

Regions Bank
Loss Mitigation Department
P.O. Box 10063
Birmingham, AL 35202



Important information regarding your request

We are currently reviewing your request that we allow you to sell the property securing your loan with us for an amount which will not repay your loan in full (known as a short sale). For us to proceed with our review, we will need all of the following documents:

- Verification of all sources of income. Current year-to-date pay stubs and a signed tax return for the most recent year.
- Hardship Letter outlining your circumstances (explain why you wish to pursue a short sale and the reason for your inability to repay your loan).
- Completed signed financial statement (enclosed), signed by you and any co-borrowers.
- Copies of your two most recent checking and savings account statements.
- Signed authorization to release and obtain information.
- Copy of contract for the sale of the property securing your loan with us, which must be signed by you and the party who is going to purchase the property.
- Copy of Preliminary HUD-1 Settlement Statement.
- Pre-Approval letter from the buyer's lender.
- Signed Affidavits (Address and Arms Length Transaction forms enclosed).

You can mail these documents to us at the address listed above or fax them to us at (205) 261-7231. A fax cover sheet has been provided for your convenience.

Any costs, fees or expenses we incur in considering your modification request, including but not limited to title fees, appraisal or evaluation fees, and attorney fees, are your responsibility and may be added to your loan balance.

Please be aware that we are continuing our efforts to collect the amounts owed on your loan, so unless we have previously refused your payments, you should continue to make your monthly payments as they become due. You likely will continue to receive collection letters or notices, and we may repossess or commence a foreclosure proceeding, against the property that secures this loan. If we already have commenced a foreclosure proceeding, that proceeding will not be postponed unless we advise you in writing of such postponement. We urge you to send us all of the documents described above as soon as possible.

Additional resources you may consider include:

- NeighborWorks America provides solutions to prevent foreclosure. Visit www.nw.org for more information.
- A list of counseling organizations is available from HUD at 1-800-569-4287.
- Tips to avoid foreclosure scams are available from the Federal Reserve. Visit www.federalreserve.gov/consumerinfo.

Thank you for your prompt attention to this important matter.

Loss Mitigation Department
1-866-298-1113

NOTE: If this loan is included in an active bankruptcy case, or if you were a borrower of this loan prior to the filing of a Chapter 7 bankruptcy case in which you received a discharge, and if this loan was not reaffirmed in the bankruptcy case, or if the lender received an order vacating the automatic stay in your bankruptcy case and any deficiency generated from the liquidation of applicable collateral was thereafter discharged, the lender is providing this notice only for informational purposes in accordance with the terms of the mortgage loan agreement and is not attempting to collect, recover, or offset any discharged debt previously incurred by you as your personal liability.



Short Sale Fact Sheet

We will begin verifying the information received and complete our own analysis of the account based on asking price, value and estimated time on the market versus the time and expense to foreclose. Our process will remain open until such time as a contract is offered; the account is foreclosed or removed from the process at the customer's request.

We may order an interior/exterior value of the property at this time or wait until a contract is received.

Contract Submission

1. The items requested on cover letter must be submitted unless previously submitted.
2. Fax the contract, along with an estimated HUD-1 Settlement Sheet to (205) 261-7231.

A closing **should not** be scheduled until we have given our approval or denial on the contract. If a foreclosure sale is pending on the account, we will require an approval letter from the buyer before the foreclosure sale will be postponed. A decision on the short sale may take several days and depends entirely on the receipt of the required information. It is imperative that all information be submitted as soon as possible so that the decision process is not delayed. A decision can not be made until an interior/exterior value is obtained on the property, if one has not previously received.

Approval Process

1. Based on the net return we may turn down the offer, counter offer, revise the terms of the transaction, require the borrower to bring funds to the closing, or approve the deal as presented.
2. The deficiency amount will be addressed in the approval letter. The approval of a short sale does not mean the borrower will not be responsible for the deficiency or be required to contribute funds at closing.
3. An approval letter will be sent to the customer and the realtor. The customer must provide written acknowledgement of the terms of the short sale prior to the scheduling of a closing.

Closing

1. Once the closing takes place the funds should be disbursed to Regions within 72 hours.

While we want to complete this process as quickly as possible, there are usually delays as values are ordered and titles are checked. You may have to wait for approval due to volume of accounts being reviewed. Do not wait until a closing is scheduled to seek approval of a short sale.



Authorization to Release Information

INSTRUCTIONS TO PROVIDER OF REQUESTED INFORMATION: Please provide the information requested below to Regions as soon as possible.

To Whom It May Concern:

1. I hereby consent to the release of and authorize you to provide to Regions any and all information and documentation that it requests. Such information includes, but is not limited to, employment, credit history, and payoff information.
2. Regions may address this authorization to any party.
3. **A copy of this authorization may be accepted as an original.**
4. Your prompt reply to Regions is appreciated.

Signature

Date

Signature

Date

Authorization to Release Information

Dear Customer(s):

Thank you for your recent request concerning authorization on your mortgage loan. In order to comply with the privacy act we will need you to fill out and sign the bottom of this form to allow Regions to provide information to a party not affiliated with the loan. Once filled out, signed and returned to Regions, we will notate our system of your authorization for this person. If you do not fill in the expiration date for the authorization, then we will assume it is for the life of the loan or until we receive a written request from you revoking the authorization.

If you have any questions, or if we can be of further assistance to you, please contact the Collection Department at (800) 290-5358 to make a payment and/or obtain information concerning your loan.

Sincerely,
Regions Loss Mitigation Department

Loan Number _____

Name(s) on Loan _____

Property Address _____

City _____

State _____ Zip _____

I(We), _____, authorize Regions to release all information concerning the above referenced loan to _____.

Signed: _____ Date: _____

Signed: _____ Date: _____

Date of Expiration: _____ (if no expiration date is filled in, the authorization will be assumed for the life of the loan or until written request is received to revoke the authorization)

AFFIDAVIT OF ADDRESS

The undersigned, whether one or more persons, certify that the information provided is true and accurate. All borrowers must complete the information as requested below. Please use additional form if necessary.

FUTURE MAILING ADDRESS:

Borrower (1): _____
(Please print name)

Social Security # _____

New Address, City, State, Zip: _____
(No P.O. Boxes accepted)

Phone#: Home: _____ Work: _____ Cell: _____

Email Address: _____

Borrower (2): _____
(Please print name)

Social Security # _____

New Address, City, State, Zip: _____
(No P.O. Boxes accepted)

Phone#: Home: _____ Work: _____ Cell: _____

Email Address: _____

Borrower (1) Signature

Date

Borrower (2) Signature

Date



BUYER

Affidavit of “Arm’s Length Transaction”

State of _____

County of _____

_____ [Buyer] (Hereinafter referred to as “Buyer” and/or “Affiant”),
being duly sworn, deposes and says, that s/he is the party purchasing the property identified as
_____ [street address] from
_____ [Seller] (Hereinafter referred to as “Seller”) in a
short sale transaction;

Affiant further says that no party to the sales contract, including Buyer, Seller’s Agent or
Buyer’s Agent, is a relative of, business associate of, or shares any business interest with,
Seller;

Affiant further says that there are no hidden or implied terms or special understandings between
Seller, Buyer, Seller’s Agent or Buyer’s Agent which have not been made part of the written
sales contract and which have not been disclosed to all interested parties;

Affiant further says that there are no agreements or understandings, written or implied, that will
permit Seller to remain in the above mentioned property as a renter or to regain ownership of
said property at anytime after the execution of the short sale transaction.

Affiant further says that beyond any contractual sales commissions owed to the Seller’s Agent
and/or Buyer’s Agent, no party to this short sale transaction will receive any proceeds from the
sale of the above mentioned property.

Signature of Affiant / Date

Signature of Affiant / Date

Printed Name of Affiant

Printed Name of Affiant



BUYER’S AGENT
Affidavit of “Arm’s Length Transaction”

State of _____

County of _____

_____ (Hereinafter referred to as “Buyer’s Agent and/or “Affiant”),
being duly sworn, deposes and says, that s/he is representing _____
(hereinafter referred to as “Buyer”) as his/her agent to the sale of the property identified as
_____ [street address] from
_____ (hereinafter referred to as “Seller”) in a short sale
transaction;

Affiant further says that no party to the sales contract, including Buyer, Seller’s Agent or
Buyer’s Agent, is a relative of, business associate of, or shares any business interest with,
Seller;

Affiant further says that there are no hidden or implied terms or special understandings between
Seller, Buyer, Seller’s Agent or Buyer’s Agent which have not been made part of the written
sales contract and which have not been disclosed to all interested parties;

Affiant further says that there are no agreements or understandings, written or implied, that will
permit Seller to remain in the above mentioned property as a renter or to regain ownership of
said property at anytime after the execution of the short sale transaction.

Affiant further says that beyond any contractual sales commissions owed to the Seller’s Agent
and/or Buyer’s Agent, no party to this short sale transaction will receive any proceeds from the
sale of the above mentioned property.

Date

Signature of Affiant

Printed Name and Company of Affiant



SELLER

Affidavit of "Arm's Length Transaction"

State of _____

County of _____

_____ [Seller] (Hereinafter referred to as "Seller" and/or "Affiant"),
being duly sworn, deposes and says, that s/he is the party selling the property identified as
_____ [street address] to
_____ [Buyer] (Hereinafter referred to as "Buyer") in a
short sale transaction;

Affiant further says that no party to the sales contract, including Buyer, Seller's Agent or
Buyer's Agent, is a relative of, business associate of, or shares any business interest with,
Seller;

Affiant further says that there are no hidden or implied terms or special understandings between
Seller, Buyer, Seller's Agent or Buyer's Agent which have not been made part of the written
sales contract and which have not been disclosed to all interested parties;

Affiant further says that there are no agreements or understandings, written or implied, that will
permit Seller to remain in the above mentioned property as a renter or to regain ownership of
said property at anytime after the execution of the short sale transaction.

Affiant further says that beyond any contractual sales commissions owed to the Seller's Agent
and/or Buyer's Agent, no party to this short sale transaction will receive any proceeds from the
sale of the above mentioned property.

Signature of Affiant / Date

Signature of Affiant / Date

Printed Name of Affiant

Printed Name of Affiant



SELLER'S AGENT
Affidavit of "Arm's Length Transaction"

State of _____

County of _____

_____ (Hereinafter referred to as "Seller's Agent and/or "Affiant"),
being duly sworn, deposes and says, that s/he is representing _____
(hereinafter referred to as "Seller") as his/her agent to the sale of the property identified as
_____ [street address] to
_____ (hereinafter referred to as "Buyer") in a short sale
transaction;

Affiant further says that no party to the sales contract, including Buyer, Seller's Agent or
Buyer's Agent, is a relative of, business associate of, or shares any business interest with,
Seller;

Affiant further says that there are no hidden or implied terms or special understandings between
Seller, Buyer, Seller's Agent or Buyer's Agent which have not been made part of the written
sales contract and which have not been disclosed to all interested parties;

Affiant further says that there are no agreements or understandings, written or implied, that will
permit Seller to remain in the above mentioned property as a renter or to regain ownership of
said property at anytime after the execution of the short sale transaction.

Affiant further says that beyond any contractual sales commissions owed to the Seller's Agent
and/or Buyer's Agent, no party to this short sale transaction will receive any proceeds from the
sale of the above mentioned property.

Date

Signature of Affiant

Printed Name and Company of Affiant



BORROWER FINANCIAL INFORMATION

REGIONS MORTGAGE LOAN NUMBER _____

REGIONS EQUITY LOAN NUMBER _____

BORROWER		CO-BORROWER	
BORROWER'S NAME		CO-BORROWER'S NAME	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE OF BIRTH
HOME PHONE NUMBER WITH AREA CODE (BEST TIME TO CALL)		HOME PHONE NUMBER WITH AREA CODE (BEST TIME TO CALL)	
WORK PHONE NUMBER WITH AREA CODE (BEST TIME TO CALL)		WORK PHONE NUMBER WITH AREA CODE (BEST TIME TO CALL)	
CELL PHONE NUMBER WITH AREA CODE (BEST TIME TO CALL)		CELL PHONE NUMBER WITH AREA CODE (BEST TIME TO CALL)	
MAILING ADDRESS			
PROPERTY ADDRESS (IF SAME AS MAILING ADDRESS, JUST WRITE SAME)			EMAIL ADDRESS
Number of Dependents:	Do you occupy the property? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is it rental property? Yes <input type="checkbox"/> No <input type="checkbox"/> If you have a lease agreement, please provide a copy.	Is it leased? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the property listed for sale? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please provide a copy of the listing agreement.		
Agent's Name:	Agent's Phone Number:	Agent's Email:	
Have you contacted a credit-counseling agency for help? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Counselor's Name:	Counselor's Phone Number:	Counselor's Email:	
Do you receive, and pay, the Real Estate Tax bill on your home or does your lender pay it for you? I do <input type="checkbox"/> Lender does <input type="checkbox"/>			
If you pay it, please provide a copy of your tax statement. Are the taxes current? Yes <input type="checkbox"/> No <input type="checkbox"/>			
So you pay for a hazard insurance policy? Yes <input type="checkbox"/> No <input type="checkbox"/> Is the policy current? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If you pay it, please provide a copy of this policy.			
Have you filed for bankruptcy? If yes,		Filing Date:	
Yes <input type="checkbox"/> No <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 13 <input type="checkbox"/>			
Has your bankruptcy been discharged? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide a copy of the discharge order signed by the court.			

INVOLUNTARY INABILITY TO PAY		
I (We), _____, am/are requesting that Regions review my/our financial situation to determine if I/we qualify for a workout option.		
I am having difficulty making my monthly payment because of financial difficulties created by <i>(Please check all that apply)</i> :		
<input type="checkbox"/> Abandonment of Property <input type="checkbox"/> Business Failure <input type="checkbox"/> Casualty Loss <input type="checkbox"/> Curtailment of Income <input type="checkbox"/> Death in Family <input type="checkbox"/> Death of Mortgagor <input type="checkbox"/> Distant Employment Transfer	<input type="checkbox"/> Excessive Obligations <input type="checkbox"/> Fraud <input type="checkbox"/> Illness in Family <input type="checkbox"/> Illness of Mortgagor <input type="checkbox"/> Inability to Rent Property <input type="checkbox"/> Incarceration <input type="checkbox"/> Marital Difficulties	<input type="checkbox"/> Military Service <input type="checkbox"/> Payment Adjustment <input type="checkbox"/> Payment Dispute <input type="checkbox"/> Property Problems <input type="checkbox"/> Title Problems <input type="checkbox"/> Transferring Property <input type="checkbox"/> Unemployment <input type="checkbox"/> Other <input type="checkbox"/> Permanent
I believe that my situation is: <input type="checkbox"/> Short term (under 6 months) <input type="checkbox"/> Long Term (over 6 months) <input type="checkbox"/> Permanent		
I want to: <input type="checkbox"/> Keep the Property <input type="checkbox"/> Sell the Property		
<i>Please provide a detailed explanation of the hardship on a separate sheet of paper.</i>		
If there are additional Liens/Mortgages or Judgments on this property, please name the person (s), company or firm and their respective telephone numbers.		
_____	\$ _____	_____
Lien Holder's Name	Balance / Interest Rate	Phone Number (with area code)
_____	\$ _____	_____
Lien Holder's Name	Balance / Interest Rate	Phone Number (with area code)

Before mailing, make sure you have signed and dated the form and attached appropriate documentation.



BORROWER FINANCIAL INFORMATION

REGIONS MORTGAGE LOAN NUMBER _____

REGIONS EQUITY LOAN NUMBER _____

EMPLOYMENT

BORROWER EMPLOYER'S ADDRESS & PHONE #	HOW LONG?	CO- BORROWER EMPLOYER'S ADDRESS & PHONE #	HOW LONG?
Monthly Income – Borrower		Monthly Income – Co-Borrower	
Wages / Frequency of Pay	\$	Wages / Frequency of Pay	\$
Unemployment Income	\$	Unemployment Income	\$
Child Support / Alimony *	\$	Child Support / Alimony *	\$
Disability Income / SSI	\$	Disability Income / SSI	\$
Rents Received	\$	Rents Received	\$
Other	\$	Other	\$
Less: Federal and State Tax, FICA	\$	Less: Federal and State Tax, FICA	\$
Less: Other Deductions (401K, etc.)	\$	Less: Other Deductions (401K, etc.)	\$
Commissions, bonus and self-employed income	\$	Commissions, bonus and self-employed income	\$
*** ALL INCOME NEEDS TO BE DOCUMENTED *****			
Paystub must be most recent date with year to date information.			
Total	\$	Total	\$
Monthly Expenses		Assets	
Other Mortgages / Liens	\$	Type	Estimated Value
Auto Loan(s)	\$	Checking Account(s)	\$
Auto Expenses / Insurance	\$	Saving / Money Market	\$
Credit Cards / Installment Loan(s) (total minimum payment for both per month)	\$	Stocks / Bonds / CDs	\$
Health Insurance (not withheld from pay)	\$	IRA / Keogh Accounts	\$
Medical (Co-pays and Rx)	\$	401K / Espo Accounts	\$
Child Care / Support / Alimony	\$	Home	\$
Food / Spending Money	\$	Other Real Estate	\$
Water / Sewer / Utilities / Phone	\$	#	
HOA / Condo Fees / Property Maintenance	\$	Cars	\$
Life Insurance Payments (not withheld from pay)	\$	#	
	\$	Life Insurance (Whole Life not Term)	\$
	\$	Other	\$
Total	\$	Total	\$

*Alimony, child support or separate maintenance income need not be revealed if the Borrower or Co-borrower does not choose to have it considered for repaying this loan.

I agree as follows: My lender may discuss, obtain and share information about my mortgage and personal financial situation with third parties such as purchasers, real estate brokers, insurers, financial institutions, creditors and credit bureaus. Discussions and negotiations of a possible foreclosure alternative will not constitute a waiver of or defense to my lender's right to commence or continue any foreclosure or other collection action, and an alternative to foreclosure will be provided only if an agreement has been approved in writing by my lender. The information herein is an accurate statement of my financial status.

Submitted this _____ day of _____, 200_____

By _____
Signature of Borrower

By _____
Signature of Co-Borrower

Before mailing, make sure you have signed and dated the form and attached appropriate documentation.

Request for Transcript of Tax Return

► **Request may be rejected if the form is incomplete or illegible.**

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. If the transcript is being mailed to a third party, ensure that you have filled in line 6 and line 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy.

6 **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ► _____

a **Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 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. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. 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 2007, filed in 2008, will not be available from the IRS until 2009. 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.

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. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of signature date.

Telephone number of taxpayer on line 1a or 2a

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

Letter of Hardship

Please provide an account of what has caused/ or is causing your hardship. You can attach additional pages if necessary.

Signature _____

Date: _____

Signature _____

Date: _____

Facsimile transmittal

To: **Loss Mitigation Department**

Fax: **205-261-7231**

From:

Date:

Re
Acct#:

Pages:

Cc:

Urgent

For review

Please comment

Please reply

Please recycle

Notes:

confidential