

CENTRAL MORTGAGE COMPANY

www.CentralMortgageOnline.com

Foreclosure Alternatives

EUNICE RODRIGUEZ
ANA DURAN
112 QUAKER ROAD TRAILER PARK
POMONA, NY 10970-2932

July 11, 2011

Loan Number: 0292119233
Property Address:
165-167 Temple Street
Paterson, NJ 07522

Dear Mortgagor(s):

As your servicer, we want to help you avoid a foreclosure sale. Since your loan has already begun the foreclosure process, it is imperative that you act now. **Please be advised that any foreclosure sale scheduled will not be postponed unless ALL documentation required by this package has been received and it has been determined that you possibly qualify for a foreclosure alternative. If your property is located in Florida, we may not be able to request a postponement of a set foreclosure sale date even if a complete package is received prior to the scheduled date.** Please review the *Foreclosure Alternative List* on page 2 for a list of options that may be available to you. On page 3, we have included a *Documentation Checklist* in order to help you submit a complete request.

Please respond by July 18, 2011 using one of the following methods:



Overnight Mail: 801 John Barrow Rd Suite 1 Little Rock, AR 72205



Fax: (501)716-5658



Email: cmchardshipassistance@arvest.com

Once we receive all of your information, we will review and determine your eligibility. The review process can take up to 14 business days or longer. **AGAIN, ALL DOCUMENTATION REQUESTED BY THIS PACKAGE IS REQUIRED. PLEASE BE ADVISED THAT THERE IS NO GUARANTEE THAT THE FORECLOSURE SALE WILL BE POSTPONED.** If you have any questions please call us at 1.800.366.2132 extension 3894. You may also email questions or documentation to cmchardshipassistance@arvest.com

Sincerely,
Central Mortgage Company
801 John Barrow Road Suite 1
Little Rock, Arkansas 72205
1.800.366.2132 extension 3894
Monday-Friday 8:00am- 5:00pm CST

Attachments: Foreclosure Alternatives List, Documentation Checklist, Borrower Financial Statement, IRS Form 4506-T, and Verification of Employment Form



Foreclosure Alternatives List

Traditional Modification

- We may be able to request that the investor and/or insurer approve the capitalization of delinquent interest, escrow, and any legal fees. If you qualify, a reduction of interest rate or an extension of the term of your loan may be considered. **An escrow account for taxes and insurance is a modification requirement.**

Pre-sale

- If your loan balance is higher than your current property value; it may be possible for the investor and/or insurer to accept a reduced amount towards the satisfaction of the debt. **Note: Prior to requesting this option, the property must be listed with a licensed realtor and have an offer.**

Deed-in-Lieu

- If you have been unsuccessful in your efforts to sell your property and are able to render clear title, the investor and/or insurer may consider accepting a deed to your property in lieu of foreclosure

Note: As required by law, we may report non-retention options such as pre-sale and deed-in-lieu to the IRS and it may result in tax consequences. You may consult the IRS by visiting www.irs.gov or contact your tax advisor for further information. **All listed options will not interrupt normal collections/foreclosure proceedings unless we receive written authorization from the investor/insurer.** Please visit our website at www.centralmortgageonline.com to find the Hardship Assistance Frequently Asked Questions (copies are available upon request). You may find additional information at www.knowyouroptions.com.

Documentation Checklist

We require **ALL** of the following:

Enclosed Forms:

- Borrower's Financial Statement
- IRS Form 4506-T
- Verification of Employment Form
- Property Lien Affidavit

Supporting Documentation:

- Most recently filed Federal Tax Returns Signed and Dated or proof of electronic filing** (Note: If you filed an extension request, the documentation is also required.)
- 2 most recent complete Bank Statements for all accounts with all pages** (i.e. saving, checking, money market, business accounts, etc.) Note: We will not accept an online printout.
- Most recent Homeowners Association Statement** (if applicable)
- Proof of current Homeowners Insurance Policy* and Property Tax Receipt** *If the property is a condo, we require a copy of the Condominium's Current Master Policy
Please note that any dwelling coverage insurance that has been Force Placed by Central Mortgage Company is not an acceptable form of current insurance for a modification request.
- Original Death Certificate and any pertinent affidavit**, for each deceased borrower. Must have original document stamp. (if applicable)
- Divorce Decree and Recorded Quitclaim Deed**, applicable only if borrower and co-borrower where married when loan originated. (if applicable)




Proof of Monthly Income:

- W2 Employee:** 2 current paystubs indicating year-to-date earnings
- Self Employed or 1099 Employee:** Year-to-date Profit and Loss Statement Signed and Dated
- Social Security, Disability:** Current year benefit letter.
- Lease Agreements**, for all properties currently rented.
- Contributor:**
 - Letter signed by contributor allowing for the use of income contributed to the household and to pull their credit report (must provide social security number) **and**
 - Proof of contributor source of income (same as above)

Additional Documentation for Non-Retention Options:

- Listing Agreement**
- Borrower Authorization for Real Estate Agent**
- Purchase Agreement** (Required for a Pre-sale)
- HUD-1 and Buyer Pre-Approval Letter** (Required for a Pre-sale)

Please respond by July 18, 2011 using one of the following methods:

-  **Overnight Mail:** 801 John Barrow Rd Suite 1 Little Rock, AR 72205
-  **Fax:** (501)716-5658
-  **Email:** cmchardshipassistance@arvest.com

PLEASE BE ADVISED THAT THERE IS NO GUARANTEE THAT THE FORECLOSURE SALE WILL BE POSTPONED.



CENTRAL MORTGAGE COMPANY

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Borrower Financial Statement

Servicer Loan Number: **0292119233** _____ Investor Loan Number: _____

I want to: Keep the Property Sell the Property

If property is listed for sale please provide the following:

Agent Name: _____ Agent Phone Number: _____ Agent Email Address: _____

The property is: My Primary Residence An Investment A Second Home

Occupancy: Owner Renter Vacant

My hardship is: Short-term Long-term Permanent

Note: Form must be completed by all persons who signed the note.

Borrower Information	Co-Borrower Information
Borrower's Name: EUNICE RODRIGUEZ	Co-borrower Name: ANA DURAN
Social Security number: _____ Date of birth: _____	Social Security number: _____ Date of birth: _____
Home phone number with area code: _____	Home phone number with area code: _____
Cell or work number with area code: _____	Cell or work number with area code: _____

Mailing Address: _____

Property Address: **165-167 Temple Street Paterson, NJ 07522** Email Address: _____

Is there a deceased borrower? Yes No Borrower Name: _____

If yes, please provide an original death certificate (stamped as original) and any pertinent affidavits. This information will be recorded with your county if a modification is approved.

Have you contacted a credit-counseling agency for help? Yes No

Counselor's Name: _____ Counselor's Phone Number: _____

Do you pay the Real Estate Tax bill? Yes No **Are your taxes current?** Yes No

Do you pay for a hazard or flood insurance policy? Yes No **Is the policy(s) current?** Yes No

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** _____

Household Assets			
Checking Account	\$	IRA/Keogh Accounts	\$
Checking Account	\$	401k/ESPO Accounts	\$
Savings Account	\$	Home	\$
Money Market Account	\$	Other Real Estate	\$
CDs	\$	Cars	\$
Stocks	\$	Business Net Worth	\$
Bonds	\$	Life Insurance	\$
Other Cash on Hand	\$	Other	\$
Other	\$	Total Assets	\$

Monthly Household Income			
BORROWER		CO-BORROWER	
W2 Gross	\$	W2 Gross	\$
Self-Employment Gross	\$	Self-Employment Gross	\$
Child Support	\$	Child Support	\$
Alimony/Separation	\$	Alimony/Separation	\$
Social Security/SSDI	\$	Social Security/SSDI	\$
Rental	\$	Rental	\$
Unemployment	\$	Unemployment	\$
Bonuses	\$	Bonuses	\$
Dividend Interest	\$	Dividend Interest	\$
Other Income	\$	Other Income	\$
Are there any non-borrower contributors? <input type="radio"/> Yes <input type="radio"/> No If yes, please provide the following:			
Contributor Name:		Contribution Amount:	
		\$	
		\$	
		\$	
		\$	
Monthly Household Expenses			
First Mortgage Payment	\$	Electric	\$
Second Mortgage Payment	\$	Heat/Gas	\$
Real Estate Investment Property	\$	Water	\$
Homeowner's Insurance	\$	Garbage/Sewer	\$
Real Estate Taxes	\$	Home/Cell Phone	\$
Credit Card/ Installment Loans	\$	Internet	\$
Auto Loan	\$	Cable/Satellite	\$
Alimony/Child Support	\$	Food/Spending	\$
Child Care	\$	Transportation	\$
Net Rental Expense	\$	Auto Insurance	\$
Personal Loans	\$	Medical Bills	\$
HOA/POA	\$	Life/Health Insurance (not withheld)	\$
Number of cars you own?		Number of household dependents?	
Hardship Statement			
You are <u>required</u> to attach a detailed hardship letter to explain the applicable events.			
I (We) am/are having difficulty making my (our) monthly payment because of financial difficulties created by:			
<input type="radio"/> My (Our) 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="radio"/> My (Our) monthly debt payments are excessive, and I am overextended with my creditors. Debt includes credit cards, home equity or other debt.			
<input type="radio"/> My (Our) expenses have increased. For example: monthly mortgage payment reset, high medical or health care costs, uninsured losses, increased utilities or property taxes.			
<input type="radio"/> My (Our) cash reserves, including liquid asset, are insufficient to maintain my current mortgage payment and cover basic living expenses at the same time.			
<input type="radio"/> Other: _____			

Borrower/Co-Borrower Acknowledgement and Agreement

1. I (We) certify that all of the information in the Hardship Statement 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 may 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 the Hardship Statement, or if I (we) do not provide all of the required documentation, the Servicer may cancel the modification and may pursue foreclosure on my (our) home. I (We) understand that discussions of possible hardship assistance will not constitute a waiver of or defense to Central Mortgage Company's right to commence or continue any foreclosure or other collections action, and an alternative to foreclosure will be provided only if an agreement has been approved in writing by Central Mortgage Company.
5. I (We) certify that I (we) have not received a condemnation notice on my (our) property.
6. I (We) agree that the financial information provided is an accurate statement of my (our) financial situation. I(We) authorize for Central Mortgage Company to verify the information directly with third party vendors such a creditors, credit bureaus, investors, insurers, real estate brokers, etc. 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. I (We) further consent to being contacted by Central Mortgage Company concerning my (our) mortgage by way of phone , fax, mail, or e-mail.
7. I (We) understand that the Servicer may use this information to evaluate my (our) eligibility for a modification or other workout, but the Servicer is not obligated to offer me (us) assistance based solely on the representations in the Hardship Statement.
8. I (We) understand that the Servicer may collect and record personal information, including, but not limited to, my (our) name, address, telephone number, social security number, credit score, income, payment history, and information about account balances and activity. I (We) understand and consent to the disclosure of my (our) personal information and the terms of the modification by the Servicer to any investor, insurer, guarantor or servicer that owns, insures, guarantees or services my (our) first lien or subordinate lien (if applicable) mortgage loan(s).

 Borrower Signature

 Date

 Co-Borrower Signature

 Date

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

OMB No. 1545-1872

Tip: Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use **Form 4506**, Request for Copy of Tax Return. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return or employer identification number (see instructions)
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2a If a joint return, enter spouse's name shown on tax return	2b Second social security number if joint tax return
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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.

CENTRAL MORTGAGE COMPANY 801 JOHN BARROW RD STE 1 LITTLE ROCK, AR 72205 800-366-2132

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 / 2009 / / / /

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer.

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

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	RAIVS Team Stop 679 Andover, MA 05501
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362
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
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa, Kansas, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888
Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia	RAIVS Team Stop 6705-B41 Kansas City, MO 64999
	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	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409
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, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250
	801-620-6922
	859-669-3592

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 6109 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.

CENTRAL MORTGAGE COMPANY

www.CentralMortgageOnline.com

Privacy Act Notice: This information is to be used by the agency collecting it in determining whether you qualify as a current mortgagor under its programs. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval of a loan modification may be delayed or rejected.

Employee Section Only

Part I-Request

I _____ give Central Mortgage Company the authorization to verify my current employment for a Loan Modification. I understand that the request will be sent directly to my employer by Central Mortgage Company. I certify under penalty of perjury that all employment information is truthful. I understand that knowingly submitting false information may violate Federal law and that Central Mortgage Company may cancel my request for assistance if my employment is not verified. I understand that my social security number may be required in order for my employer to access my employment records.

Signed _____

Dated _____

Employer Name _____

Employer Address _____

Employer Fax Number _____

Employer Phone Number _____

My Position _____

Employee Identification Number/Social Security Number _____

I have been employed here for _____.

Mortgage ID Number: **0292119233** _____



CENTRAL MORTGAGE COMPANY

www.CentralMortgageOnline.com

Property Lien Affidavit

Loan Number: 0292119233

Property Address:

Are there any liens on the this property? (Please specify below)

- Yes.** I/We certify under penalty of perjury that the lien(s) listed below have been placed on the property. I understand that I/we will be required to resolve the lien(s). I/We understand that Central Mortgage Company (CMC) will use this information to evaluate my/our eligibility for a workout option. I/ We understand that CMC may verify this information through the credit bureau(s) and other third party vendors. I/We also understand that knowingly submitting false information may violate Federal law.

Lien Holder Name: _____

Balance \$ _____ **Payment Arrangements:** Yes No

Lien Type: Personal HELOC/Jr Lien Mechanic Medical HOA Federal/State Other

Lien Holder Name: _____

Balance \$ _____ **Payment Arrangements:** Yes No

Lien Type: Personal HELOC/Jr Lien Mechanic Medical HOA Federal/State Other

Lien Holder Name: _____

Balance \$ _____ **Payment Arrangements:** Yes No

Lien Type: Personal HELOC/Jr Lien Mechanic Medical HOA Federal/State Other

Lien Holder Name: _____

Balance \$ _____ **Payment Arrangements:** Yes No

Lien Type: Personal HELOC/Jr Lien Mechanic Medical HOA Federal/State Other

- No.** I/We certify under penalty of perjury that I do not have any known liens on the property. I/We understand that Central Mortgage Company (CMC) will use this information to evaluate my/our eligibility for a workout option. I/ We understand that CMC may verify this information through the credit bureau(s) and other third party vendors. I/We also understand that knowingly submitting false information may violate Federal law.

Borrower Signature (Required)

Date

Co-Borrower Signature (Required)

EUNICE RODRIGUEZ

ANA DURAN

Printed Borrower Name

Printed Co-Borrower Name

