



mortgage services, llc
NMLS ID #2600

P.O. Box 3010
Anaheim, CA 92803

Loan Number: 4000401948
Notice Date: 12/30/2022

**You may be able to make your
payments more affordable.
Act now to get the help you need!**

0001056 02 MB 0.515 **AUTO T3 1 9412 83501-392615 -C02-P01057-4

JEREMY L BASS
1515 21ST AVE
LEWISTON ID 83501-3926



Property Address:
1515 21ST AVE
LEWISTON, ID 83501



Dear Mortgagor(s),

This is a legally required notice. We are sending this notice to you because the mortgage account is delinquent. We want to notify you of possible ways to avoid losing your home. We have a right to invoke foreclosure based on the terms of your mortgage contract. Please read this letter carefully.

Este es un aviso legalmente requerido. Le enviamos este aviso porque usted está atrasado en el pago de su hipoteca. Queremos informarle sobre las posibles maneras de evitar perder su vivienda. Tenemos el derecho a invocar una ejecución hipotecaria según los términos de su contrato hipotecario. Lea esta carta con atención.

Carrington Mortgage Services, LLC ("Carrington") offers several loss mitigation options if you are having difficulty making your mortgage payments (most are subject to lender approval). Please be advised that if your loss mitigation application was previously declined because you did not meet certain eligibility requirements, but your circumstances have changed we still may be able to provide you with the assistance you need. **You will not pay a fee to take advantage of any of the following loss mitigation options.**

- **Refinance your loan with Carrington or another lender;**
- **Repayment Plan:** An agreement to reinstate a loan that is delinquent, by paying over a fixed period, the normal monthly payments plus a portion of the delinquency each month.
- **Modify your loan terms with us;**
 - o **Loan Modification:** A permanent change in one or more of the terms of a loan and typically includes re-amortization of the balance due.
- **Payment forbearance temporarily gives you more time to pay your monthly payment; or**
- **Special Forbearance:** A written executed agreement where the Lender agrees to suspend all payments or accept reduced payments for one or more months, and the borrower agrees to pay the total delinquency at the end of the specified period or enter into a repayment plan.
- **If you are not able to continue paying your mortgage, your best option may be to find more affordable housing. As an alternative to foreclosure, you may be able to sell your home and use the proceeds to pay off your current loan.**
 - o **Short Sale/Pre-Foreclosure Sale:** An alternative to foreclosure that allows borrowers to settle the mortgage debt by selling their home even though the sale proceeds are less than the total indebtedness.
 - o **Deed-in-Lieu of Foreclosure (DIL):** A voluntary conveyance of property from the borrower to the Lender for a release of all obligations under the mortgage.

PLEASE CONTACT US

Call us today to learn more about your options and instructions for how to apply. For more information, please visit <http://www.carringtonmortgage.com>

Llámenos hoy para obtener más información sobre sus opciones e instrucciones sobre cómo presentar una solicitud. Cuanto más espere o más se atrase en sus pagos, más difícil será encontrar una solución. Para más información, visite <http://www.carringtonmortgage.com>.



(Phone): 1.800.561.4567

(Hours): Monday through Friday from 8:00am-8:00pm (Eastern Standard Time)

PLEASE GATHER THE INFORMATION WE NEED TO HELP YOU

Please visit <http://www.Carringtonmortgage.com> and create an online profile if you have not already done so. Click on "Mortgage Assistance" at the top of the page and this will route you to information about the loss mitigation process, including answers to Frequently Asked Questions. For your convenience, Carrington has enclosed the loss mitigation application, which includes the Mortgage Assistance Application (MAA), IRS Form 4506-C, and a comprehensive list of required financial information. We have also enclosed a checklist of applicable documentation needed if you are interested in the Short Sale or Deed in Lieu options. **In addition to the documentation submission options provided below, you can upload your documents directly to our Loss Mitigation Team through the "Mortgage Assistance Portal" on the website.** You can also sign up for alerts and notifications to keep you informed about your loan status.

PLEASE SUBMIT YOUR DOCUMENTS

Complete and return the MAA along with all hardship and income documentation that is required based on your individual situation along with a completed IRS 4506C.

- (Fax): 1-877-267-1331
- (Email): MortgageAssistance@Carringtonms.com
- (Mail): Carrington Mortgage Services, LLC
P.O. Box 3010, Anaheim, CA 92803

In order to determine your eligibility, Carrington must receive your complete loss mitigation application no later than 01/29/2023.

Housing Counselors

For help exploring your options, the Federal government provides contact information for housing counselors, which you can access by contacting:

- The U.S. Department of Housing and Urban Development (HUD) at (800) 569-4287 or the Federal information Relay Service via TTY at 1-800-877-8339 or visit HUD's website for housing counselor near you at <http://www.hud.gov/counseling>
- The Consumer Financial Protection Bureau (CFPB) at (855) 411-2372 or visit their website at <http://www.consumerfinance.gov/find-a-housing-counselor/>

Para ayudarle a explorar sus opciones, el gobierno federal proporciona la información de contacto de asesores de vivienda. Puede acceder a esta información comunicándose con

- El Departamento de Vivienda y Desarrollo Urbano en <http://www.hud.gov/counseling> o llamando al 1-(800)-569-4287
- La Oficina para la Protección Financiera del Consumidor al <http://www.consumerfinance.gov/find-a-housing-counselor/>

Please be advised that collection proceedings will continue while we review and consider your request for mortgage assistance; however, except in certain circumstances, we will not (i) initiate foreclosure or (ii) proceed to foreclosure sale once we receive and acknowledge your complete loss mitigation application.

Sincerely,

Carrington Mortgage Services, LLC

IMPORTANT DISCLOSURES

-VERBAL INQUIRIES & COMPLAINTS-

For verbal inquiries and complaints about your mortgage loan, please contact the CUSTOMER SERVICE DEPARTMENT for Carrington Mortgage Services, LLC, by calling 1-800-561-4567. The CUSTOMER SERVICE DEPARTMENT for Carrington Mortgage Services, LLC is toll free and you may call from 8:00 a.m. to 8:00 p.m. Eastern Time, Monday through Friday. You may also visit our website at <https://carringtonmortgage.com/>.

-IMPORTANT BANKRUPTCY NOTICE-

If you have been discharged from personal liability on the mortgage because of bankruptcy proceedings and have not reaffirmed the mortgage, or if you are the subject of a pending bankruptcy proceeding, this letter is not an attempt to collect a debt from you but merely provides informational notice regarding the status of the loan. If you are represented by an attorney with respect to your mortgage, please forward this document to your attorney.

-CREDIT REPORTING AND DIRECT DISPUTES-

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report. As required by law, you are hereby notified that a negative credit report reflecting on your credit record may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations. If you have concerns regarding the accuracy of any information contained in a consumer report pertaining to this account, you may send a direct dispute to Carrington Mortgage Services, LLC by fax to 800-486-5134 or in writing to Carrington Mortgage Services, LLC, and Attention: Customer Service, P.O. Box 5001, Westfield, IN 46074. Please include your loan number on all pages of the correspondence.

-MINI MIRANDA-

This communication is from a debt collector and it is for the purpose of collecting a debt and any information obtained will be used for that purpose. This notice is required by the provisions of the Fair Debt Collection Practices Act and does not imply that we are attempting to collect money from anyone who has discharged the debt under the bankruptcy laws of the United States.

-HUD COUNSELOR INFORMATION-

If you would like counseling or assistance, you may obtain a list of HUD-approved homeownership counselors or counseling organizations in your area by calling the HUD nationwide toll-free telephone number at (800) 569-4287 or toll-free TDD (800) 877-8339, or by going to <http://www.hud.gov/offices/hsg/sfh/hcc/hcs.cfm>. You can also contact the CFPB at (855) 411-2372, or by going to www.consumerfinance.gov/find-a-housing-counselor.

-EQUAL CREDIT OPPORTUNITY ACT NOTICE-

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, or age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has, in good faith, exercised any right under the Consumer Credit Protection Act. The Federal Agency that administers Carrington Mortgage Services, LLC's compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

-SCRA DISCLOSURE-

MILITARY PERSONNEL/SERVICEMEMBERS: If you or your spouse is a member of the military, please contact us immediately. The federal Servicemembers Civil Relief Act and comparable state laws afford significant protections and benefits to eligible military service personnel, including protections from foreclosure as well as interest rate relief. For additional information and to determine eligibility please contact our Military Assistance Team toll free at (888) 267-5474.

-NOTICES OF ERROR AND INFORMATION REQUESTS, QUALIFIED WRITTEN REQUESTS (QWR)-

Written complaints and inquiries classified as Notices of Error and Information Requests or QWRs must be submitted to Carrington Mortgage Services, LLC by fax to 800-486-5134, or in writing to Carrington Mortgage Services, LLC, and Attention: Customer Service, P.O. Box 5001, Westfield, IN 46074. Please include your loan number on all pages of the correspondence. You have the right to request documents we relied upon in reaching our determination. You may request such documents or receive further assistance by contacting the CUSTOMER SERVICE DEPARTMENT for Carrington Mortgage Services, LLC toll free at (800) 561-4567, Monday through Friday, 8:00 a.m. to 8:00 p.m. Eastern Time. You may also visit our website at <https://carringtonmortgage.com/>.



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NMLS ID #2600

P.O. Box 3010
Anaheim, CA 92803

THIRD PARTY AUTHORIZATION FORM

12/30/2022

JEREMY L BASS
1515 21ST AVE
LEWISTON, ID 83501

Property Address:
1515 21ST AVE
LEWISTON, ID 83501

Dear Mortgagor(s)

Thank you for your recent communication with Carrington Mortgage Services, LLC requesting another party be allowed to discuss the details of your loan. Please be advised you will be required to provide the name of the authorized party and sign the acknowledgement form below.

Authorized Party Information

I/We hereby authorize Carrington Mortgage Services, LLC ("CMS") and its successors and assigns, to obtain, share, release and discuss public and non-public personal information contained in or related to my/our mortgage account with the individual(s) identified below as my/our designated agent(s):

Company Name (Please Print) _____

Representative Name (Please Print): (1) _____ (2) _____

3rd Party Contact Number: (1) _____ (2) _____

Authorization Expiration Date (if applicable): _____

Primary Borrower Name (Please Print)

Primary Borrower Signature

Secondary Borrower Name (If Applicable)

Secondary Borrower Signature

This Third-Party Authorization is valid when signed by all borrowers and co-borrowers named on the mortgage and until CMS receives a written revocation signed by any borrower or co-borrower.

Please fax this completed form separately to **1-800-486-5134** or mail to the following address:

Carrington Mortgage Services, LLC
Attn: Customer Research Department
P.O. Box 5001 Westfield, IN 46074



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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. 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)	
5a. IVES participant name, address, and SOR mailbox ID Equifax Workforce Solutions, LLC 11432 Lackland Road, St. Louis, Missouri 63146 (888) 749-4411	
5b. Customer file number (if applicable) (see instructions)	

Caution: This tax transcript is being sent to the third party entered on Line 5a. Ensure that lines 5 through 8 are completed before signing. (see instructions)**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 ☐
- 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 ☐
- 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 ☐
- 7. 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 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213 ☐

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.**8. Year or period requested.** Enter the ending date of the tax year or period using the mm/dd/yyyy format (see instructions)

12 / 31 / 2019 12 / 31 / 2020 12 / 31 / 2021 / /

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-C on behalf of the taxpayer. **Note:** This form must be received by IRS 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-C. See instructions.**

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



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 was created to be utilized by authorized IVES participants to order tax transcripts with the consent of the taxpayer.

General Instructions

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

Designated Recipient Notification. Internal Revenue Code, 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. Internal Revenue Code, 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 Processing Center	Austin IVES Team 844-249-6238
Fresno Submission Processing Center	Fresno IVES Team 844-249-6239
Kansas City Submission Processing Center	Kansas City IVES Team 844-249-8128
Ogden Submission Processing Center	Ogden IVES Team 844-249-8129

Specific Instructions

Line 1b. Enter the social security number (SSN) or individual taxpayer identification number (ITIN) for the individual listed on line 1a, or enter the employer identification number (EIN) for the business listed on line 1a.

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, 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.

Note. If you use an SSN, name or combination of both, we will not input the information and the customer file number will reflect a generic entry of "9999999999" on the transcript.

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.

Signature and date. Form 4506-C must be signed and dated by the taxpayer listed on line 1a or 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.



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.

Individuals. Transcripts listed on on line 6 may be furnished to either spouse if jointly filed. Only one signature is required. Sign Form 4506-C exactly as your name appeared on the original return. If you changed your name, also sign your current name.

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.

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-C 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 sign Form 4506-C.

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.

Mortgage Assistance APPLICATION FORM

CARRINGTON
MORTGAGE SERVICES, LLC

If you are having difficulty making your mortgage payments, please complete and submit this application, along with the required documentation, to Carrington Mortgage Services, LLC ("CMS") as soon as possible. We will acknowledge receipt of your application within five business days and let you know if we need any additional information or documentation to complete your application.

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 us at 800-561-4567.

For a list of HUD-approved housing counseling agencies that can provide foreclosure prevention information, please 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.

Loan Overview

LOAN #: _____

BORROWER:

☐ NAME CHANGED SINCE ORIGINATION

SOCIAL SECURITY #: _____ MARITAL STATUS: _____ SPOUSE: _____

EMAIL: _____

PRIMARY PHONE: _____ ☐ CELL ☐ HOME ☐ WORK ☐ OTHER

ALTERNATE PHONE: _____ ☐ CELL ☐ HOME ☐ WORK ☐ OTHER

CO-BORROWER:

☐ NAME CHANGED SINCE ORIGINATION

SOCIAL SECURITY #: _____ MARITAL STATUS: _____ SPOUSE: _____

EMAIL: _____

PRIMARY PHONE: _____ ☐ CELL ☐ HOME ☐ WORK ☐ OTHER

ALTERNATE PHONE: _____ ☐ CELL ☐ HOME ☐ WORK ☐ OTHER

ADDITIONAL APPLICANT*:

☐ NAME CHANGED SINCE ORIGINATION

SOCIAL SECURITY #: _____ MARITAL STATUS: _____ SPOUSE: _____

EMAIL: _____

PRIMARY PHONE: _____ ☐ CELL ☐ HOME ☐ WORK ☐ OTHER

ALTERNATE PHONE: _____ ☐ CELL ☐ HOME ☐ WORK ☐ OTHER

**FHA and USDA insured loans will require additional applicants that apply and are approved for a loan modification and/or partial claim to be financially liable for the debt before the workout option becomes effective and may be required to sign a loan assumption agreement.*

PREFERRED CONTACT METHOD (Select all that apply):

☐ CELL ☐ HOME PHONE ☐ WORK PHONE ☐ EMAIL ☐ TEXT (checking this box indicates your consent for text messaging)

NOTICE: When you give us your cell number and/or email, we have your permission to contact you at that number and/or email about all of your accounts serviced by Carrington Mortgage Services, LLC ("CMS") and to communicate information about your application for assistance. Your consent specifically allows us to use text messaging, artificial or prerecorded voice message and automatic dialing technology for informational and account service calls, but not for telemarketing or sales calls. It may include contact from companies working on our behalf to service your accounts. You may contact us at any time to change these preferences.

Property Information



PROPERTY ADDRESS: _____ # OF PEOPLE IN HOUSEHOLD: _____

MAILING ADDRESS (If different from property address): _____

PROPERTY IS CURRENTLY: ☐ A PRIMARY RESIDENCE ☐ A SECONDARY HOME ☐ AN INVESTMENT PROPERTY

PROPERTY IS (Select all that apply): ☐ OWNER OCCUPIED ☐ RENTER OCCUPIED ☐ VACANT

I WANT TO: ☐ KEEP PROPERTY ☐ SELL PROPERTY ☐ TRANSFER OWNERSHIP OF PROPERTY TO MY SERVICER ☐ UNDECIDED

IS PROPERTY LISTED FOR SALE? ☐ YES ☐ NO If yes, provide listing agent's name & phone or "For sale by owner" if applicable: _____

IS PROPERTY SUBJECT TO CONDOMINIUM OR HOMEOWNERS' ASSOCIATION (HOA) FEES? ☐ YES ☐ NO

If yes, indicate frequency (select one) and amount of dues: \$ _____ ☐ MONTHLY ☐ QUARTERLY ☐ YEARLY

Hardship Information

The hardship causing mortgage payment challenges began on _____ (approx. DD/MM/YR) and is believed to be:

☐ SHORT-TERM (Up to 6 Months) ☐ LONG-TERM / PERMANENT (More than 6 Months) ☐ RESOLVED (as of DD/MM/YR) _____

Is any borrower on active military duty (including 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 ☐ NO

TYPE OF HARDSHIP (Check all that apply)	REQUIRED HARDSHIP DOCUMENTATION
<input type="checkbox"/> COVID-19	<input type="checkbox"/> Layoff/Furlough related to COVID-19 <input type="checkbox"/> Reduction in Hours/Pay related to COVID-19 <input type="checkbox"/> Illness/Death of Borrower or Family related to COVID-19
<input type="checkbox"/> Unemployment	• Date of unemployment: _____ • Actively looking for employment? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Reduction in income: 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
<input type="checkbox"/> 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, etc.)	• Hardship letter outlining the type, timing and amount and if the increase will continue into the foreseeable future
<input type="checkbox"/> Disaster (natural or man-made) impacting the property or borrower's place of employment	Not required
<input type="checkbox"/> Long-term or permanent disability, or serious illness of a borrower/co-borrower or dependent family member	• Written statement from the borrower, or other documentation verifying disability or illness. Note: Detailed medical information is not required. Information from a medical provider is not required
<input type="checkbox"/> Divorce or legal separation	• Court approved divorce decree or final separation agreement AND recorded quitclaim deed (warranty deed for TX properties)
<input type="checkbox"/> Separation of borrowers unrelated by marriage, civil union, similar domestic partnership under applicable law	• Recorded quitclaim deed (special warranty deed for TX properties) OR legally binding agreement evidencing that the non-occupying borrower has relinquished all rights to the property
<input type="checkbox"/> Death of borrower or death of either the primary or secondary wage earner	• Death certificate OR obituary/newspaper article reporting the death
<input type="checkbox"/> Distant employment transfer/relocation	• For active duty service members: Permanent Change of Station orders or letter showing transfer • For employment transfers/new employment: Copy of signed offer letter from employer showing transfer to new location AND documentation reflecting amount of any relocation assistance provided
<input type="checkbox"/> Other (hardship that is not covered above)	• Letter describing details of the hardship and relevant documentation

Monthly Household Income Documentation Requirements

Carefully review the income documentation requirements below, then complete the borrower, co-borrower and applicant income details on pages 3-4:

INCOME TYPE	REQUIRED INCOME DOCUMENTATION
Gross (pre-tax) wages, salaries and overtime pay, commissions, tips, and bonuses	<ul style="list-style-type: none"> • Most recent 30 days consecutive paystubs showing year to date earnings • Weekly pay: 4 paystubs; Bi-weekly or Semi-monthly pay: 2 paystubs; Monthly pay: 1 paystub
Self-employment income	<ul style="list-style-type: none"> • Most recent signed and dated quarterly or year-to-date profit/loss statement AND • Most recent complete and signed business tax return including all schedules OR • Most recent complete and signed individual federal tax return or completed including all schedules and signed 4506C (attached) if tax returns not available
Unemployment benefit income	<ul style="list-style-type: none"> • Most recent benefit/award letter or statement
Taxable Social Security, pension, disability, death benefits, adoption assistance, housing allowance, & other public assistance	<ul style="list-style-type: none"> • 2 most recent bank statements showing deposits (all pages) AND • Award letters or other documentation showing the amount, duration and frequency of the benefits
Non-taxable Social Security or disability income	<ul style="list-style-type: none"> • 2 most recent bank statements showing deposits (all pages) AND • Award letters or other documentation showing the amount, duration and frequency of the benefits
Rental income (rents received, less expenses other than mortgage expense)	<ul style="list-style-type: none"> • 2 most recent bank statements demonstrating receipt of rent AND • Current lease agreements for all properties AND • Mortgage statements for all non-CMS serviced loans AND • Most recent filed and signed Federal Tax Return including Scheduled E
Investment or insurance income	<ul style="list-style-type: none"> • 2 most recent investment statements AND • 2 most recent bank statements supporting receipt of the income
Other sources of income not listed above <i>Note: Only include alimony, child support, or separate maintenance income if you choose to have it considered for repaying this loan</i>	<ul style="list-style-type: none"> • 2 most recent bank statements showing receipt of income AND • Other documentation showing the amount and frequency of the income

Monthly Household Income for Borrower(s)/Applicant

BORROWER		CO-BORROWER		ADDITIONAL APPLICANT	
Are you a wage earner? <input type="checkbox"/> Yes <input type="checkbox"/> No	Start Date (DD/MM/YR): _____	Are you a wage earner? <input type="checkbox"/> Yes <input type="checkbox"/> No	Start Date (DD/MM/YR): _____	Are you a wage earner? <input type="checkbox"/> Yes <input type="checkbox"/> No	Start Date (DD/MM/YR): _____
Do you receive bonus/commission? <input type="checkbox"/> Yes <input type="checkbox"/> No	Paid weekly, monthly, or annually? _____	Do you receive bonus/commission? <input type="checkbox"/> Yes <input type="checkbox"/> No	Paid weekly, monthly, or annually? _____	Do you receive bonus/commission? <input type="checkbox"/> Yes <input type="checkbox"/> No	Paid weekly, monthly, or annually? _____
Are you self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	% of business owned: _____% Business Start Date: _____	Are you self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	% of business owned: _____% Business Start Date: _____	Are you self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	% of business owned: _____% Business Start Date: _____
Are you a school employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	# of months paid per year? _____	Are you a school employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	# of months paid per year? _____	Are you a school employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	# of months paid per year? _____
Do you have rental income? <input type="checkbox"/> Yes <input type="checkbox"/> No	# of properties/units: _____ Total rents received: \$ _____	Do you have rental income? <input type="checkbox"/> Yes <input type="checkbox"/> No	# of properties/units: _____ Total rents received: \$ _____	Do you have rental income? <input type="checkbox"/> Yes <input type="checkbox"/> No	# of properties/units: _____ Total rents received: \$ _____
Do you have other income sources not listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No	List type(s): _____ List frequency: _____	Do you have other income sources not listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No	List type(s): _____ List frequency: _____	Do you have other income sources not listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No	List type(s): _____ List frequency: _____
Total Monthly Gross Income \$ _____	Total Monthly Net Income \$ _____	Total Monthly Gross Income \$ _____	Total Monthly Net Income \$ _____	Total Monthly Gross Income \$ _____	Total Monthly Net Income \$ _____

Household Assets



List all household assets. Exclude retirement funds (e.g. 401(k) or Individual Retirement Account (IRA)) and college savings accounts (e.g. 529 plan):

ASSET TYPE	TOTAL AMOUNT
Checking/Savings account(s) and cash on hand	\$
Money Market Funds and Certificates of Deposit (CDs)	\$
Stocks and bonds (non-retirement accounts)	\$
Other (List items below)	\$

Monthly Household Living Expenses

List average monthly household expenses:

EXPENSE TYPE	TOTAL AMOUNT
Utilities (including electric, water, gas, cell, cable, etc.)	\$
Food (including groceries, household supplies, pet expenses, etc.)	\$
Auto (including gas, insurance, repairs, tolls, etc.)	\$
Tuition / Child Care	\$
Medical	\$
Child Support / Alimony	\$
Miscellaneous Recurring Expenses (List items below)	\$

Mortgage Assistance Application Terms of Agreement

1. I/We 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/We 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/We 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/We consent to the servicer or authorized third party* obtaining a current credit report for the borrower and co-borrower.
5. I/We 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/We 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/We 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.*
8. **Taxpayer First Act Disclosure and Consent to Use Tax Return Information**

Federal law requires this consent be provided to you. Carrington Mortgage Services, LLC (CMS) will not use, disclose or share your tax return information for any purpose other than the express purposes outlined below and shall not disclose tax return information to any other party without your express permission or request. If you agree with the terms below, please sign and date below.

I/We agree and authorize Carrington Mortgage Services, LLC, its affiliates, employees, managers, partners, officers, agents, service providers, successors and assigns and any third parties involved in this mortgage transaction to obtain, use, disclose or share tax return information for purposes of offering, marketing, originating, purchasing, servicing, maintaining, managing, insuring, selling, and/or securitizing this mortgage loan including, but not limited to, any due diligence activities associated therewith, in accordance with applicable laws, including state and federal privacy and data security laws. Third parties may include Fannie Mae, Freddie Mac, FHA, VA, USDA or any investor, guarantor, insurer, servicer, or purchaser of the loan, including any companies that provide support services to such parties for purposes permitted by applicable law.

**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.*

Required Signature Section for All Applicants

All applicants must sign and date this form.

BORROWER SIGNATURE: _____ **DATE:** _____

CO-BORROWER SIGNATURE: _____ **DATE:** _____

ADDITIONAL APPLICANT SIGNATURE: _____ **DATE:** _____



Short Sale Requests (Additional Documentation Required)

In addition to the required information outlined in this application, short sale requests may require the following additional documents:

DOCUMENTATION REQUIRED
• Third-Party Authorization —Required only if you want CMS to discuss your request with a third part acting on your behalf, such as a real estate agent or attorney.
• Contact Information —If the property is currently listed for sale or vacant, please provide us with the contact name and phone number so we can access the property and perform an appraisal if necessary. NOTE: All utilities must be on for an appraisal to be completed.
• Listing Agreement —Provide a copy of the current listing agreement with your agent/broker.
• Purchase Contract —Provide a copy of the purchase contract signed by the buyer and seller. Contract must include language that the sale is contingent upon approval from CMS.
• Closing Disclosure —Provide a copy of the seller's closing costs. The figures in these statements must be accurate as our approval will be based, in part, on this information.
• Buyer Pre-Qualification or Pre-Approval Letter —Provide a copy of the buyer's pre-approval letter.

Deed in Lieu of Foreclosure Requests (Additional Documentation Required)

In addition to the required information outlined in this application, DIL requests may require the following additional document:

DOCUMENTATION REQUIRED
• Listing Agreement —Provide a copy of recent listing agreement that documents your recent attempt to sell the property.