

**HELPING YOU STAY IN YOUR HOME.**

  
MAKING HOME AFFORDABLE

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



October , 2009

Loan #:  
Property Address:

Dear :

You did it! By entering into a Home Affordable Modification Trial Period Plan you have taken the first step toward making your payment more affordable. We want to remind you that when you signed your Trial Period Plan, you agreed to work with a HUD-approved housing counseling agency. The service provided by the housing counseling agency is **FREE**. Counselors will work with you to create a household budget and develop an action plan to reduce your household debts. You can also count on your housing counselor to provide you with support during the loan modification process.

Your next step is to choose from the following housing counseling options:

- A. Select a HUD approved housing counseling agency by going to this website address: <http://www.hud.gov/offices/hsg/sfh/hcc/fc/>. The available agencies are listed by state and can provide you with either in-person counseling or counseling by phone.
- B. Or, select counseling by phone through the HOPE Hotline by calling 1-888-995-HOPE. This is an on-demand counseling service that is available 24-hours a day/7-days a week. The HOPE Hotline is available in Spanish or English (other languages are available on request).

Whichever option you select, the housing counseling services will be made available at **NO COST TO YOU**. Remember, it is **your responsibility** to contact one of these counseling agencies. It is also a requirement of your Trial Period Plan.

If you have questions about this requirement, please contact us at 1-877-222-7875.

Sincerely,

America's Servicing Company

The Making Home Affordable program was created to help millions of homeowners refinance or modify their mortgages. As part of this program, we - your mortgage servicer - and the Federal Government are working to offer you options to help you stay in your home.



**Enclosed are 3 envelopes:**

- The overnight envelope is for you to return the executed documents enclosed and your first payment.
- The second two envelopes are for you to return your second and third payments.

**Reminder:**

**Please include your loan number on all checks so we may identify your loan appropriately.**

Thank you!



**MAKING HOME AFFORDABLE**



**NOTICE TO BORROWERS**

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."

**SIGTARP Hotline**

If you are aware of fraud, waste, abuse, mismanagement or misrepresentations affiliated with the Troubled Asset Relief Program, please contact the SIGTARP Hotline by:

Online Form: [www.SIGTARP.gov](http://www.SIGTARP.gov)  
Phone: 877-SIG-2009 (toll-free)  
Fax: 202-622-4559  
Mail to: Hotline  
Office of the Special Inspector General  
For The Troubled Asset Relief Program  
1500 Pennsylvania Ave., NW, Suite 1064  
Washington, D.C. 20220

For all other inquiries related to your mortgage, please contact your Lender.

**HELPING YOU STAY IN YOUR HOME.**

  
MAKING HOME AFFORDABLE

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



October 2009

Loan #:  
Property Address:

Dear

We have good news about providing you a more affordable mortgage. You are eligible for the federal government's Home Affordable Modification Program!

Please carefully read the enclosed Home Affordable Modification Program Trial Period Plan ("Trial Period Plan"). Make sure that you understand it and that the statements set forth in the "My Representations" section are true and accurate.

### **STEP 1 ACCEPT THE TRIAL PERIOD PLAN OFFER**

To accept this offer and enter into the Home Affordable Modification Program, all borrowers must sign both copies of the enclosed Trial Period Plan. You must then return **BOTH** signed copies to us — along with your first trial period payment in the amount of \$1170.82 — by no later than 11/01/09.

### **STEP 2 MAKE YOUR TRIAL PERIOD PAYMENTS ON TIME**

Your remaining trial period payments in the amount of \$1170.82 will be due on or before 12/1/2009 and 1/1/2010. Your trial period payments should be sent instead of — **NOT IN ADDITION TO** — your normal monthly mortgage payments.

By no later than 11/01/09, please mail two signed copies of the Trial Period Plan and your first trial period payment to:

America's Servicing Company  
1000 Blue Gentian Rd Ste 300  
Mac code 9999-01N  
Eagan, MN. 55121

If you have any questions, please contact us at 1-877-222-7875

Sincerely,

America's Servicing Company

*The Making Home Affordable program was created to help millions of homeowners refinance or modify their mortgages. As part of this program, we -- your mortgage servicer -- and the Federal Government are working to offer you options to help you stay in your home.*

Attachments: Important Program Info, Frequently Asked Questions, and Two copies of the Trial Period Plan

C1VL-309-07-8

This communication is an attempt to collect a debt and any information obtained will be used for that purpose. However, if you have received a discharge of this debt in bankruptcy or are currently in a bankruptcy case, this notice is not intended as an attempt to collect a debt and, this company has a security interest in the property and will only exercise its rights as against the property.

With respect to loans located in the State of California, the state Rosenthal Fair Debt Collection Practices ACT and the federal Fair Debt Collection Practices Act require that, except under unusual circumstances, collectors may not contact you before 8 a.m. or after 9 p.m. They may not harass you by using threats or violence or arrest or by using obscene language. Collectors may not use false or misleading statements or call you at work if they know or have reason to know that you may not receive personal calls at work. For the most part, collectors may not tell another person, other than your attorney or spouse, about your debt. Collectors may contact another person to confirm your location or enforce a judgment. For more information about debt collections activities, you may contact the Federal Trade Commission at 1-877-FTC-HELP or [www.ftc.gov](http://www.ftc.gov).

**COMPLETE YOUR CHECKLIST**

This is the information we need to help you modify your mortgage payments.

## Act Now!

To accept this offer, and see if you qualify for a Home Affordable Modification, send the 5 items listed below to 1000 Blue Gentian Rd. Ste 300, MAC Code 9999-01N, Eagari, MN 55121 no later than . Use the return envelope provided for your convenience.

1. Two copies of the enclosed Trial Period Plan signed by all borrowers.
2. Your first month's trial period payment set forth in the Trial Period Plan.
3. The enclosed Hardship Affidavit completed and signed by all borrowers (no notary required).
4. A signed and dated copy of the IRS Form 4506-T (Request for Transcript of Tax Return) for each borrower (borrowers who filed their tax returns jointly may send in one IRS Form 4506-T signed and dated by both of the joint filers), and
5. Documentation to verify all of the income of each borrower (including any alimony or child support that you choose to rely upon to qualify). This documentation should include:

**For each borrower who is a salaried employee:**

- 1) Copy of the most recent filed federal tax return with all schedules; and
- 2) Copy of the two most recent pay stubs.

**For each borrower who is self-employed:**

- 1) Copy of the most recent filed federal tax return with all schedules, and
- Copy of the most recent quarterly or year-to-date profit/loss statement.

**For each borrower who has income such as social security, disability or death benefits, pension, public assistance, or unemployment:**

- 1) Copy of most recent federal tax return with all schedules and W-2 or copies of two most recent bank statements
- 2) Copy of benefits statement or letter from the provider that states the amount, frequency and duration of the benefit. Social security, disability, death or pension benefits must continue for at least 3 years to be considered qualifying income under this program. Public assistance or unemployment benefits must continue for at least 9 months to be considered qualifying income under this program.

**For each borrower who is relying on alimony or child support as qualifying income:**

- 1) Copy of divorce decree, separation agreement or other written agreement or decree that states the amount of the alimony or child support and period of time over which it will be received. Payments must continue for at least 3 years to be considered qualifying income under this program. Proof of full, regular and timely payments; for example deposit slips, bank statements, court verification or filed federal tax return with all schedules.

**For each borrower who has rental income:**

- 1) Copies of most recent two years filed federal tax returns with all schedules, including Schedule E— Supplement Income and Loss. Rental income for qualifying purposes will be 75% of the gross rent.

If you have other types of income, cannot locate required documents, or have questions about the documentation required, please contact us at (877) 222-7875.

**You must send in both signed copies of the Trial Period Plan, all required income documentation, and your first trial period payment by this date . If you cannot provide the documentation within the time frame provided, please contact us to request an extension of time to gather your documents.**

Keep a copy of all documents for your records. Don't send original income documentation as copies are acceptable.

**Your remaining trial period payments set forth in the Trial Period Plan will be due on or before . These payments should be sent instead of, not in addition to, your normal monthly mortgage payment. If the trial period payments are made in amounts different from the amount stated your loan may not be modified.**

If you cannot afford the trial period payments shown above, but want to remain in your home, or if you want to leave your home and avoid foreclosure, please call us at (877) 222-7875. We may be able to help you.

**IMPORTANT PROGRAM INFO**

Here's what you need to know about the Home Affordable Modification program.

**NO FEES.** There are no fees under the Home Affordable Modification Program.

**TRIAL PERIOD PLAN/MODIFICATION AGREEMENT.** The Trial Period Plan is the first step. Once we are able to finalize your modified loan terms, we will send you a loan modification agreement ("Modification Agreement"), which will reflect the terms of your modified loan. In addition to successfully completing the trial period, you will need to sign and promptly return to us both copies of the Modification Agreement or your loan can not be modified.

**NEW PRINCIPAL BALANCE.** Any past due amounts as of the end of the trial period, including unpaid interest, real estate taxes, insurance premiums and certain assessments paid on your behalf to a third party, will be added to your mortgage loan balance (the "Past Due Arrearage Amount"). **If you fulfill the terms of the trial period including, but not limited to, making the trial period payments, we will waive ALL unpaid late charges at the end of the trial period.**

**ESTIMATED MONTHLY PAYMENT.** At this time, we are not able to calculate precisely the Past Due Arrearage Amount or the amount of the modified loan payment that will be due after successful completion of the trial period. However, based on information we currently have, your trial period payment should be close to your modified loan payment. As we near the end of the trial period, we will calculate any past due amount to determine your new permanent monthly payment and other modified loan terms.

**ESCROW ACCOUNT.** The terms of your Trial Payment Plan and your Modification Agreement will require the servicer to set aside a portion of your new monthly payment in an escrow account for payment of your property taxes, insurance premiums and other required fees. Your current loan may also require escrows. If it does not, the previous waiver of escrows is cancelled under your Trial Period Plan. America's Servicing Company will draw on this account to pay your real estate taxes and insurance premiums as they come due. Please note that your escrow payment amount will adjust if your taxes, insurance premiums and/or assessment amounts change, so the amount of your monthly payment that the servicer must place in escrow will also adjust as permitted by law. This means that your monthly payment may change. Your initial monthly escrow payment will be **\$301.91**

**ESCROW SHORTAGE.** Due to the timing of your tax and insurance payments, we have determined that there will be a shortage of funds in your escrow account in the amount of **\$498.20**. You may pay this amount over a 5 year (60 months) period. This monthly payment has already been included in the monthly escrow payment stated above. **If you wish to pay the total shortage now as a lump sum, please contact us.**

**BORROWER INCENTIVE.** If your monthly mortgage payment (principal, interest, property taxes, hazard insurance, flood insurance, condominium association fees and homeowner's association fees, as applicable, but excluding mortgage insurance) is reduced through the Home Affordable Modification Program by six percent or more and if you make your modified monthly payments on time, you will accrue a monthly benefit equal to the lesser of: (i) **\$81.58** or (ii) one-half of the reduction in your monthly mortgage payment. As long as your mortgage loan does not become 90 days delinquent, we will apply your accrued monthly benefit to your mortgage loan and reduce your principal balance after each of the first through fifth anniversaries of the month in which the Trial Period Plan is executed. If your modified mortgage loan ever becomes 90 days delinquent, you will lose all accrued but unapplied principal reduction benefits and will no longer be eligible to accrue additional principal reduction benefits even if the mortgage loan is later brought current.

**CREDIT COUNSELING.** If you have very high levels of debt, you will be required to obtain credit counseling under the Home Affordable Modification Program.

**CREDIT REPORTING.** During the trial period, we will report your loan as delinquent to the credit reporting agencies even if you make your trial period payments on time. However, after your loan is modified, we will only report the loan as delinquent if the modified payment is not received in a timely manner.

**FREQUENTLY ASKED QUESTIONS****You've got questions. We've got answers.****Q. What if my trial period payment is less than the payment I currently owe on my loan?**

We will add the difference between the monthly payment that you currently owe on your loan and the trial period payment to your loan balance and allow you to pay it over the remainder of the modified loan term.

**Q. Will a foreclosure occur if I participate in the Home Affordable Modification Program?**

As long as you comply with the terms of the Trial Period Plan, we will not start foreclosure proceedings or conduct a foreclosure sale if foreclosure proceedings have started. If you fail to comply with the terms of the Trial Period Plan and do not make other arrangements, your loan will be enforced according to its original terms, which could include foreclosure.

**Q. What happens to my trial period payments if I do not comply with the terms of the Trial Period Plan?**

Your trial period payments will be applied to your existing loan according to the terms of your loan documents.

**Q. If I get a Home Affordable Modification, can my modified loan terms ever revert to the original terms?**

No. This is one of the advantages of the Home Affordable Modification Program. Once your loan is modified, the new terms stay in place for the remainder of your loan.

**Q. Do all borrowers have to sign the Trial Period Plan and other documents?**

Unless a borrower or co-borrower is deceased, all borrowers who signed the original loan documents or their duly authorized representative(s) must sign the Trial Period Plan, the Modification Agreement and all other required modification documents. Contact your servicer if it would be difficult or impossible for you to comply with this requirement.

**Q. Could my trial period payment be more than my current payment?**

Yes. For example, if your current payment does not include an escrow payment and you are now required to make monthly escrow payments, your trial period payment could be higher than your current payment. Note, however, that the increase in your payment under these circumstances would be offset by other tax and insurance bills you would no longer have to pay directly as we will pay those for you out of your escrow account.



## IMPORTANT INFORMATION ABOUT YOUR TRIAL PERIOD PLAN

Review of your loan is underway. Remember: you need to return the completed, signed package and required documents as soon as possible.

### **Important Escrow Information:**

- Once we receive this signed Trial Period Plan you will be required to have an escrow account to pay all future property taxes, and insurance premiums. Having an escrow account is a condition of the Home Affordable Modification program.
- If you have delinquent property taxes or insurance premiums, we will make those payments including all interest and penalties. We will then include those amounts in your new or existing escrow account.
- If you are currently responsible for paying your own property tax and/or insurance premiums, please continue to make those payments as usual until you return this signed package.

### **Important Payment Information:**

- If your payments are being electronically withdrawn, whether by us or any other provider, it is your responsibility have withdrawals stopped if and when it is appropriate, but this would most likely be when you move from your current payment to a trial period payment.
- If you need America's Servicing Company to cancel your withdrawals, please call us at 1-866-386-8519 (Monday-Friday 6 a.m. to 10 pm CST and Saturday 8 a.m. to 2 p.m.) at least 5 business days prior to the date you wish to have the withdrawals stopped.
- If you would like to use our Easy Pay process to make your trial period payments by phone, please contact us at 1-800-662-3806.

Note: You will receive a form to re-start automatic, on-going electronic withdrawals when your loan is formally modified at the end of your trial period.

**\*\*Please see payment coupons attached for your convenience\*\***

Investor Loan # \_\_\_\_\_

**HOME AFFORDABLE MODIFICATION PROGRAM  
LOAN TRIAL PERIOD  
(Step One of Two-Step Documentation Process)**

Loan Trial Period Effective Date: 11/01/2009

Borrower ("I")<sup>1</sup>:

Lender: America's Servicing Company

Date of first lien Security Instrument and Note:

Loan Number:

Property Address:

If I am in compliance with this Loan Trial Period and my representations in Section 1 continue to be true in all material respects, then the Lender will provide me with a Loan Modification Agreement, as set forth in Section 3, that would amend and supplement (1) the Mortgage on the Property, and (2) the Note secured by the Mortgage. The Mortgage and Note together, as they may previously have been amended, are referred to as the "Loan Documents." Capitalized terms used in this Plan and not defined have the meaning given to them in the Loan Documents.

If I have not already done so, I am providing confirmation of the reasons I cannot afford my mortgage payment and documents to permit verification of all of my income (except that I understand that I am not required to disclose any child support or alimony unless I wish to have such income considered) to determine whether I qualify for the offer described in this Plan. I understand that after I sign and return two copies of this Plan to the Lender, the Lender will send me a signed copy of this Plan if I qualify for the Offer or will send me written notice that I do not qualify for the Offer. This Plan will not take effect unless and until both I and the Lender sign it and Lender provides me with a copy of this Plan with the Lender's signature.

1. **My Representations** I certify, represent to Lender and agree:
  - A. I am unable to afford my mortgage payments for the reasons indicated in my Hardship Affidavit and as a result, (i) I am either in default or believe I will be in default under the Loan Documents in the near future, and (ii) I do not have access to sufficient liquid assets to make the monthly mortgage payments now or in the near future;
  - B. I live in the Property as my principal residence, and the Property has not been condemned;
  - C. There has been no change in the ownership of the Property since I signed the Loan Documents;
  - D. I am providing or already have provided documentation for all income that I receive (except that I understand that I am not required to disclose any child support or alimony that I receive, unless I wish to have such income considered to qualify for the Offer);
  - E. Under penalty of perjury, all documents and information I have provided to Lender pursuant to this Plan, including the documents and information regarding my eligibility for the program, are true and correct; and
  - F. If Lender requires me to obtain credit counseling, I will do so.
  - G. If I have been discharged in a Chapter 7 bankruptcy proceeding subsequent to the

<sup>1</sup> If there is more than one Borrower or Mortgagor executing this document, each is referred to as "I". For purposes of this document words signifying the singular (such as "I") shall include the plural (such as "we") and vice versa where appropriate.

execution of the Loan Documents. Based on this representation, Lender agrees that I will not have personal liability on the debt pursuant to this Plan. I understand and agree that the Lender will not be obligated or bound to make any modification of the Loan Documents or to execute the Modification Agreement if the Lender has not received an acceptable title endorsement and/or subordination agreements from other lien holders, as necessary, to ensure that the modified mortgage Loan retains its first lien position and is fully enforceable.

2. **The Loan Trial Period.** On or before each of the following due dates, I will pay the Lender the amount set forth below **\$1170.82** , which includes payment for Escrow Items, including real estate taxes, insurance premiums and other fees, if any, of U.S. **\$301.91**

| Trial Period Payment # | Trial Period Payment | Due Date On or Before |
|------------------------|----------------------|-----------------------|
| 1                      | <b>\$1170.82</b>     | 11/01/2009            |
| 2                      | <b>\$1170.82</b>     | 12/01/2009            |
| 3                      | <b>\$1170.82</b>     | 01/01/2010            |
|                        |                      |                       |

The Trial Period Payment is an estimate of the payment that will be required under the modified loan terms, which will be finalized in accordance with Section 3 below.

During the period 11/1/2009-1/1/2010 commencing on 11/1/2009 and ending on the earlier of: (i) the first day of the month following the month in which the last Trial Period Payment is due 2/1/2010 or (ii) termination of this Plan, I understand and acknowledge that:

- A. TIME IS OF THE ESSENCE under this Plan;
- B. Except as set forth in Section 2.C. below, the Lender will suspend any scheduled foreclosure sale, provided I continue to meet the obligations under this Plan, but any pending foreclosure action will not be dismissed and may be immediately resumed from the point at which it was suspended if this Plan terminates, and no new notice of default, notice of intent to accelerate, notice of acceleration, or similar notice will be necessary to continue the foreclosure action, all rights to such notices being hereby waived to the extent permitted by applicable law;
- C. If my property is located in Georgia, Hawaii, Missouri, or Virginia and a foreclosure sale is currently scheduled, the foreclosure sale will not be suspended and the lender may foreclose if I have not made each and every Trial Period Payment that is due before the scheduled foreclosure sale. If a foreclosure sale occurs pursuant to this Section 2.C., this agreement shall be deemed terminated;
- D. The Lender will hold the payments received during the Trial Period in a non-interest bearing account until they total an amount that is enough to pay my oldest delinquent monthly payment on my loan in full. If there is any remaining money after such payment is applied, such remaining funds will be held by the Lender and not posted to my account until they total an amount that is enough to pay the next oldest delinquent monthly payment in full;
- E. When the Lender accepts and posts a payment during the Trial Period it will be without prejudice to, and will not be deemed a waiver of, the acceleration of the loan or foreclosure action and related activities and shall not constitute a cure of my default under the Loan Documents unless such payments are sufficient to completely cure my entire default under the Loan Documents;
- F. If prior to the Modification Effective Date, (i) the Lender does not provide me a fully executed copy of this Plan and the Modification Agreement; (ii) I have not made the Trial Period payments required under Section 2 of this Plan; or (iii) the Lender determines that my representations in Section 1 are no longer true and correct, the Loan Documents will not be modified and this Plan will terminate. In this event, the Lender will have all of the rights and remedies provided by the Loan Documents, and any payment I make under this Plan shall

be applied to amounts I owe under the Loan Documents and shall not be refunded to me; and

- G. I understand that the Plan is not a modification of the Loan Documents and that the Loan Documents will not be modified unless and until (i) I meet all of the conditions required for modification, (ii) I receive a fully executed copy of a Modification Agreement, and (iii) the Modification Effective Date has passed. I further understand and agree that the Lender will not be obligated or bound to make any modification of the Loan Documents if I fail to meet any one of the requirements under this Plan. If under the Lender's procedures, title endorsement(s) and/or subordination agreement(s) are required to ensure that the modified Loan Documents retain first lien position and are fully enforceable, I understand and agree that the Lender will not be obligated or bound to make any modification of the Loan Documents or to execute the Modification Agreement if the Lender has not received acceptable title endorsement(s) and/or subordination agreement(s) from other lien holders, as Lender determines necessary.
3. **The Modification.** I understand that once Lender is able to determine the final amounts of unpaid interest and any other delinquent amounts (except late charges) to be added to my loan balance and after deducting from my loan balance any remaining money held at the end of the Trial Period under Section 2.D above, the Lender will determine the new payment amount. If I comply with the requirements in Section 2 and my representations in Section 1 continue to be true in all material respects, the Lender will send me a Modification Agreement for my signature which will modify my Loan Documents as necessary to reflect this new payment amount and waive any unpaid late charges accrued to date. The Modification Agreement will provide that, as of the Modification Effective Date, a buyer or transferee of the Property will not be permitted, under any circumstance, to assume the loan. Upon execution of a Modification Agreement by the Lender and me, this Plan shall terminate and the Loan Documents, as modified by the Modification Agreement, shall govern the terms between the Lender and me for the remaining term of the loan.
4. **Additional Agreements.** I agree to the following:
- A. That, unless a borrower or co-borrower is deceased, all persons who signed the Loan Documents have signed this Plan.
- B. To comply, except to the extent that they are modified by this Plan, with all covenants, agreements, and requirements of Loan Documents, including my agreement to make all payments of taxes, insurance premiums, assessments, Escrow Items, impounds, and all other payments, the amount of which may change periodically over the term of my loan.
- C. That this Plan constitutes notice that the Lender's waiver as to payment of Escrow Items, if any, has been revoked, and I have been advised of the amount needed to fully fund my Escrow Account.
- D. That all terms and provisions of the Loan Documents remain in full force and effect; nothing in this Plan shall be understood or construed to be a satisfaction or release in whole or in part of the obligations contained in the Loan Documents. The Lender and I will be bound by, and will comply with, all of the terms and provisions of the Loan Documents.
- E. Notwithstanding anything herein to the contrary, if my final two trial period payments are received by America's Servicing Company after the close of business on the 15<sup>th</sup> calendar day of the last month of the Trial Period but before the end of the Trial Period, I agree that the Trial Period shall be extended by one calendar month (the "Additional Trial Period"). I agree to abide by all terms and provisions of this Trial Period during the additional Trial Period. In addition, I agree to make a Trial Period Payment in the amount of \$1170.82 no more than 30 days after the last due date listed in the chart in Section 2 above.
- F. That Lender 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 this Trial Period Plan and the Modification Agreement by Lender to (a) the U.S. Department of the Treasury, (b) Fannie Mae and Freddie Mac in connection with their responsibilities under the Home 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 for the Home Affordable Modification Program and the Second Lien Modification Program; and (e) any HUD certified housing counselor.

In Witness Whereof, the Lender and I have executed this Plan.

America's Servicing Company  
Lender

\_\_\_\_\_  
Borrower (Seal)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Borrower (Seal)

\_\_\_\_\_  
Date

# FINANCIAL WORKSHEET

LOAN NUMBER: \_\_\_\_\_

Primary Insurance Certificate No: \_\_\_\_\_

MIC/LGIC No: \_\_\_\_\_

|                              |                                        |
|------------------------------|----------------------------------------|
| Borrower's Name              | Social Security Number                 |
| Borrower's Name              | Social Security Number                 |
| Home Telephone Number (    ) | Work Telephone Number(s) (    ) (    ) |

If necessary, who should we call to set up an appointment to appraise the property:

**PROPERTY ADDRESS**

Street Address, City, State, Zip Code

**MAILING ADDRESS (if different than property address)  Rent  Own How Long**

Street Address, City, State, Zip Code

**I. MONTHLY INCOME DATA**

| DESCRIPTION             | INCOME BORROWER | INCOME CO-BORROWER | TOTAL |
|-------------------------|-----------------|--------------------|-------|
| GROSS SALARY/WAGES      |                 |                    |       |
| COMMISSION/BONUSES      |                 |                    |       |
| OTHER (IDENTIFY)        |                 |                    |       |
| <b>TOTAL NET INCOME</b> |                 |                    |       |

**II. ASSETS**

**III. LIABILITIES**

| DESCRIPTION                 | ESTIMATED VALUE | DESCRIPTION               | MONTHLY PAYMENT | BALANCE DUE |
|-----------------------------|-----------------|---------------------------|-----------------|-------------|
| HOME                        |                 | MORTGAGE                  |                 |             |
| OTHER REAL ESTATE (explain) |                 | OTHER MORTGAGE/RENT       |                 |             |
| AUTOMOBILE                  |                 | ALIMONY/CHILD CARE        |                 |             |
| AUTOMOBILE                  |                 | AUTOMOBILE                |                 |             |
| CHECKING ACCOUNTS           |                 | AUTOMOBILE                |                 |             |
| SAVINGS/MONEY MKT.          |                 | UTILITIES (total)         |                 |             |
| IRA/KEOGH ACCOUNTS          |                 | INSURANCE                 |                 |             |
| 401K/SOP ACCOUNTS           |                 | STUDENT LOAN              |                 |             |
| STOCKS/BONDS, CDs           |                 | CREDIT CARDS (total)      |                 |             |
| OTHER INVESTMENT (explain)  |                 | OTHER EXPENSES (Identify) |                 |             |
|                             |                 | <b>TOTAL</b>              |                 |             |

Please briefly explain your hardship or reason for being delinquent:

I (we) certify that the financial information stated above is true, and is an accurate statement of my/our financial condition. I/We understand and acknowledge that any action taken by the lender of my/our mortgage loan on my/our behalf will be made in strict reliance on the financial information provided. My/Our signature(s) below grants the holder of my/our mortgage the authority to obtain a credit report to verify the information in this financial to be accurate

NOTICE: A lender is allowed to require the use of an Attorney, Escrow Agent, Credit Reporting Agency or Real Estate Appraiser chosen to represent the lender's interest.

By \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**FINAL INSTRUCTIONS**

- Make sure you have signed and dated the form
- Include copy of your last year's Federal Tax Return with all attachments
- Include copy of your most recent paystubs or proof of income if self-employed

## Home Affordable Modification Program Hardship Affidavit

Borrower Name (first, middle, last): \_\_\_\_\_

Borrower Date of Birth: \_\_\_\_\_

Co-Borrower Name (first, middle, last): \_\_\_\_\_

Co-Borrower Date of Birth: \_\_\_\_\_

Property Street Address: \_\_\_\_\_

Property City, ST, Zip: \_\_\_\_\_

Servicer: America's Servicing Company

Loan Number: \_\_\_\_\_

In order to qualify for Wells Fargo Home Mortgage's offer to enter into an agreement to modify my loan under the federal government's Home Affordable Modification Program (the "Agreement"), I/we am/are submitting this form to the Servicer and indicating by my/our checkmarks ("✓") the one or more events that contribute to my/our difficulty making payments on my/our mortgage loan.

|                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Borrower                 |                          | Co-Borrower              |                          |
| Yes                      | No                       | Yes                      | No                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

My income has been reduced or lost. For example: unemployment, underemployment, reduced job hours, reduced pay, or a decline in self-employed business earnings. I have provided details below under "Explanation."

|                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes                      | No                       | Yes                      | No                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

My household financial circumstances have changed. For example: death in family, serious or chronic illness, permanent or short-term disability, increased family responsibilities (adoption or birth of a child, taking care of elderly relatives or other family members). I have provided details below under "Explanation."

|                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes                      | No                       | Yes                      | No                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

My expenses have increased. For example: monthly mortgage payment has increased or will increase, high medical and health-care costs, uninsured losses (such as those due to fires or natural disasters), unexpectedly high utility bills, increased real property taxes. I have provided details below under "Explanation."

|                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes                      | No                       | Yes                      | No                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

My cash reserves are insufficient to maintain the payment on my mortgage loan and cover basic living expenses at the same time. Cash reserves include assets such as cash, savings, money market funds, marketable stocks or bonds (excluding retirement accounts). Cash reserves do not include assets that serve as an emergency fund (generally equal to three times my monthly debt payments). I have provided details below under "Explanation."

|                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes                      | No                       | Yes                      | No                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

My monthly debt payments are excessive, and I am overextended with my creditors. I may have used credit cards, home equity loans or other credit to make my monthly mortgage payments. I have provided details below under "Explanation."

|                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes                      | No                       | Yes                      | No                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

There are other reasons I/we cannot make our mortgage payments. I have provided details below under "Explanation."

**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 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                                                                                                                                                                                  |  |
| <b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino<br><input type="checkbox"/> Not Hispanic or Latino                                                                                                                                                       |  | <b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino<br><input type="checkbox"/> Not Hispanic or Latino                                                                                                                                                       |  |
| <b>Race:</b> <input type="checkbox"/> American Indian or Alaska Native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Native Hawaiian or Other Pacific Islander<br><input type="checkbox"/> White |  | <b>Race:</b> <input type="checkbox"/> American Indian or Alaska Native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Native Hawaiian or Other Pacific Islander<br><input type="checkbox"/> White |  |
| <b>Sex:</b> <input type="checkbox"/> Female<br><input type="checkbox"/> Male                                                                                                                                                                                           |  | <b>Sex:</b> <input type="checkbox"/> Female<br><input type="checkbox"/> Male                                                                                                                                                                                           |  |
| <b>To be Completed by Interviewer</b>                                                                                                                                                                                                                                  |  | Interviewer's Name (print or type)                                                                                                                                                                                                                                     |  |
| <input type="checkbox"/> Face-to-face interview<br><input type="checkbox"/> Mail<br><input type="checkbox"/> Telephone<br><input type="checkbox"/> Internet                                                                                                            |  | Name/Address of Interviewer's Employer                                                                                                                                                                                                                                 |  |
|                                                                                                                                                                                                                                                                        |  | Interviewer's Signature                      Date                                                                                                                                                                                                                      |  |
|                                                                                                                                                                                                                                                                        |  | Interviewer's Phone Number (include area code)                                                                                                                                                                                                                         |  |

**Borrower/Co-Borrower Acknowledgement**

1. Under penalty of perjury, I/we certify that all of the information in this affidavit is truthful and the event(s) identified above has/have contributed to my/our need to modify the terms of my/our mortgage loan.
2. I/we understand and acknowledge the Servicer may investigate the accuracy of my/our statements, may require me/us to provide supporting documentation, and that knowingly submitting false information may violate Federal law.
3. I/we understand the Servicer will pull a current credit report on all borrowers obligated on the Note.
4. I/we understand that if I/we have intentionally defaulted on my/our existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this Hardship Affidavit, or if I/we do not provide all of the required documentation, the Servicer may cancel the Agreement and may pursue foreclosure on my/our home.
5. I/we certify that my/our property is owner-occupied and I/we have not received a condemnation notice.
6. I/we certify that I/we am/are willing to commit to credit counseling if it is determined that my/our financial hardship is related to excessive debt.
7. I/we certify that I/we am/are willing to provide all requested documents and to respond to all Servicer communication in a timely manner. I/we understand that time is of the essence.



8. I/we understand that the Servicer will use this information to evaluate my/our eligibility for a loan modification or other workout, but the Servicer is not obligated to offer me/us assistance based solely on the representations in this affidavit.
9. I/we accept and agree to all terms of the Home Affordable Modification Trial Period ("Trial Period") Plan which is incorporated herein by reference as if set forth in full.
10. I/we agree that when the Servicer accepts and posts a payment during the Trial Period it will be without prejudice to, and will not be deemed a waiver of, the acceleration of my loan or foreclosure action and related activities and shall not constitute a cure of my default under my loan unless such payments are sufficient to completely cure my entire default under my loan.
11. I/we agree that any prior waiver as to payment of escrow items in connection with my loan has been revoked.
12. I/we agree to the establishment of an escrow account and the payment of escrow items if an escrow account never existed on my loan.
13. I/we 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 the Trial Period Plan and Modification 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 for the Home Affordable Modification Program and the Second Lien Modification Program; and (e) any HUD certified housing counselor.

|                         |      |                         |      |
|-------------------------|------|-------------------------|------|
| Borrower Signature      | Date | Co-Borrower Signature   | Date |
| E-mail Address: _____   |      | E-mail Address: _____   |      |
| Cell Phone # _____      |      | Cell Phone # _____      |      |
| Home Phone # _____      |      | Home Phone # _____      |      |
| Work Phone # _____      |      | Work Phone # _____      |      |
| Social Security # _____ |      | Social Security # _____ |      |

Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(The page contains a series of horizontal lines, suggesting a table or form structure, but no data or text is present.)*

Form **4506-T**

**Request for Transcript of Tax Return**

(Rev. January 2008)

Department of the Treasury  
Internal Revenue Service

▶ **Do not sign this form unless all applicable lines have been completed.**  
**Read the instructions on page 2.**

OMB No 1545-1872

▶ **Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.**

**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. ▶ 1040
- 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.

12 / 31 / 2008

12 / 31 / 2007

    /    /    

    /    /    

**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.

|                  |                                                                          |      |                                                         |
|------------------|--------------------------------------------------------------------------|------|---------------------------------------------------------|
| <b>Sign Here</b> | Signature (see instructions)                                             | Date | Telephone number of taxpayer on line 1a or 2a<br>(    ) |
|                  | Title (if line 1a above is a corporation, partnership, estate, or trust) |      |                                                         |
|                  | Spouse's signature                                                       | Date |                                                         |
|                  |                                                                          |      |                                                         |

## General Instructions

**Purpose of form.** Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

**Tip.** Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

**Where to file.** Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

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

**Note.** You can also call 1-800-829-1040 to request a transcript or get more information.

### Chart for individual transcripts (Form 1040 series and Form W-2)

| If you filed an individual return and lived in:                                                                                                                                                          | Mail or fax to the "Internal Revenue Service" at:                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York, Vermont                                                                                                                   | RAVS Team<br>Stop 879<br>Andover, MA 05501<br><br>978-247-9255                     |
| Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia                                                                                                              | RAVS Team<br>P.O. Box 47-421<br>Stop 91<br>Doraville, GA 30362<br><br>770-455-2335 |
| Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address                                                                                                       | RAVS Team<br>Stop 6716 AUSC<br>Austin, TX 73301<br><br>512-460-2272                |
| Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa, Kansas, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming | RAVS Team<br>Stop 37106<br>Fresno, CA 93888<br><br>559-456-5876                    |
| Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia                                                                                              | RAVS Team<br>Stop 5705-B41<br>Kansas City, MO 64999<br><br>816-292-6102            |

### Chart for all other transcripts

| If you lived in or your business was in:                                                                                                                                                                                                                                                                                               | Mail or fax to the "Internal Revenue Service" at:                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address | RAVS Team<br>P.O. Box 9941<br>Mail Stop 6734<br>Ogden, UT 84409<br><br>801-820-6922     |
| Connecticut, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, Wisconsin                                                                 | RAVS Team<br>P.O. Box 145500<br>Stop 2800 F<br>Cincinnati, OH 45250<br><br>859-689-3592 |

**Line 1b.** Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

**Line 6.** Enter only one tax form number per request.

**Signature and date.** Form 4506-T 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 4506-T within 60 days of the date signed by the taxpayer or it will be rejected.

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

**Corporations.** Generally, Form 4506-T 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.

**Partnerships.** Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

**All others.** See Internal Revenue Code section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

**Documentation.** For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the Letters Testamentary authorizing an individual to act for an estate.

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. Sections 6103 and 8109 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, 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 4506-T 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.; 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 4506-T 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.

**Loan Number:**

**Payment Amount Due: \$1170.82**

**Payment Due Date: 11/1/2009**

America's Servicing Company  
Suite L2-200  
1200 West 7th Street  
Los Angeles, CA 90017

**Loan Number:**

**Payment Amount Due: \$1170.82**

**Payment Due Date: 12/1/2009**

America's Servicing Company  
Suite L2-200  
1200 West 7th Street  
Los Angeles, CA 90017

**Loan Number:**

**Payment Amount Due: \$1170.82**

**Payment Due Date: 1/1/2010**

America's Servicing Company  
Suite L2-200  
1200 West 7th Street  
Los Angeles, CA 90017