitled to legal protections under the SCRA (see above), please go to www.militaryonesource.mil/legal or call (800) 342-9647 (toll free from the United States) to find out more information. Dialing instructions for areas outside the United States are provided on the website.



BEHIND ON YOUR MORTGAGE PAYMENTS? *Help is available.*

FREE assistance from HUD-approved housing counseling agencies is available to you.

Housing Counselors at non-profit or government agencies approved by the U.S. Department of Housing and Urban Development (HUD) are trained to help homeowners who are having problems making their mortgage payments. Counselors can help you find the best option for your situation.

HUD-approved Housing Counselors will:

- · Work with you in person or over the phone.
- · Help you understand your housing options.
- · Help communicate with your lender.
- Recommend financial tools to help you solve current problems and avoid future ones.
- Connect you with local resources that may provide you with additional assistance.

This Help is Free.

HUD approved housing counseling agencies cannot charge to help you explore your options if you are having trouble paying your mortgage loan.

- Watch out for companies that charge a fee for these services. It may be a scam.
- Check www.hud.gov/findacounselor to confirm the counseling agency is HUD-approved.

HOW TO FIND A HOUSING COUNSELOR TODAY:

- Online. Search for a housing counseling agency near you at: www.hud.gov/findacounselor or http://www.consumerfinance.gov/find-a-housing-counselor/
- By Phone. Call HUD's Housing Counseling Locator Service at (800) 569-4287.
 - Persons with hearing or speech impairments may access this number via TTY by calling the Federal Information Relay Service at (800) 877-8339.
 - Comprehensive foreclosure assistance is available around the clock at (888) 995-HOPE (4673).



ANYTHING ELSE? SHOULD I BE AWARE OF

charge hefty fees or require that you "temporarily" sign over offering a quick fix to your mortgage problems. They often avoid being taken by a scam artist: good to be true usually are. These procautions will help you approached by organizations with official sounding names Beware of foreclosure prevention scams! You may be your deed to them. Remember — solutions that sound too

- 1. Never sign any papers you don't fully understand
- Check with a lawyer, your lender or trusted advisor entering into any deal involving a loan assumption or a HUD-approved housing counselor before your home. contract of sale or a transfer of the deed to
- 3. If you can't afford your current mortgage, don't be talked into refinancing into a new loan with a higher

1-800-569-4287 or TDD 1-800-877-8339. To find a HUD counselor in your area call:

WHAT IS FHA?

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

FEDERAL HOUSING ADMINISTRATION SEVENTH STREET S.W.

WASHINGTON, D.C. 20410

income families or folks who can't afford a large FHA borrowers are often first-time homebuyers, moderate not otherwise qualify for other mortgage loan hnancing. to provide home loans to eligible borrowers who might FHA mortgage insurance enables approved mortgagees families throughout the United States and tetritories. The Department of Housing and Urban Development (HUD) The Federal Housing Administration is part of the U.S. in turn ofter mortgage loan financing to individuals and FHA provides mortgage insurance to approved lenders who

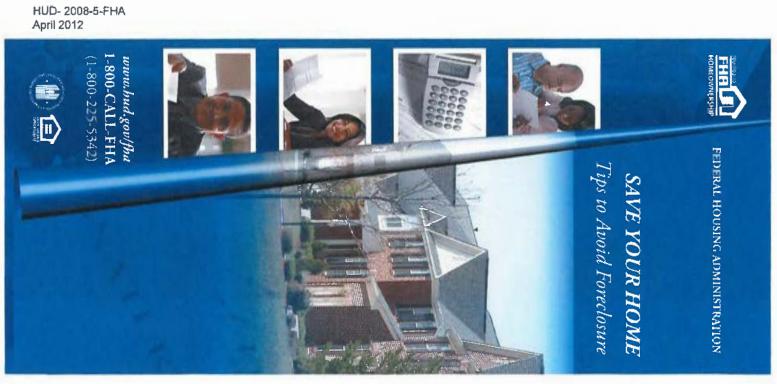
To learn more about FHAs programs, please visit: www.hud.gov/fha or contact the FHA Resource Center:

1-800-CALL-FHA (1-800-225-5342) Federally Insured, Always There!

Your Door to

HOMEOWNERSHIP





HELP! I CAN'T MAKE MY MORTGAGE PAYMENT.

Every day thousands of people like you have trouble making the next mortgage payment. Though things may seem hopeless, help is available. However, you need to take the first step! If you ignore the problem you may lose your home to foreclosure, possibly affecting your ability to qualify for credit or to rent another home.

WHAT SHOULD I DO?

- Contact your lender right away. You can find a contact number on your mortgage statement. When you call, be prepared to explain:

 - Whether the problem is temporary or permanent.
 - Details about your income, expenses, and other assets like cash in the bank.
- 2. If you are uncomfortable talking to your lender, a HUD-approved housing counseling agency can help you understand your options. These services are free of charge.
- 3. Open all of the mail you receive from your lender. It contains valuable information about repayment options. Later mail may have important legal notices. Failing to read the mail will not prevent a foreclosure action.
- 4. Look for ways to increase the amount you have available to make your mortgage payments. Can you cancel cable TV, pack lunches, or get a part-time job? While these actions may not replace all of your lost income, they send a strong message to your lender that you are serious about keeping your home.

NOTHING IS WORSE THAN DOING NOTHING!

WHAT OPTIONS WILL HELP ME KEEP MY HOME?

FHA provides as part of its insurance contract with lenders, loss mitigation actions the lender must evaluate and take, when appropriate, to reduce financial losses on loans in default. Your lender needs information from you to fully evaluate these options. If you want to keep your home, talk to your lender about available workout options for home retention. While the options listed here are for borrowers with FHA-insured loans, most lenders offer similar workout plans designed to help you keep your home.

Special Forbearance. Your lender may provide for a temporary reduction or suspension of your payments to allow you time to overcome the problem that reduced your income. Then you may be offered a payment plan so you can pay back the missed payments a little at a time until you are caught up. An extended forbearance period may be provided to unemployed borrowers who are actively seeking employment.

Mortgage Modification. A modification is a permanent change to your loan through which the overdue payments may be added to your loan balance, the interest rate may be changed or the number of years you have to pay off the loan may be extended.

Partial Claim. In a Partial Claim, a borrower receives a second loan in an amount necessary to bring the delinquent loan current. The loan is interest free and does not need to be repaid until you pay off your first mortgage or sell your house. This option is only available to borrowers with FHA-insured loans. However, if you have a conventional loan, ask your lender if they offer an "advance claim."

FHA-Home Affordable Modification Program

(FHA-HAMP). This option combines an enhanced partial claim with a loan modification. Under the FHA-HAMP, the partial claim loan will not only include any amounts necessary to bring your mortgage current but

may also include an amount to reduce your existing loan balance by up to 30%. The reduced loan balance will then be modified to lower your monthly mortgage payment to an affordable level. As described above, the partial daim loan is interest free, but must be repaid when you pay off your first mortgage or sell your house.

To qualify for any of these options, you will need to provide your lender with current information about your income and expenses. Also, your lender may require that you agree to a payment plan for three or more months to demonstrate your commitment before you are approved for a modification or partial claim.

WHAT OPTIONS DO I HAVE IF I CAN'T KEEP MY HOME?

If your income or expenses have changed so much that you are not able to continue paying the mortgage even under a workout plan offered by your lender, you should consider the options below.

Pre-foreclosure sale. With your lender's permission you can offer your house for sale and sell it at fair market value even if the amount you receive from the sale is less than the amount you owe. If you meet certain conditions, you may be eligible to receive relocation expenses.

Deed In-lieu of foreclosure. As a last resort, you may be able to voluntarily give your property back to your lender. If you leave the property clean and undamaged you may be digible to receive relocation expenses.

There could be income tax consequences to any plan that reduces the amount of debt you owe so check with a tax advisor before accepting these workout options.

Contact FHA

Struggling homeowners with FHA-insured loans can get assistance by contacting HUD's National Servicing Center at (877) 622-8525. Persons with hearing or speech impairments may reach this number via TDD/TTY by calling (800) 877-8339.

PLEASE NOTE THAT IF YOU HAVE OR WILL RECEIVE A DISCHARGE FROM A BANKRUPTCY CASE, AND THE MORTGAGE WAS NOT REAFFIRMED IN THE BANKRUPTCY CASE, WE WILL ONLY EXERCISE OUR RIGHTS AGAINST THE PROPERTY AND ARE NOT ATTEMPTING ANY ACT TO COLLECT THE DISCHARGED DEBT FROM YOU PERSONALLY. ADDITIONALLY, YOUR DECISION TO DISCUSS WORKOUT OPTIONS WITH US IS STRICTLY VOLUNTARY. YOU ARE NOT OBLIGATED TO PURSUE ANY WORKOUT OPTIONS DISCUSSED WITH US. AT YOUR REQUEST, WE WILL IMMEDIATELY TERMINATE ANY SUCH DISCUSSIONS SHOULD YOU NO LONGER WISH TO PURSUE THESE OPTIONS.