

# Home Affordable Modification Plan

## Cover Sheet

Please include this cover sheet with all  
documentation you return to America's Servicing Company

Loan No.: XXXXXXXXXX  
BLAKE NALEID

Documents Included: Please Indicate

- Tax Return*
- Paystub
  - ~~W2~~ - no W2 - All 1099 + schedule C
  - 4506T / EZ
  - Request for Modification and Affidavit (RMA)
  - Tax Return
  - Other (Please Describe) P&L for 2010 01-01-2010 through  
10-31-2010

Documents should be returned to:

Fax to: 866-359-7363  
OR  
Mail to:  
MAC X9999-01N  
2701 Wells Fargo Way  
Minneapolis, MN 55467-8000



# Making Home Affordable Program Request For Modification and Affidavit (RMA)



REQUEST FOR MODIFICATION AND AFFIDAVIT (RMA) page 1

Loan I.D. Number [REDACTED]

Servicer

BORROWER		CO-BORROWER	
Borrower's name <b>BLAKE NALEID</b>		Co-borrower's name	
Social Security number [REDACTED]	Date of birth [REDACTED]	Social Security number	Date of birth
Home phone number with area code [REDACTED]		Home phone number with area code	
Cell or work number with area code [REDACTED]		Cell or work number with area code	

**I want to:**  Keep the Property  Sell the Property  
**The property is my:**  Primary Residence  Second Home  Investment  
**The property is:**  Owner Occupied  Renter Occupied  Vacant

Mailing address  
*Same as Property address*

Property address (if same as mailing address, just write same) **7006 LUNAR DR  
AUSTIN, TX 78745** Email address [REDACTED]

Is this property listed for sale?  Yes  No  
 Have you received an offer on the property?  Yes  No  
 Date of offer \_\_\_\_\_ Amount of Offer \$ \_\_\_\_\_  
 Agent's Name: \_\_\_\_\_  
 Agent's Phone Number: \_\_\_\_\_  
 For Sale by Owner?  Yes  No

Who pays the real estate tax bill on your property?  
 I do  Lender does  Paid by condo or HOA  
 Are the taxes current?  Yes  No  
 Condominium or HOA Fees  Yes  No \$ \_\_\_\_\_  
 Paid to: \_\_\_\_\_

Have you contacted a credit-counseling agency for help?  Yes  No  
 If yes, please complete the following:  
 Counselor's Name: \_\_\_\_\_  
 Agency Name: \_\_\_\_\_  
 Counselor's Phone Number: \_\_\_\_\_  
 Counselor's Email: \_\_\_\_\_

Who pays the hazard insurance policy for your property?  
 I do  Lender Does  Paid by Condo or HOA  
 Is the policy current?  Yes  No  
 Name of Insurance Co. [REDACTED]  
 Insurance Co. Tel #: [REDACTED]

Have you filed for bankruptcy? Yes  No  If yes:  Chapter 7  Chapter 13 Filing Date: \_\_\_\_\_  
 Has your bankruptcy been discharged?  Yes  No Bankruptcy case number \_\_\_\_\_

Additional Liens/Mortgages or Judgments on this property:

Lien Holder's Name/Servicer	Balance	Contact Number	Loan Number
<i>Chase Home Finance</i>	<i>18,626.47</i>	<i>800-848-9380</i>	<i>0917131236</i>

**HARDSHIP AFFIDAVIT**

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 (check all that apply):

<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 checked="" 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 my current mortgage payment and cover basic living expenses at the same time.
<input type="checkbox"/> Other:	

**Explanation** (continue on back of page 3 if necessary): \_\_\_\_\_



**INCOME/EXPENSES FOR HOUSEHOLD<sup>1</sup>**

**Number of People in Household:**

Monthly Household Income		Monthly Household Expenses/Debt		Household Assets	
Monthly Gross Wages	\$ —	First Mortgage Payment	\$ 604.10	Checking Account(s)	\$ 4001.00
Overtime	\$ —	Second Mortgage Payment	\$ 241.65	Checking Account(s)	\$ —
Child Support / Alimony / Separation <sup>2</sup>	\$ —	Insurance	\$ escrow	Savings / Money Market	\$ —
Social Security/SSDI	\$ —	Property Taxes	\$ escrow	CDs	\$ —
Other monthly income from pensions, annuities or retirement plans	\$ —	Credit Cards / Installment Loan(s) (total minimum payment per month)	\$ 148.00	Stocks / Bonds	\$ —
Tips, commissions, bonus and self-employed income	\$ 1,737.00	Alimony, child support payments	\$ —	Other Cash on Hand	\$ —
Rents Received	\$ —	Net Rental Expenses	\$ 25.00	Other Real Estate (estimated value)	\$ —
Unemployment Income	\$ —	HOA/Condo Fees/Property Maintenance	\$ —	Household Assets	\$ 10,794.00
Food Stamps/Welfare	\$ —	Car Payments <i>Gas + Maint.</i>	\$ 225.00	Other Car	\$ 894.00
Other (investment income, royalties, interest, dividends etc.)	\$ —	Other <i>Food Utilities</i>	\$ 120.00 \$ 446.00	Do not include the value of life insurance or retirement plans when calculating assets (401k, pension funds, annuities, IRA's, Keogh plans, etc.)	
<b>Total (Gross Income)</b>	<b>\$ 1,737.00</b>	<b>Total Debts/Expenses</b>	<b>\$ 1,810.00</b>	<b>Total Assets</b>	<b>\$ 15,689</b>

**INCOME MUST BE DOCUMENTED**

<sup>1</sup>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.  
<sup>2</sup>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.**


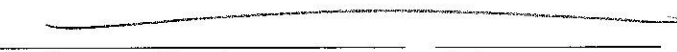
<b>BORROWER</b> <input checked="" type="checkbox"/> I do not wish to furnish this information		<b>CO-BORROWER</b> <input type="checkbox"/> I do not wish to furnish this information	
Ethnicity:	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity:	<input 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
<b>To be completed by interviewer</b>		Name/Address of Interviewer's Employer	
<b>This request was taken by:</b>  <input type="checkbox"/> Face-to-face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet	Interviewer's Name (print or type) & ID Number		
	Interviewer's Signature <span style="float:right">Date</span>		
	Interviewer's Phone Number (include area code)		



**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 document 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 their agents may investigate the accuracy of my statements and may require me to provide supporting documentation. I also understand that knowingly submitting false information may violate Federal law.
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 Making Home Affordable and may pursue foreclosure on my home.
5. 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 am willing to commit to credit counseling if it is determined that my financial hardship is related to excessive debt.
9. 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.


  
 Borrower Signature \_\_\_\_\_ Date 11-4-2010 \_\_\_\_\_ Co-Borrower Signature \_\_\_\_\_ Date \_\_\_\_\_

**HOMEOWNER'S HOTLINE**


*If you have questions about this document or the modification process, please call your servicer.*

*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 BORROWERS**

Be advised that by signing this document you understand that any documents and information you submit to your servicer in connection with the Making Home Affordable Program are 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, expenses, or assets 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 this document you certify, represent and agree that: "Under penalty of perjury, all documents and information I have provided to Lender in connection with the Making Home Affordable Program, 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](http://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.




# Short Form Request for Individual Tax Return Transcript

OMB No. 1545-2154

▶ 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.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.  Blake Naleid	<b>1b</b> First social security number on tax return  [REDACTED]			
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number if joint tax return			
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code  Blake Naleid, 7006 Lunar Dr., Austin, TX 78745				
<b>4</b> Previous address shown on the last return filed if different from line 3  same				
<b>5</b> 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 Wells Fargo Home Mortgage	Telephone number 800-842-7654			
Address (including apt., room, or suite no.), city, state, and ZIP code MAC X9999-01N, STE 300, 1000 BLUE GNTIAN ROAD, EAGAN MN 55121				
<b>6</b> 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. <table border="0"><tr><td style="text-align: center;">2009</td><td style="text-align: center;">2008</td><td style="text-align: center;">2007</td></tr></table>		2009	2008	2007
2009	2008	2007		

**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 the taxpayer whose name is shown on either line 1a or 2a. If the request applies to a joint return, either husband or wife must sign. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of signature date.

<b>Sign Here</b>	 Signature (see instructions)	11-4-2010 Date	Telephone number of taxpayer on line 1a or 2a 512-587-3233
	Spouse's signature	Date	

**AVIT Services**  
**Profit & Loss Detail**  
 January 1 through Oct. 31 2010

Type	Date	Num	Name	Memo	Amount	Balance	*Expense	Month Total
<b>Ordinary Income/Expense</b>								
Invoice	01/01/2010	170	██████████ Intel	Commission on Sales AISD PO p233436 p_	50.23	50.23	0	
Invoice	01/02/2010	146	██████████ Product	Daily Rate for TV Systems Maintenance	500.00	550.23	0	
Invoice	01/09/2010	147	██████████ Product	Daily Rate for TV Systems Maintenance	500.00	1,050.23	0	
Invoice	01/31/2010	148	██████████ Product	Daily Rate for TV Systems Maintenance	500.00	1,550.23	0	
			Ricardo L ██████	Rental Income	510.00	2,060.23	0	
							<b>January Total</b>	<b>2,060.23</b>
Invoice	02/14/2010	149	██████████ Product	Daily Rate for TV Systems Maintenance	500.00	2,560.23	0	
Invoice	02/21/2010	150	██████████ Product	Daily Rate for TV Systems Maintenance	250.00	2,810.23	0	
Invoice	02/27/2010	151	██████████ Product	Daily Rate for TV Systems Maintenance	250.00	3,060.23	0	
			Ricardo L ██████	Rental Income	496.33	3,556.56	0	
							<b>February Total</b>	<b>1,496.33</b>
Invoice	03/02/2010	152	██████████ Product	Daily Rate for TV Systems Maintenance	250.00	3,806.56	0	
Invoice	03/04/2010	153	██████████ Product	Daily Rate for TV Systems Maintenance	250.00	4,056.56	0	
Invoice	03/13/2010	154	██████████ Product	Daily Rate for TV Systems Maintenance	500.00	4,556.56	0	
Invoice	03/21/2010	155	██████████ Product	Daily Rate for TV Systems Maintenance	250.00	4,806.56	0	
			Ricardo L ██████	Rental Income	490.00	5,296.56	0	
							<b>March Total</b>	<b>1,740.00</b>
Invoice	04/05/2010	156	██████████ Product	Daily Rate for TV Systems Maintenance	300.00	5,596.56	0	
Invoice	04/06/2010	157	██████████ Product	Daily Rate for TV Systems Maintenance	250.00	5,846.56	0	
Invoice	04/07/2010	158	██████████ Product	Daily Rate for TV Systems Maintenance	250.00	6,096.56	0	
Invoice	04/10/2010	159	██████████ Product	Daily Rate for TV Systems Maintenance	250.00	6,346.56	0	
Invoice	04/13/2010	160	██████████ Product	Daily Rate for TV Systems Maintenance	250.00	6,596.56	0	
Invoice	04/16/2010	161	██████████ Product	Daily Rate for TV Systems Maintenance	250.00	6,846.56	0	
Invoice	04/25/2010	162	██████████ Product	Daily Rate for TV Systems Maintenance	250.00	7,096.56	0	
Invoice	04/27/2010	163	██████████ Product	Daily Rate for TV Systems Maintenance	250.00	7,346.56	0	
			Ricardo L ██████	Rental Income	481.00	7,827.56	0	
							<b>April Total</b>	<b>2,531.00</b>
Invoice	05/02/2010	164	██████████ Product	Daily Rate for TV Systems Maintenance	250.00	8,077.56	0	
Invoice	05/02/2010	165	██████████ Product	Daily Rate for TV Systems Maintenance	250.00	8,327.56	0	
Invoice	05/07/2010	166	██████████ Product	Daily Rate for Camera Operator	85.00	8,412.56	0	
Invoice	05/29/2010	167	██████████ Product	Daily Rate for TV Systems Maintenance	1,400.00	9,812.56	0	
			Ricardo L ██████	Rental Income	478.18	10,290.74	0	
			Lenny ██████	Rental Income	225.00	10,515.74	0	
							<b>May Total</b>	<b>2,688.18</b>

## AVIT Services Profit & Loss Detail January 1 through September 20, 2010

Type	Date	Num	Name	Memo	Amount	Balance	*Expense	Month Total
Invoice	06/04/2010	168	[REDACTED] Product		85.00	10,600.74	0	
Invoice	06/07/2010	169	[REDACTED] Product	Camera Operation	85.00	10,685.74	0	
Invoice	06/21/2010	172	[REDACTED] Product	Operate Camera	170.00	10,855.74	0	
			Ricardo [REDACTED]	Rental Income	504.00	11,359.74	0	
			Lenny [REDACTED]	Rental Income	502.00	11,861.74	0	
<b>June Total</b>								1,346.00
Invoice	07/06/2010	173	[REDACTED] Product	Operate Camera Round Rock Express	85.00	11,946.74	0	
Invoice	07/10/2010	174	[REDACTED] Product	Round Rock Express	85.00	12,031.74	0	
			Ricardo [REDACTED]	Rental Income	550.00	12,581.74	0	
			Lenny [REDACTED]	Rental Income	600.00	13,181.74	0	
<b>July Total</b>								1,320.00
Invoice	08/04/2010	175	[REDACTED] Product	Round Rock Express	85.00	13,266.74	0	
Invoice	08/20/2010	176	[REDACTED] Intel	Commission on Sales & Hourly consulting rate	1,221.43	14,488.17	0	
			Ricardo [REDACTED]	Rental Income	536.51	15,024.68	0	
			Lenny [REDACTED]	Rental Income	581.36	15,606.04	0	
<b>August Total</b>								2,424.30
Invoice	09/20/2010	177	[REDACTED] Product	Daily Rate for TV Systems	250.00	15,856.04	0	
			Ricardo [REDACTED]	Rental Income	575.00	16,431.04	0	
			Lenny [REDACTED]	Rental Income	600.00	17,031.04	0	
<b>September Total</b>								1,425.00
Invoice	10/01/2010	178	[REDACTED] Product	Daily Rate for TV Systems Maintenance	250.00	17,281.04	0	
Invoice	10/09/2010	179	[REDACTED] Product	Daily Rate for camera + setup	150.00	17,431.04	0	
Invoice	10/24/2010	180	[REDACTED] Product	Daily Rate - Big 12 Replay Maintenance	350.00	17,781.04	0	
Invoice	10/24/2010	180	[REDACTED] Product	Reimbursement - Per diem + Milage	136.30	17,917.34	40	
Invoice	10/24/2010	181	[REDACTED] Product	Daily Rate for Banquet - Maintenance	300.00	18,217.34	0	
Invoice	10/30/2010	182	[REDACTED] Product	Daily Rate - Big 12 Replay Maintenance	700.00	18,917.34	0	
Invoice	10/30/2010	182	[REDACTED] Product	Reimbursement - Per diem + Milage	181.70	19,099.04	55	
			Ricardo [REDACTED]	Rental Income	538.00	19,637.04		
			Lenny [REDACTED]	Rental Income	588.00	20,225.04		
<b>October Total</b>								3,194.00
					20,225.04		95	20,130.04

\*Expenses: Expenses listed are for Gas and Meals. Auto Maintenance and repair is listed in the household income/expense worksheet because I use the vehicle for both personal and business use.

ASC Account #  
[REDACTED]

Ble [Signature]

Date: 11-01-2010



██████████ PRODUCTIONS, INC.

Blake Naleid

9/8/10

Date	Type	Reference
8/4/10	Bill	175

Original Amt.	85.00
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Balance Due	85.00
Discount	
Check Amount	

Payment	85.00
	85.00

CAPITAL ONE CHEC

85.00



██, INC.

████████████████

Blake Naleid

10/27/10

Date	Type	Reference
9/20/10	Bill	177

Original Amt.
250.00

Balance Due	Discount
25.00	
Check Amount	

Payment
25.00
25.00

CAPITAL ONE CHEC

25.00



Blake Naleid

Date	Type	Reference
9/20/10	Bill	177

Original Amt.  
225.00

	10/20/10
Balance Due	Discount
225.00	
Check Amount	

Payment  
225.00  
225.00

CAPITAL ONE CHEC

225.00