

DALLAS OFFICE 18101 Preston Rd., Suite 201 DALLAS, TX 75252 PHONE: (214) 473-5551

FAX: (214) 540-9333

MATTHEW C. AYCOCK (TX 24057748)

KNOXVILLE OFFICE 448 N. CEDAR BLUFF, SUITE 194 KNOXVILLE, TN 37923 PHONE: (972) 890-2262

(865) 622-7531 FAX: (865) 381-1215

GREG PRATT (TX 797262 / TN 026156)

#### **Short Sale Quick Reference**

Loan Type	Realtor/FSBO Requirements	Offer Status	Loan Payment Status	Second Lien Issues
Fannie Mae	Can be listed with a Realtor or FSBO	Must have an executed contract to start the review process	Loan Account does not need to be in delinquent status	Can have a second lien
FHA	Must be listed with a Realtor <b>no</b> FSBO	Offer is <b>not</b> needed to request Short Sale package	Must be at least one month delinquent	Can have a second lien
VA	Can be listed with a Realtor or FSBO	Must have an executed contract to start the review process	Loan Account does not need to be in delinquent status	A second lien can postpone or prevent approval
Other	Varies – Call us to plan accordingly	Varies – Call us to plan accordingly	Varies – Call us to plan accordingly	Varies – Call us to plan accordingly

With all Short Sales, you should have the following items:

- Offer on Property (with FHA, can be a proposal)
- Listing Contract with Realtor
- Estimated HUD-1 Settlement Statement (Prepared by Pratt, Aycock & Associates, PLLC)
- Completed Financial Form (Pratt, Aycock & Associates, PLLC Financial Form)
- 3 Months Bank Statements (all pages even blank ones must be provided)
- 3 Months Pay Stubs (Self employed can provide Profit and Loss statements)
- Last two years tax returns with all schedules
- Hardship Letter (Use Pratt, Aycock & Associates, PLLC Hardship Letter Guide)
- Completed IRS Form 4506T-EZ
- Third Party Authorization (Use Pratt, Aycock & Associates, PLLC Third Party **Authorization Form)**
- Home Owners Association Statement (must include amount and frequency of dues, as well as current status)

The completed package can be submitted to the Lender by the Firm or by you directly.



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## **Short Sale Package Submission Coversheet and Checklist**

Lender/Loan Information
Account Number:
Lender Name:
Lender Address:
Lender Address: Lender Phone: (
Lender Fax: (
Included Items
Financial Analysis Form
Last two years Federal Income Tax filings (All Pages – Must be Signed)
Signed IRS Form 4506T-EZ
3 Months Bank Statements (All Pages)
3 Months Pay Stubs -or- Profit and Loss Statements for Self Employed
Copy of Listing Agreement
Copy of Sales Contract (If Required)
Estimated HUD1
Signed Third Party Authorization Forms
Hardship Letter
Home/Condo Owners Association Information (If Applicable)
Notes:

Loan Number: \_\_\_



Borrower

Social Security Number

Date of Birth

Name

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Date of Birth

Loan Number: \_\_\_

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## **Financial Analysis (Short Sale)**

This Financial Analysis is being provided for the purpose of seeking an approval for a Short Sale.

Personal Identification

Co-Borrower

Social Security Number

Name

Home Phone Number	Home Phone Number
Alternative Phone Number	Alternative Phone Number
Email	Email
Mailing Address	
Propert	y Details
Property Address	y Details
Listing Status  Is property currently listed? Yes / No Have you received an offer on the property? Yes / No Offer Date: Amount of Offer: Your Agent's Name: Your Agent's Phone:  Property Insurance	Credit Counseling Agency Are you currently or have you been working with a Credit Counseling Agency with respect to this matter? Yes / No If yes: Counselor's Name: Counselor's Phone: Counselor's Email:  Property Taxes
Who is responsible for paying the Property Insurance?  You Lender Condo or HOA  Is the Policy effective and current? Yes / No  Name of Insurer:  Insurance Co. Phone:	Who is responsible for paying the Property Taxes?  You Lender  Are you current on Property Taxes?  Yes / No
Home/Condo Owner's Association Are you subject to Home or Condo Owner Association Dues for this property? Yes / No Are your Dues Current? Yes / No How are your Dues Paid? Monthly / Yearly How much are the Dues? Associate Contact Name: Association Phone:	Bankruptcy Information Have you filed for Bankruptcy since owning this property? Yes / No If Yes, what type? Ch. 7 / Ch. 13 / Other If Yes, what is the status? Dismissed / Discharged / Open Cause No Bankruptcy Attorney Name: Bankruptcy Attorney Phone:



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Additional Liens				
List all additional liens secured against the property including: Mortgages, Judgments, Deeds of Trust, or other Claims that remain unpaid (Attach supporting copies if available):				
	Lien Holder / Servicer Name	Balance	<b>Contact Number</b>	Loan Number
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Household Expenses and Income			
Monthly	Income	Monthly	Expenses
Salary & Wages	\$	1st Mortgage Payment	\$
Overtime (average)	\$	Add'l Mortgage Payments	\$
Child Support/Alimony*	\$	Property Insurance	\$
Social Security	\$	Property Taxes	\$
Other Retirement Income	\$	Credit Cards (min pmts)	\$
Tips, Commissions, Bonuses,	\$	Alimony and Child Support	\$
Self Employment Income		Payments	
Rental Income	\$	Health Insurance Premiums	\$
Unemployment	\$	HOA Dues/Property	\$
		Maintenance	
Food Stamps/Welfare	\$	Car Payments	\$
All Other Income not	\$	Medical Expenses	\$
Included Above			
		Child Care	\$
		Student Loans	\$
		Personal Loans	\$
		Auto Expenses, Gasoline &	\$
		Car Insurance Premiums	
		Food and Household Supplies	\$
		Water, Sewer, Utilities,	\$
	T -	Phones, and Cable	
Total Gross Income	\$	Total Expenses	\$

<sup>\*</sup>You are not required to disclose Child Support, Alimony or Separation Maintenance income, unless you choose to have it considered by your servicer.

Assets – List All Household Assets		
Checking Account Balances	\$	
Savings and/or Money Market Accounts	\$	
Certificates of Deposit (CDs)	\$	
Stocks and Bonds	\$	
All Cash on Hand	\$	
Total Value of All Additional Real Estate Owned	\$	
Value of All Assets not Listed Above	\$	
Total Assets	\$	

Applicant does not wish to provide ethnic, race, sex or religious affiliations as a part of this application.

Loan Number:	
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## **Affidavit of Hardship**

I am having great difficulty with making my mortgage payments. Further, market conditions are

#### To Whom It May Concern:

preventing me from selling my home at an amount that will provide for a full satisfaction of my
mortgage. My specific difficulties are as follows (all items are checked that apply):
<ul> <li>My household income has decreased due to job loss or reduction.</li> <li>I have had a death in my immediate family.</li> <li>I have, or someone in my immediate family has, a serious or chronic illness.</li> <li>I have, or someone in my immediate family has, a permanent or short-term disability.</li> <li>I have been, or someone in my immediate family has been incarcerated.</li> <li>I have been recently divorced or am in within a divorce proceeding.</li> <li>I have recently taken on the expense of a new child(ren) or I have recently taken on the responsibility of supporting an elderly family member.</li> <li>I have experienced or will soon experience an increase in expenses with respect to my mortgage payment.</li> <li>I have experienced a significant increase in medical expenses.</li> <li>I have had an increase in costs due to a natural disaster.</li> <li>I have had an increase in property taxes.</li> <li>My utility bills have substantially increased.</li> <li>The total of my monthly debt payments is excessive and I am overextended with creditors.</li> <li>My cash and other liquid assets are insufficient to cover my mortgage payment and other living expenses.</li> </ul>
Specific Details (must be completed):

Loan Number:	
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### **Acknowledgement and Agreement**

In making this request for a short sale approval, I/We certify under penalty of perjury:

- 1. That all of the information in this document is truthful and the events identified are the reason I/we need to request a short sale.
- 2. I/We understand that the servicer, the U.S. Department of the Treasury, or its agents may investigate the accuracy of my/our statements and/or may require me/us to provide supporting documentation. I/we also understand that knowingly submitting false information may violate Federal law.
- 3. I/We understand the servicer will obtain a current credit report on all borrowers obligated on the Note.
- 4. I/We understand that if I/we have intentionally defaults on my/our existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this document, the servicer may cancel any agreement and may pursue foreclosure on my/our home.
- 5. I/We understand any fee to validate the value of the property will be assessed to the account.
- 6. I/We have not received a condemnation notice; and there has been no change in the ownership of the Property since I/we signed the documents for the mortgage that I/we want to have approved for this short sale.
- 7. I/We certify that I/we will obtain credit counseling, if required as a condition of this request, and if it is determined that my/our financial hardship is related to excessive debt.
- 8. I/We am willing to provide all requested documents and to respond to all servicer questions in a timely manner.
- 9. I/We understand that the servicer will use the information in this document to evaluate my/our eligibility for a short sale, but the servicer is not obligated to offer me/us assistance based solely on the statements made in this document.
- 10. I/We agree that any prior waiver as to payment of escrow items in connection with my/our loan has been revoked.
- 11. I/We agree to the establishment of an escrow account and the payment of escrow items if an escrow account never existed on the loan.
- 12. I/We understand that the servicer will collect and record personal information, including but not limited to, my/our name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about account balances and activity. I/We understand and consent to the disclosure of my/our personal information and the terms of any Making Home Affordable Agreement by servicer to the following:
  - A. U.S. Department of the Treasury
  - B. Fannie Mae, Freddie Mac, or Ginnie Mae
  - C. Any investor, insurer, guarantor or servicer that owns, insures guarantees or services any of my/our mortgages.
  - D. Companies that perform support services in conjunction with Making Home Affordable. -and-
  - E. Any HUD Certified Housing Counselor.
- 13. I/We intend to reside in the property until sold.

rower Signature	Date	Co-Borrower Signature	Date

Loan Number: \_\_

# **Short Form Request for Individual Tax Return Transcript**

(Rev. January 2010)

Department of the Treasury

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

OMB No. 1545-2154

Internal Rever	nue Service		
<b>Tip.</b> Use For	rm 4506T-EZ to order a 1040 series tax return transcript free of charge.		
1a Name	e shown on tax return. If a joint return, enter the name shown first.	1b First social s	ecurity number on tax return
<b>2a</b> If a jo	oint return, enter spouse's name shown on tax return.	2b Second socia	al security number if joint tax return
3 Currer	nt name, address (including apt., room, or suite no.), city, state, and ZIF	code code	
4 Previo	ous address shown on the last return filed if different from line 3		
5 If the t	transcript is to be mailed to a third party (such as a mortgage company) as no control over what the third party does with the tax information.	, enter the third party's nar	ne, address, and telephone number. The
Third	party name	Telephone num	ber
Addr	ess (including apt., room, or suite no.), city, state, and ZIP code		
10 b	the transcript is being mailed to a third party, ensure that you have filled. Completing these steps helps to protect your privacy.		_
	PIRS is unable to locate a return that matches the taxpayer identity informed, the IRS may notify you or the third party that it was unable to locate		
•	of taxpayer(s). I declare that I am the taxpayer whose name is shown on wife must sign. Note. For transcripts being sent to a third party, this for		
		I	Telephone number of taxpayer on line 1a or 2a
Sign Here	Signature (see instructions)	Date	
	Spouse's signature	Date	
For Privacy	Act and Paperwork Reduction Act Notice, see page 2.	Cat. No. 54185S	Form <b>4506T-EZ</b> (Rev. 01-2010)

Form 4506T-EZ (Rev. 01-2010) Page **2** 

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

Use Form 4506-T to request the following.

- A transcript of a business return (including estate and trust returns).
- An account transcript (contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed).
- A record of account, which is a combination of line item information and later adjustments to the account.
- A verification of nonfiling, which is proof from the IRS that you did not file a return for the year.
- A Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.

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

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

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

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

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
Florida, Georgia, North Carolina, South Carolina	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 770-455-2335
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888 559-456-5876
Arkansas, Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia	RAIVS Team Stop 6705 P-6 Kansas City, MO 64999 816-292-6102

Signature and date. Form 4506T-EZ must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506T-EZ within 120 days of the date signed by the taxpayer or it will be rejected.

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

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

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

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

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

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



Date

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Short Sale – Third Party Authorization Form	
Account Number: Name: Address:	
I/We do hereby authorize my lender and/or mor information to:	rtgage servicer to release or otherwise provide
<ul><li>All employees of Pratt, Aycock &amp; Associa</li><li>My Realtor,</li></ul>	
Information to be disclosed shall include all limitation, specifically:	matters with respect to my account without
<ul> <li>Public and non-public personal financial in</li> <li>Loan balances.</li> <li>Payoff statements.</li> </ul>	nformation contained in my loan account.
<ul><li>Payment activity.</li><li>Loan history.</li><li>Property information.</li></ul>	
I/We do hereby indemnify and forever hold had actions and causes of actions, suits, claims, attorn which I/we and/or my heirs may have resulting fr loan account and/or providing any information correquestor(s) or person(s) identifying themselves to	ney fees, or demands against the lender/servicer from the lender/mortgage servicer discussing my concerning the loan account to the above named
Borrower Signature	Co-Borrower Signature
Printed Name	Printed Name

Date