



THE SHORT SALE DOCUMENTS COMPLETE LIST

- AUTHORIZATION SHEET TO RELEASE MORTGAGE INFORMATION.
- SELLER & BUYER CONTACT INFORMATION
- HOMEOWNER ASSOCIATION INFO
- HOMEOWNER ASSOCIATION AUTHORIZATION
- ARMS DISCLOSURE
- IRS FORM 4506T
- SELLER SHORT SALE AGREEMENT
- 2 MOST RECENT PAY STUBS
- 2 MOST RECENT BANK STATEMENTS
- LAST 2 YEARS OF TAX RETURNS
- FINANCIAL INFORMATION
- LAST MORTGAGE STATEMENT RECEIVED
- HARDSHIP LETTER STATING WHY THE LOAN HAS BECOME DELINQUENT AND REASON FOR THE SHORT SALE REQUEST.

FROM LISTING AGENT:

- LISTING AGREEMENT
- MLS SHEET (PRINT OUT)
- SALE CONTRACT SIGNED.

BUYER AGENT:

- BUYER PRE-QUAL LETTER OR PROOF OF FUND
- BUYER AGENT INFO
- ARMS DISCLOSURE
- BUYER SHORT SALE AGREEMENT

OFFICE # 407-615-2536

FAX # 321-445-9833

EXCELLENTPROCESSING@LIVE.COM

info@excellentsolutiongroup.com

7560 Red Bug Lake Rd. Suite 2020 Oviedo, FL 32765

Tel: 407-615-2536 Fax: 321-445-9833

Email: excellentprocessing@live.com

E-mail: info@excellentsolutiongroup.com

www.excellentsolutiongroup.com



AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I/WE, hereby give permission for you to release any and all information to Excellent Solution Group, LL and their associate _____ regarding my property located at:

_____ and for me personally, in reference to any mortgages, liens, employment, financial accounts, credit reports, and/or judgments of any type.

Loan #: _____

Lender/Lien Holder: _____

Lender Phone Number: _____

Please give him/her your full cooperation, just as you would if you were dealing with me. This authorization shall expire twelve (12) months from the date above unless rescinded in writing prior to that date.

Furthermore, the Mortgage Company will contact Excellent Solution Group for any discussion on this matter at 407-615-2536. Additionally, all paperwork and information will be sent to: info@excellentsolutiongroup.com or Excellentprocessing@live.com or fax to 321-445-9833

A FACSIMILE OR OTHER COPY OF THIS FORM WILL SUFFICE JUST AS THOUGH IT WERE THE ORIGINAL FORM.

SIGNATURE

PRINT NAME

SOCIAL SECURITY NUMBER & DOB

DATE

SIGNATURE

PRINT NAME

SOCIAL SECURITY NUMBER & DOB

DATE

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AFFIDAVIT OF “ARM’S LENGTH TRANSACTION”

All Parties to the contract on the premises:

Property address:

Hereby affirm that this is an “Arm’s Length Transaction”,

No party to this contract is a family member, business associate, or share a business interest with the mortgagee. Further, there are no hidden terms or special understandings between the seller or buyer or their agents or Mortgagee.

The Buyers and Sellers nor their Agents have any agreements written or implied that will allow the Seller to remain in the property as renters or regain ownership of said property at anytime after the execution of this short sale transaction. None of the parties shall receive any proceeds from this transaction except the sales commission.

(Seller) Date

(Seller) Date

Print Name

Print Name

.....

(Seller’s Agent) Date

(Buyer’s Agent) Date

Print Name and Company

Print and Company

.....

(Buyer) Date

(Buyer) Date

Print Name

Print Name

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Financial Information Request For:

Loan # _____

Bank Name: _____

Your name & mailing address

Co-Borrower's name & mailing address

Phone: _____

Phone: _____

How long have you owned this home? _____

Total Monthly Income (take home)

	Wages	Social Security	Pensions	Rent/Other Income
Mortgagor				
Co-Mortgagor				

Of Dependents ____ How long on current job? Mortgagor ____ Co-Mortgagor ____

Is the property for sale? ____ Listing date & price ____

Realtor name & company ____

Realtor's phone # _____

Monthly Expenses

1 st Mortgage	\$	Food	\$
2 nd Mortgage	\$	Gas/Electric	\$
Property Taxes	\$	Water/Sewer	\$
Homeowner's Insurance	\$	Trash	\$
HOA/Condo Fees	\$	Phones/Cell Phones	\$
Credit Card Payments	\$	Cable/Satellite TV	\$
Installment loan payments	\$	Internet	\$
Transportation/Gas/Car Repairs	\$	Life/Health Insurance	\$
# Of vehicles in household	\$	Child Support/Alimony	\$
Auto payments	\$	Medical/Dental Expenses	\$
Auto Insurance	\$	Charitable Contributions	\$
Day Care/Child Care	\$	Tuition	\$
Other	\$	Other	\$

I understand that the financial information provided is an accurate statement of my / our financial status. My / our signature below grants the holder of my mortgage the authority to confirm the information that I have disclosed in this financial statement, to verify it is accurate by ordering a credit report and to contact my realtor and/or credit counseling representative.

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HOMEOWNER ASSOCIATION INFORMATION

HOA'S liens do not go away and WILL need to be paid at closing along with any and all attorney's fees from the HOA association's attorney. Excellent Solution Group, LLC will try to negotiate these fees into the short sale, however, there is no guarantee the lender(s) will accept such fees.

IMPORTANT MESSAGE: CONTINUE MAKING PAYMENTS TO YOUR HOMEOWNER ASSOCIATION INCLUDING ALL DUES AND FEES. IN CASE YOU HAVE NOT PAID IT PLEASE NOTIFY US AS SOONER AS POSSIBLE SO WE CAN TRY TO NEGOTIATE WHAT YOU OWE.

Property Address: _____

Name of the HOA: _____

Association Address: _____

Telephone #: _____ Fax: _____

Homeowner's Association Contact Person: _____

Payment amount: _____ (Monthly/quarterly/yearly) (circle one)

Are you current? Yes or NO

Approximate Delinquent Balance (Amount Owed) \$ _____

*** Please attach a recent statement from HOA ***

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Request for Transcript of Tax Return

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