



Making Home Affordable Program Request for Modification and Affidavit (RMA)

Loan I.D. Number [REDACTED]

I want to:	<input checked="" type="checkbox"/> Keep the Property	<input type="checkbox"/> Sell the Property	
The property is my:	<input checked="" type="checkbox"/> Primary Residence	<input type="checkbox"/> Second Home	<input type="checkbox"/> Investment Property
The property is:	<input checked="" type="checkbox"/> Owner Occupied	<input type="checkbox"/> Renter Occupied	<input type="checkbox"/> Vacant
BORROWER		CO-BORROWER	
BORROWER'S NAME		CO-BORROWER'S NAME	
Blake Naleid		N/A	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE OF BIRTH
[REDACTED]	[REDACTED]	N/A	N/A
HOME PHONE NUMBER WITH AREA CODE		HOME PHONE NUMBER WITH AREA CODE	
[REDACTED]		N/A	
CELL OR WORK NUMBER WITH AREA CODE		CELL OR WORK NUMBER WITH AREA CODE	
[REDACTED]		N/A	
MAILING ADDRESS			
7006 Lunar Dr. Austin, TX 78745			
PROPERTY ADDRESS (IF SAME AS MAILING ADDRESS, JUST WRITE SAME)			EMAIL ADDRESS
Same			[REDACTED]
Is this property listed for sale? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Have you contacted a credit-counseling agency for help?	
Have you received an offer on the property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Date of offer <u>N/A</u> Amount of Offer \$ <u>N/A</u>		If yes, please complete counselor contact information below.	
Agent's Name: <u>N/A</u>		Counselor's Name: <u>Debra Watts</u>	
Agent's Phone Number: <u>N/A</u>		Counselor's Phone Number: <u>512-447-0711</u>	
For Sale by Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>N/A</u>		Counselor's Email: <u>N/A</u>	
Who pays the Real Estate Tax bill on your property?		Who pays the hazard insurance policy for your property?	
<input type="checkbox"/> I do <input checked="" type="checkbox"/> Lender does		<input type="checkbox"/> I do <input checked="" type="checkbox"/> Lender Does <input type="checkbox"/> Paid by Condo or HOA	
Are the taxes current? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is the policy current? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Condominium or HOA Fee <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No \$ <u>N/A</u>		Name of Insurance Co. <u>Travelers</u>	
Paid to: <u>N/A</u>		Insurance Co. Tel #: <u>877-872-8737</u>	
Have you filed for bankruptcy? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes: <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 13 Filing Date: <u>N/A</u>			
Has your bankruptcy been discharged? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Bankruptcy case number <u>N/A</u>			
If there are additional Liens/Mortgages or Judgments on this property, please name the person(s), company or firm and their telephone numbers.			
Lien Holder's Name/Servicer	Balance	Contact Number	Loan Number
<u>Chase Home Finance LLC</u>	<u>19,492.56</u>	<u>800-582-0542</u>	[REDACTED]
HARDSHIP AFFIDAVIT (use back of request for explanation IF necessary)			
I(We) am/are requesting review under the Making Home Affordable program. I am having difficulty making my monthly payment because of financial difficulties created by (Please check all that apply): <u>reduction in income</u>			
<input checked="" type="checkbox"/> My household income has been reduced. For example unemployment, underemployment, reduced pay or hours, decline in business earnings, death, disability or divorce of a borrower or co-borrower.		<input type="checkbox"/> My monthly debt payments are excessive and I am overextended with my creditors. Debt includes credit cards, home equity or other debt.	
<input type="checkbox"/> My expenses have increased. For example: monthly mortgage payment reset, high medical or health care costs, uninsured losses, increased utilities or property taxes.		<input checked="" type="checkbox"/> My cash reserves, including all liquid assets, are insufficient to maintain the payment on my mortgage loan and cover basic living expenses at the same time.	
<input type="checkbox"/> Other <u>N/A</u>			
Explanation (continue on back of page 3 if necessary):			<u>N/A</u>

INCOME/EXPENSES FOR HOUSEHOLD*

Number of People in Household 3

1	2	3	
Monthly Household Income	Monthly Household Expenses/Debt	Household Assets	
Monthly Gross wages \$ 2100.00 ^{B.N.}	First Mortgage Payment \$ 556.18	Checking Account(s) \$ 2100.00	1,650.00
Overtime \$ 0	Second Mortgage Payment \$ 241.65	Checking Account(s) \$ 0	
Child Support/Alimony* \$ 0	Insurance \$ escrow	Savings / Money Market \$ 0.00	
Social Security/SSDI \$ 0	Property Taxes \$ escrow	CDs \$ 0.00	
Other monthly income from pensions, annuities or retirement plans \$ 0	Credit Cards / Installment Loan(s) (total minimum payment per month) \$ 25.00 0.00 ^{B.N.}	Stocks / Bonds \$ 0.00	
Tips, commissions, bonus and self-employed income \$ >1000.00	Alimony, child support payments \$ 0.00	Other Cash on Hand \$ 450.00 0.00	
Rents Received \$ 850.00	Net Rental Expenses \$ 0.00	Other Real Estate (estimated value) \$ 0.00	
Unemployment Income \$ 0	HOA/Condo Fees/Property Maintenance \$ 0.00	Other Personal Property \$ 2,200.00 Property car 2,000.00	
Food Stamps/Welfare \$	Car Payments \$ 0.00		
Other (investment income, royalties, interest, dividends etc) \$ 200.00 <i>Utility Reimbursement</i>	Other \$ 25.00 ^{B.N.} <i>Utilities/Gas \$ 300.00</i> <i>Food \$ 150.00</i> <i>Auto Insurance \$ 50.00</i>	Do not include the value of life insurance or retirement plans when calculating assets (401k, pension funds, annuities, IRA's, Keogh plans, etc.)	
Total (Gross income) \$ 2050.00	Total Debts/Expenses \$ 1,322.83	Total Assets \$ 6,300.00	

*****ALL INCOME MUST BE DOCUMENTED*****

*Include combined income and expenses from the borrower and co-borrower (if any). If you include income and expenses from a household member who is not a borrower please specify using the back of this form if necessary. You are not required to disclose Child Support, Alimony or Separation Maintenance income, unless you choose to have it considered by your servicer.

INFORMATION FOR GOVERNMENT MONITORING PURPOSES


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

BORROWER <input checked="" type="checkbox"/> I do not wish to furnish this information		CO-BORROWER <input type="checkbox"/> I do not wish to furnish this information	
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male		Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	
To be Completed by Interviewer		Interviewer's Name (print or type)	
This application was taken by:		Name/Address of Interviewer's Employer	
<input type="checkbox"/> Face-to-face interview		Interviewer's Signature Date	
<input type="checkbox"/> Mail			
<input type="checkbox"/> Telephone		Interviewer's Phone Number (include area code)	
<input type="checkbox"/> Internet			

ACKNOWLEDGEMENT AND AGREEMENT

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

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

	6-2-2010	N/A	N/A
Borrower Signature	Date	Co-Borrower Signature	Date

If you have questions about this document or the modification process, please call your servicer at 800-662-3806. If you have questions about the program that your servicer cannot answer or need further counseling, you can call the Homeowner's HOPE™ Hotline at 1-888-995-HOPE (4673). The Hotline can help with questions about the program and offers free HUD-certified counseling services in English and Spanish.



NOTICE TO BORROWER

Be advised that you are signing the following documents under penalty of perjury. Any misstatement of material fact made in the completion of these documents including but not limited to misstatement regarding your occupancy in your home, hardship circumstances, and/or income will subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud, and wire fraud. The information contained in these documents is subject to examination and verification. Any potential misrepresentation will be referred to the appropriate law enforcement authority for investigation and prosecution.

By signing the enclosed documents you certify, represent and agree that:

"Under penalty of perjury, all documents and information I have provided to Lender in connection with this Agreement, including the documents and information regarding my eligibility for the program, are true and correct."

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



(October 2009)

Department of the Treasury
Internal Revenue Service

▶ Request may not be processed if the form is incomplete or illegible.

Tip: Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge.

1a Name shown on tax return. If a joint return, enter the name shown first. <u>Blake Nateid</u>	1b First social security number on tax return
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
Blake Nateid 7006 Lunar Dr. Austin, TX 78745

4 Previous address shown on the last return filed if different from line 3

5 If the transcript 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.

Third party name <u>America's Servicing Company</u>	Telephone number <u>877-893-3606 x5907</u>
Address (including apt., room, or suite no.), city, state, and ZIP code <u>2701 Wells Fargo Way Minneapolis, MN 55467</u>	

6 Year(s) requested. Enter the year(s) of the return transcript you are requesting (for example, "2008"). Most requests will be processed within 10 business days.
2007 2008

Caution. If the transcript is being mailed to a third party, ensure that you have filled in line 6 before signing. Sign and date the form once you have filled in line 6. Completing these steps helps to protect your privacy.

Note. If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS may notify you or the third party that it was unable to locate a return, or that a return was not filed, whichever is applicable.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a. If the request applies to a joint return, either husband or wife must sign.

Note. This form must be received within 60 days of signature date.

Sign Here	Signature (see instructions) 	Date 	Telephone number of taxpayer on line 1a or 2a
	Spouse's signature	Date	

Purpose of form. Individuals can use Form 4506T-EZ to request a tax return transcript that includes most lines of the original tax return. The tax return transcript will not show payments, penalty assessments, or adjustments made to the originally filed return. You can also designate a third party (such as a mortgage company) to receive a transcript on line 5. Form 4506T-EZ cannot be used by taxpayers who file Form 1040 based on a fiscal tax year (that is, a tax year beginning in one calendar year and ending in the following year). Taxpayers using a fiscal tax year must file Form 4506-T, Request for Transcript of Tax Return, to request a return transcript.

Use Form 4506-T to request the following.

- A transcript of a business return (including estate and trust returns).
- An 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).
- A record of account, which is a combination of line item information and later adjustments to the account.
- A verification of nonfiling, which is proof from the IRS that you did not file a return for the year.
- A Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.

Form 4506-T can also be used for requesting tax return transcripts.

Automated transcript request. You can call 1-800-829-1040 to order a tax return transcript through the automated self-help system. You cannot have a transcript sent to a third party through the automated system.

Where to file. Mail or fax Form 4506T-EZ to the address below for the state you lived in when that return was filed.

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

Where to mail . . .

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 770-455-2335
Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
Alaska, Arizona, California, Colorado, District of Columbia, Hawaii, Idaho, Iowa, Kansas, Maine, Maryland, Massachusetts, Minnesota, Montana, New Hampshire, New Mexico, New York, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Vermont, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888 559-456-5876
Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia	RAIVS Team Stop 6705-B41 Kansas City, MO 64999 816-292-6102

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

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

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

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

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

The time needed to complete and file Form 4506T-EZ will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 9 min.; **Preparing the form**, 18 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

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

Financial Summary

saved on 05/10/2010

Client Number: [REDACTED]
Name: Blake B Naleid
Address: 7006 Lunar Dr
Austin, TX 78745

Income

	Client	
Take / Bring Home Pay	\$1,000.00	\$0.00
Part-time / Other	\$1,050.00	\$0.00
Income Total	\$2,050.00	\$0.00

Expenses

	Client	Counselor Recommended
AUTO	\$125.00	\$125.00
GASOLINE	125.00	125.00
CLOTHING	\$50.00	\$50.00
CLOTHING PURCHASES	50.00	50.00
FOOD	\$150.00	\$150.00
GROCERIES	150.00	150.00
INSURANCE	\$50.00	\$50.00
AUTO INSURANCE	50.00	50.00
MISCELLANEOUS	\$25.00	\$25.00
MISC - GENERAL	25.00	25.00
UTILITIES	\$135.00	\$135.00
ELECTRIC	60.00	60.00
PHONE	75.00	75.00
Expenses Total	\$535.00	\$535.00

Budget Worksheet

Total Income	\$2,050.00
- Mortgage / Rent	\$847.00
- Automobile Payments	\$0.00
- Total Expenses per Counselor	\$535.00
Funds Available for Debt Repayment	\$668.00
- Payments Not on DMP	\$0.00
Funds Available for DMP	\$668.00
- DMP Payment	\$0.00
Contingency Fund	\$668.00

Contingency Fund Options

Home Repairs / Maint.;
Automobile Maint. / Registration / Repairs;
Gifts; Education/School Costs; Texas Auto/Home/Personal

Payment Schedule

CCCS Payment
\$0.00 beginning

Deposit Date	Payment Amount
1	\$ 0.00

Please make scheduled payments on or before the scheduled day of each month.

Bl
5-12-2010

**AVIT Services
Profit & Loss
February 2010**

05/12/10

	Feb 1 - 6, '10	Week of Feb 7, '10	Week of Feb 14, '10	Week of Feb 21, '10	Feb 28, '10	TOTAL
Ordinary Income/Expense						
Income						
Independent Contractor	0.00	750.00	500.00	0.00	0.00	1,250.00
Total Income	0.00	750.00	500.00	0.00	0.00	1,250.00
Total Income	0.00	750.00	500.00	0.00	0.00	1,250.00
Net Ordinary Income	0.00	750.00	500.00	0.00	0.00	1,250.00
Net Income	0.00	750.00	500.00	0.00	0.00	1,250.00

Handwritten: [Signature]

Handwritten: 5-12-2010

AVIT Services
Profit & Loss
 March 2010

05/12/10

	Mar 1 - 6, '10	Week of Mar 7, '10	Week of Mar 14, '10	Week of Mar 21, '10	Mar 28 - 31, '10	TOTAL
Ordinary Income/Expense						
Income						
Independent Contractor	0.00	500.00	0.00	500.00	0.00	1,000.00
Total Income	0.00	500.00	0.00	500.00	0.00	1,000.00
Total Income	0.00	500.00	0.00	500.00	0.00	1,000.00
Net Ordinary Income	0.00	500.00	0.00	500.00	0.00	1,000.00
Net Income	0.00	500.00	0.00	500.00	0.00	1,000.00

PK —————
 S-12-2010

**AVIT Services
Profit & Loss
April 2010**

	Apr 1 - 3, '10	Week of Apr 4, '10	Week of Apr 11, '10	Week of Apr 18, '10	Apr 25 - 30, '10	TOTAL
Ordinary Income/Expense						
Income	750.00	250.00	0.00	750.00	0.00	1,750.00
Independent Contractor						
Total Income	750.00	250.00	0.00	750.00	0.00	1,750.00
Total Income	750.00	250.00	0.00	750.00	0.00	1,750.00
Net Ordinary Income	750.00	250.00	0.00	750.00	0.00	1,750.00
Net Income	<u>750.00</u>	<u>250.00</u>	<u>0.00</u>	<u>750.00</u>	<u>0.00</u>	<u>1,750.00</u>

Handwritten:
 RY
 M
 S-12-10
 DIED

AVIT Services
Profit & Loss Detail
 May 2010

06/02/10

Type	Date	Num	Name	Memo	Clr	Split	Amount	Balance
Ordinary Income/Expense								
Income								
Independent Contractor								
Invoice	5/2/2010	164	Earl Miller Productio...	Daily Rate for...		Accounts Rec...	250.00	250.00
Invoice	5/2/2010	165	Earl Miller Productio...	Daily Rate for...		Accounts Rec...	250.00	500.00
Invoice	5/29/2010	167	Earl Miller Productio...	Daily Rate for...		Accounts Rec...	1,400.00	1,900.00
							1,900.00	1,900.00
Total Independent Contractor								
							1,900.00	1,900.00
Total Income								
Sales								
Invoice	5/7/2010	166	Earl Miller Productio...			Accounts Rec...	85.00	85.00
							85.00	85.00
Total Sales								
							1,985.00	1,985.00
Total Income								
							1,985.00	1,985.00
Net Ordinary Income								
							<u>1,985.00</u>	<u>1,985.00</u>
Net Income								
							<u>1,985.00</u>	<u>1,985.00</u>

Handwritten: 6-2-10
 Net

CAPITAL ONE, NA
AUSTIN, TX 78731

5/12/10

PAY TO THE ORDER OF Blake Naleid

\$ **1,050.00

One Thousand Fifty and 00/100*****

DOLLARS

Blake Naleid
7006 Lunar Drive
Austin, TX 78745



Blake Naleid			5/12/10			
Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
4/8/10	Bill	156	300.00	300.00		300.00
4/8/10	Bill	157	250.00	250.00		250.00
4/8/10	Bill	158	250.00	250.00		250.00
4/10/10	Bill	159	250.00	250.00		250.00
				Check Amount		1,050.00

CAPITAL ONE CHEC

1,050.00