

**Borrower Name:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

If you are experiencing a financial hardship and would like to apply for a SDCCU® Workout Loan, please provide the following documentation:

**These items are required for ALL Workout Loan requests:**

- A Hardship Letter detailing your current situation, signed by all Borrowers.
- Signed and completed Request for Modification and Affidavit Form, signed by all Borrowers (enclosed).
- Completed BALANCE<sup>SM</sup> Personal Financial Assessment (enclosed).
- Signed BALANCE Member Information Release Form (enclosed).
- Contact a Financial Fitness Counselor at BALANCE by calling (888) 456-2227 and advise that you are contacting them as part of the Workout Loan Application process with SDCCU. There is no cost for this service.
- Copies of your most recent paystub(s) to cover a 90-day period.
- If you were recently laid off, please provide your application for unemployment. If you are already receiving Unemployment, Disability, Retirement or Social Security, please provide award letter(s) and paystub(s).  
Date unemployed (if applicable) \_\_\_\_\_ Previous occupation \_\_\_\_\_
- Signed copies of two years Federal Tax Return(s) and YTD Profit and Loss (if self-employed, Corporation, LLC, etc.).
- Copies of your most recent W-2(s) and/or 1099(s).
- Copies of three most recent asset statements for ALL non-SDCCU accounts (savings, checking, broker, retirement, etc.).
- Copy of recent loan statement for any other creditor holding a Lien against the property.
- Copies of property tax bill, hazard insurance declaration page and HOA coupon for all properties.
- Copy of rental agreement(s) for all applicable properties.
- Provide copies of documentation for modifications you have received from other lenders (if applicable).
- Signed Non-Disclosure Agreement (enclosed).
- Signed IRS Form 4506-T (request for transcript of Tax Return) signed by all Borrower(s) (enclosed).
- Any additional supporting source(s) which may include copies of recent bank statements, court documentation, copy of divorce decree, separation agreement or other written agreements.
- Signed Third Party Authorization Release Form (enclosed).
- If you are in an active bankruptcy, please provide a Letter of Authorization from the bankruptcy attorney allowing us to communicate directly with you throughout the Loss Mitigation process.

**These are additional items that are required for Short Sale requests:**

- Copy of signed Offer to Purchase and Listing Agreement.
- Copy of Buyer's pre-approval letter or proof of funds.
- Estimated Closing Statement showing amount to be paid to SDCCU.
- Name and contact information for the person we can call to schedule our property inspection.

**Please gather all of the required information above and either mail, fax or bring these required documents to any of our more than 35 convenient branch locations. If you have any further questions regarding this process, or the requested documentation, please contact the Workout Loan Department by calling (877) 732-2848, ext. 2516.**

The processing time will be approximately 30 days. We will determine what alternatives are available and a decision based on your financial needs will be made. Applying for assistance does not guarantee approval.

Sincerely,

SDCCU Workout Loan Department

**PLEASE NOTE: It is very important to disclose all of your assets and income, as well as any expected changes. During the review process, a current credit report will be obtained for all Borrowers. You are required to make your loan payments while your application is being evaluated. Late fees and late payment reporting to credit bureau(s) will occur if your payments are not kept up-to-date. During the review process, we will review all open credit lines and based on your current creditworthiness lines may be suspended.**

Voted BEST Credit Union – San Diego Union-Tribune Readers Poll  
PO Box 261209 • San Diego, CA 92196-1209 • (877) 732-2848 • sdccu.com  
Federally insured by NCUA • Equal Housing Opportunity

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



Loan I.D. Number \_\_\_\_\_

<b>I want to:</b>	<input type="checkbox"/> <b>Keep the Property</b>	<input type="checkbox"/> <b>Sell the Property</b>	
<b>The property is my:</b>	<input type="checkbox"/> <b>Primary Residence</b>	<input type="checkbox"/> <b>Second Home</b>	<input type="checkbox"/> <b>Investment</b>
<b>The property is:</b>	<input type="checkbox"/> <b>Owner Occupied</b>	<input type="checkbox"/> <b>Renter Occupied</b>	<input type="checkbox"/> <b>Vacant</b>

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		HOME PHONE NUMBER WITH AREA CODE	
CELL OR WORK NUMBER WITH AREA CODE		CELL OR WORK NUMBER WITH AREA CODE	
MAILING ADDRESS			
PROPERTY ADDRESS (IF SAME AS MAILING ADDRESS, JUST WRITE SAME)			EMAIL ADDRESS

Is the property listed for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you received an offer on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of offer _____ Amount of Offer \$ _____ Agent's Name: _____ Agent's Phone Number: _____ For Sale by Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you contacted a credit-counseling agency for help? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete counselor contact information below. Counselor's Name: _____ Counselor's Phone Number: _____ Counselor's Email: _____
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Who pays the Real Estate Tax bill on your property? <input type="checkbox"/> I do <input type="checkbox"/> Lender does Are the taxes current? <input type="checkbox"/> Yes <input type="checkbox"/> No Condominium or HOA Fee <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ Paid to: _____	Who pays the hazard insurance policy for your property? <input type="checkbox"/> I do <input type="checkbox"/> Lender <input type="checkbox"/> Dues Paid by Condo or HOA Is the policy current? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Insurance Co. _____ Insurance Co. Tel #: _____
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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 \_\_\_\_\_

If there are additional Liens/Mortgages or Judgments on this property, please name the person(s), company or firm and their telephone numbers.

Lien Holder's Name/Service	Balance	Contact Number	Loan Number

**HARDSHIP AFFIDAVIT (use back of request for explanation IF necessary)**

I (We) am/are requesting review under the Making Home Affordable program. I am having difficulty making my monthly payment because of financial difficulties created by *(Please check all that apply)*:

<input type="checkbox"/> <b>My</b> 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="checkbox"/> <b>My</b> expenses have increased. For example: monthly mortgage payment reset, high medical or health care costs, uninsured losses, increased utilities or property taxes.  <input type="checkbox"/> Other _____	<input type="checkbox"/> <b>My</b> monthly debt payments are excessive and I am overextended with my creditors. Debt includes credit cards, home equity or other debt.  <input type="checkbox"/> <b>My</b> cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payment and cover basic living expenses at the same time.
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**ACKNOWLEDEMENT AND AGREEMENT**

**In making this request for consideration under the Making Home Affordable Program I certify under penalty of perjury:**

1. That all of the information in this document is truthful and the event(s) identified on page 1 is/are the reason that I need to request a modification of the terms of my mortgage loan, short sale or deed-in-lieu of foreclosure.
2. I understand that the Servicer, the U.S. Department of the Treasury, or its agents may investigate the accuracy of my statements, may require me to provide supporting documentation. I also understand that knowingly submitting false information may violate Federal law.
3. I understand the Servicer will pull a current credit report on all borrowers obligated on the Note.
4. I understand that if I have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this document, the Servicer may cancel any Agreement under Making Home Affordable and may pursue foreclosure on my home.
5. That: my property is owner-occupied; I intend to reside in this property for the next twelve months; I have not received a condemnation notice; and there has been no change in the ownership of the Property since I signed the documents for the mortgage that I want to modify.
6. I am willing to provide all requested documents and to respond to all Servicer questions in a timely manner.
7. I understand that the Servicer will use the information in this document to evaluate my eligibility for a loan modification or short sale or deed-in-lieu of foreclosure, but the Servicer is not obligated to offer me assistance based solely on the statements in this document.
8. I understand that the Servicer will collect and record personal information, including, but not limited to, my name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about account balances and activity. I understand and consent to the disclosure of my personal information and the terms of any Making Home Affordable Agreement by Servicer to (a) the U.S. Department of the Treasury, (b) Fannie Mae and Freddie Mac in connection with their responsibilities under the Homeowner Affordability and Stability Plan; (c) any investor, insurer, guarantor or servicer that owns, insures, guarantees or services my first lien or subordinate lien (if applicable) mortgage loan(s); (d) companies that perform support services in conjunction with Making Home Affordable; and (e) any HUD certified housing counselor.

\_\_\_\_\_  
Borrower Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Borrower Signature

\_\_\_\_\_  
Date

**If you have questions about this document or the modification process, please call your servicer at \_\_\_\_\_.** If you have questions about the program that your servicer cannot answer or need further counseling, you can call the Homeowner’s HOPE™ Hotline at 1-888-995-HOPE (4673). The Hotline can help with questions about the program and offers free HUD-certified counseling services in English and Spanish.



**NOTICE TO BORROWERS**

Be advised that 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."

If you are aware of fraud, waste, abuse, mismanagement or misrepresentations affiliated with the Troubled Asset Relief Program, please contact the SIGTARP Hotline by calling **1-877-SIG-2009** (toll-free), 202-622-4559 (fax), or [www.sig tarp.gov](http://www.sig tarp.gov). Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.





## Personal Financial Assessment

BALANCE offers financial information and counseling nationwide to help individuals and families make the most of their money. We offer solutions for those experiencing a financial crisis, suggestions and guidance for those facing money challenges, and practical information for those considering financial opportunities.

The BALANCE financial fitness program is available to you and your family through the sponsorship of your employer, credit union or other organization with which you are affiliated. Each year, we help thousands achieve their financial goals.



During this call, you can expect to receive thorough, non-judgmental counseling. The session will include a discussion of your current situation and your concerns; a review of your income, expenses and debt; an explanation of your options; and a written action plan.

If you are having trouble keeping up with your bills, one of your options might be consolidation of your bill payments. Our Debt Management Plan allows you to make one payment to all your creditors through us. We will also negotiate with your creditors to stop collection action, lower payments and, in some cases, reduce or eliminate interest and fees.

**595 Market Street, 16th Floor, San Francisco, CA 94105**

**888.456.2227 [www.balancepro.net](http://www.balancepro.net)**

# Assets

Please use this worksheet to record your existing financial situation. There is no need to mail this form back to us. During the call, the counselor will ask you what you entered for each category, and will use this information to offer solutions and suggestions to help you master your money. Calculate your monthly income. If you know what your gross pay (before taxes and other deductions) is, please enter that. However, net pay (face value of your check) is the more important figure. Include variable income received each month, such as commissions, as well as periodic income, such as a large tax refund or bonus. This will have to be divided by 12 to get the monthly figure.

INCOME	Gross	Net
Income Source/Employer		
Second Income Source/Employer		
Retirement/Pension		
Child Support		
Social Security		
Food Stamps		
Other Income		
Other Income		
Total Monthly Income		

For income, take home or "net income" is most important in this section.

PROPERTY	Present Value	Amount Owed	Monthly Payment
Mortgage			
Second Mortgage			
Car Payment			
Second Car Payment			

ASSETS & LIABILITIES	Present Value	Amount Owed	Monthly Payment
Boat			
Property / Land			
Timeshare			
401(k) - 403(b) Loan			
Other			
Other			

INVESTMENTS	Present Value	Monthly Contribution
401(k) - 403(b)		
Savings		
IRA		
Stocks / Mutual Funds		
Other		
Other		

Don't forget to include your payroll deducted 401(k) - 403(b) contributions.

# Expenses

Household expenses are categorized into **essential** and **variable**. For all categories, enter the monthly amount you spend. Many of the expenses fluctuate each month and will need to be averaged. Other expenses may be periodic (such as insurance, vehicle registration and taxes). Calculate the annual amount and divide by 12.

## ESSENTIAL LIVING EXPENSES:

HOUSING	Monthly Payment
Rent/Mortgage	
2nd Mortgage	
HOA (Association dues)	
Property Taxes	
Homeowner's Insurance	
Renter's Insurance	
Gas/Electric (average)	
Water/Sewer/Garbage	
Cable/Satellite	
Telephone	
FOOD	Monthly Payment
Groceries/Household Items	
At Work/School	
MEDICAL	Monthly Payment
Health Insurance (dental/vision)	
Prescriptions/Doctor Visits	
TRANSPORTATION	Monthly Payment
Car Payment #1	
Car Payment #2	
Gasoline	
Maintenance/Repairs	
Auto Insurance	
Auto Registration	
Tolls/Parking/Bus	
CHILDCARE	Monthly Payment
Daycare/Sitting	
Alimony/Child Support	
EDUCATION	Monthly Payment
Tuition/Lessons	
Student Loans	
MISCELLANEOUS	Monthly Payment
Taxes (monthly repayment)	
Life Insurance	
Union Dues	
Storage Fees	
Other	
Other	

## VARIABLE EXPENSES

PERSONAL	Monthly Payment
Beauty/Barber	
Other	
ENTERTAINMENT	Monthly Payment
Movie/Video	
Dining Out	
Sports/Hobbies/Clubs/Gym	
Vacations/Travel	
Reading Material/Music	
Other	
CLOTHING	Monthly Payment
Purchases	
Laundry/Dry Cleaning	
HOME CARE	Monthly Payment
Maintenance/Cleaning	
Pool Service/Gardening	
Monitored Alarm	
MISCELLANEOUS	Monthly Payment
Gifts	
Pet Care	
Pager/Cell Phone	
Banking Fees/Postage	
Cigarettes/Alcohol	
Computer/Online Fees	
Religious/Charity	
Other	
Other	
Other	

For yearly expenses, divide the total figure by 12 to get the monthly payment.

# Current Debts

Please list all unsecured debts with balances over \$100. Do not include mortgage, vehicle or student loans. List these loans in the appropriate categories on the previous expense information page. Please have your current creditor statements available during your counseling session.

Name of Creditor	Account Number	Current Balance	Current Payment	Interest Rate	Months Late
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					



MEMBER INFORMATION RELEASE

Welcome to BALANCE. We look forward to working with you to help you achieve your financial goals. At BALANCE, we protect the privacy of our clients. In some cases, however, our clients will request that we share details of their counseling session with their referring credit union in order to qualify for certain special programs. If you will need your information released to your credit union, please let your counselor know when you call for service. The BALANCE toll-free number is (888) 456-2227. **This release form is for the Workout Loan Program for San Diego County Credit Union®.**

Please let your counselor know you are calling for the "Workout Loan Program Counseling" for San Diego County Credit Union.

1. The information may be released to the following:

San Diego County Credit Union
Attn: Workout Loan Committee

By email to: balanceworkoutloan@sdccu.com

Primary Contacts: For Real Estate Loans: For Consumer Loans:
P) (877) 732-2848, ext. 3150 P) (877) 732-2848, ext. 3100
F) (877) 597-4665 F) (877) 597-2596

2. Counseling Program: Workout Loan Program Counseling (Please check all loan types under review for this member)

Credit Card(s) Unsecured Loan/Line(s) of Credit
Vehicle Loan(s) Real Estate/Mortgage Loan(s)

Description of workout:

Three horizontal lines for describing the workout.

Instructions: Please complete a budget counseling session with BALANCE for the San Diego County Credit Union Workout Loan program. Contact BALANCE to schedule an appointment at (888) 456-2227. (Note: if your phone numbers are provided, BALANCE will place a call to the you to discuss an appointment. However, it is important to note that the you are responsible for ensuring that an appointment is scheduled.) San Diego County Credit Union staff will explain the information needed to conduct the budgeting session including gathering information on income/expenses using the BALANCE Personal Financial Assessment form. The completed form along with this signed Member Release form will be provided to BALANCE by San Diego County Credit Union.

3. I/We authorize BALANCE to release information covered in my counseling session to my credit union. This information may include details of my/our income, expenses, current debts and action plan notes discussed and prepared by BALANCE.

Member Name (please print)

Member Phone (home) (work) (cell)

Member Current Address City ST

Member Signature Date

Joint Member Name (please print)

Joint Member Phone (home) (work) (cell)

Joint Member Current Address City ST

Joint Member Signature Date

Please email this completed form along with your Personal Financial Assessment to: BALANCE, Attention: Bridget Arroyo & Ray Easter: Email: balancemanager@balancepro.org, Fax: (415) 777-4065



This Non-Disclosure Agreement (“Agreement”) is entered into on \_\_\_\_\_, between San Diego County Credit Union, a California chartered credit union (“SDCCU<sup>®</sup>”) and the undersigned member (“Member”).

**RECITALS**

A. Member is borrower on a certain loan product provided by SDCCU (“Loan”) and desires for SDCCU to provide it with different terms with respect to such Loan;

B. SDCCU is willing to disclose to Member different available options with respect to restructuring such Loan subject to Member’s agreement to keep such information as well as the revised Loan terms strictly confidential.

NOW, THEREFORE, in consideration of the mutual provisions contained herein, the receipt and sufficiency of which are hereby acknowledged, the parties agree as follows:

1. Confidential Information. All proposals for revised Loan terms and conditions, financial information, new contractual provisions and financial terms, any other information disclosed by SDCCU to Member incidental to the proposed restructuring of the Loan (whether such Loan is restructured or not), and the terms and conditions of the restructured Loan, shall be deemed to be Confidential Information, regardless of whether marked or identified as “CONFIDENTIAL” or “PROPRIETARY.” Notwithstanding anything else to the contrary, SDCCU is not obligated to disclose any new Loan terms or to enter into any Loan restructuring agreement with Member.
2. Scope. The parties agree that the Confidential Information shall be reviewed by Member only incident to negotiating proposed new terms for the Loan, and for no other purpose. SDCCU retains the sole and exclusive ownership to the Confidential Information, and no license or any other interest in the Confidential Information is granted to Member. Member acknowledges that all Confidential Information received from SDCCU is provided without any warranty by SDCCU that such information will be suitable for Member’s situation.
3. Restrictions. Member agrees to protect the Confidential Information with the same degree of care that is uses to protect its own confidential information, but in all events will use at least a reasonable degree of care. In addition to such degree of care, Member shall not in any way disclose or otherwise transfer the Confidential Information to any third party at any time, including consultants, except as approved by SDCCU in writing in advance; and/or disclose the parties’ discussions about the Confidential Information and/or their business relationship to any third party, except as approved by SDCCU in writing in advance. The provisions of this Section shall survive the termination of this Agreement.
4. Exceptions. The obligations and restrictions herein shall not apply to Confidential Information that is released pursuant to a court order or otherwise required by law (including without limitations as required under federal or state laws) provided that Member immediately notifies SDCCU of such court order or legal requirement, and gives SDCCU a reasonable opportunity and cooperates with SDCCU to contest, limit or condition the scope of such required disclosure.
5. Liquidated Damages. In the event that Member breaches the provisions of this Agreement, then Member shall pay to SDCCU an amount equal to the lesser of (“Penalty”): (i) Twenty Five Percent (25%) of the unpaid principal (as of the date hereof) of the Loan; or (ii) the amount of Fifty Thousand Dollars (\$50,000). Payment of the Penalty to SDCCU pursuant to this Section 5 shall be considered liquidated damages in accordance with the following:

THE TERMS THAT SDCCU NEGOTIATES WITH EACH BORROWER ARE CONFIDENTIAL AND KEEPING SUCH INFORMATION CONFIDENTIAL IS CRITICAL TO SDCCU BEING ABLE TO NEGOTIATE WITHOUT PREJUDICE WITH ITS BORROWERS AS REQUIRED FOR EACH OF THEIR PARTICULAR SITUATION. INSOFAR AS IT WOULD BE EXTREMELY IMPRACTICABLE AND DIFFICULT TO ESTIMATE THE DAMAGE AND HARM WHICH SDCCU WOULD SUFFER IN THE EVENT OF THE BREACH OF THIS AGREEMENT BY MEMBER AND THE DISCLOSURE OF CONFIDENTIAL INFORMATION HEREUNDER TO THIRD PARTIES, SDCCU SHALL BE ENTITLED TO THE PENALTY AS LIQUIDATED DAMAGES SET FORTH IN THIS SECTION.

SDCCU: \_\_\_\_\_ MEMBER: \_\_\_\_\_ JOINT MEMBER: \_\_\_\_\_  
INITIAL INITIAL INITIAL

**NON-DISCLOSURE AGREEMENT**



- 6. Return of Materials. All copies of Confidential Information, whether in tangible or machine readable form, shall be promptly returned to SDCCU upon SDCCU's request. Member shall thereafter retain no copies, transcriptions or summaries of any portion of the Confidential Information.
- 7. Governing Law/Venue. This Agreement shall be interpreted and enforced according to the substantive laws of the State of California without application of its conflicts or choice of law rules. Both parties irrevocably submit to the jurisdiction of the state and/or Federal courts in San Diego County, California for any action or proceeding regarding this Agreement.
- 8. Entire Agreement. This Agreement constitutes the entire agreement between the parties regarding the subject matter hereof and superseded all prior or contemporaneous understandings, oral or written. This Agreement can only be amended by a writing signed by both parties.
- 9. Assignment. Neither party shall have the right to assign or otherwise transfer, in whole or in part, any of its rights or obligations under this Agreement.
- 10. Validity. If any provision hereof is found by a court of competent jurisdiction to be invalid, void or unenforceable, the remaining provisions shall remain in full force and effect, and the affected provisions shall be revised so as to reflect the original intent of the parties hereunder to the maximum extent permitted by applicable law.
- 11. Attorney's Fees. In the event a dispute arises regarding this Agreement, the prevailing party shall be entitled to recover reasonable attorney's fees and costs in addition to any other relief to which it is entitled.
- 12. Waiver. The failure to enforce any provisions of this Agreement shall not be deemed a waiver or a continuing waiver of the same or other provision of this Agreement unless such waiver is in writing and signed by the party to be charged.

IN WITNESS WHEREOF, the parties have executed this Agreement on the date first written above.

**SAN DIEGO COUNTY CREDIT UNION**

**MEMBER**

By: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

**JOINT MEMBER**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Request for Transcript of Tax Return**

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Request may be rejected if the form is incomplete or illegible.
- ▶ For more information about Form 4506-T, visit [www.irs.gov/form4506t](http://www.irs.gov/form4506t).

**Tip.** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. 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.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number or individual taxpayer identification number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
<b>4</b> Previous address shown on the last return filed if different from line 3 (see instructions)	
<b>5</b> 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.	

**Caution:** If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

**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 1120-A, Form 1120-H, Form 1120-L, 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 10 business days . . . . .

**c Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business 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 2011, filed in 2012, will likely not be available from the IRS until 2013. 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 10 business 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.

/	/	/	/
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**Caution:** Do not sign this form unless all applicable lines have been completed.

**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, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, 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 the signature date.

**Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T.** See instructions.

<b>Signature</b> (see instructions)	Date
<b>Title</b> (if line 1a above is a corporation, partnership, estate, or trust)	
<b>Spouse's signature</b>	Date

Phone number of taxpayer on line 1a or 2a

Section references are to the Internal Revenue Code unless otherwise noted.

## Future Developments

For the latest information about Form 4506-T and its instructions, go to [www.irs.gov/form4506t](http://www.irs.gov/form4506t). Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

## General Instructions

**Caution:** Do not sign this form unless all applicable lines have been completed.

**Purpose of form.** Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

**Note:** If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

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

**Automated transcript request.** You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

**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 addresses, send your request to the address based on the address of your most recent return.

## Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

### If you filed an individual return and lived in:

	Mail or fax to:
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301
Alaska, Arizona, Arkansas, 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	512-460-2272
Alabama, Arizona, Arkansas, 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	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Internal Revenue Service RAIVS Team Stop 6705 P-6 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:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409
	801-620-6922
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250
	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) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

**Line 3.** Enter your current address. If you use a P.O. box, include it on this line.

**Line 4.** Enter the address shown on the last return filed if different from the address entered on line 3.

**Note:** If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

**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 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

**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. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

**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 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.

**Note:** If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

**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.

**Signature by a representative.** A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

### 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. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations 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, the District of Columbia, and U.S. commonwealths and possessions 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:

Internal Revenue Service  
Tax Forms and Publications Division  
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.

**THIRD PARTY AUTHORIZATION RELEASE FORM**



**To:** San Diego County Credit Union

**Re:** \_\_\_\_\_  
(SPECIFIC ACCOUNT OR LOAN INFORMATION)

I/We hereby authorize \_\_\_\_\_ of \_\_\_\_\_ (individually or collectively, "Authorized Person") to discuss any and all information or documentation of any kind or nature, whether in oral, written, electronic or any other form (collectively, "Information") about the above-referenced loan(s), account(s) and/or application(s) (collectively, "Account"), with San Diego County Credit Union (SDCCU®). You are further authorized to deliver any Information requested by Authorized Person which concern(s) the Account. I/We understand that I/we will be fully responsible for having reviewed any Information that is sent or otherwise provided by SDCCU to Authorized Person and for having authorized the same to be sent or otherwise provided to Authorized Person.

In connection with SDCCU's initial receipt of this authorization form (this "Authorization"), SDCCU will take reasonable steps to verify the identity of Authorized Person or the person claiming to be Authorized Person in the course of SDCCU's initial contact with Authorized Person or such person. However, SDCCU will have no responsibility or liability to verify the true identity of Authorized Person or such person following such initial verification as aforesaid, whether in connection with any request by Authorized Person or such person to discuss the Account, any request by Authorized Person or such person to discuss or obtain Information concerning the Account, or otherwise. In addition, SDCCU shall not have any responsibility or liability whatsoever for what Authorized Person or such person does or does not do with any Information Authorized Person or such person obtains concerning the Account, including, without limitation, how Authorized Person or such person uses or does not use/discloses or does not disclose/protects or does not protect such Information.

I/We hereby agree to indemnify, defend, protect and hold harmless SDCCU, its successors and/or assigns from any and all actions and causes of action, suits, claims or demands arising in connection with SDCCU discussing the Account and/or providing any Information concerning the Account with or to Authorized Person or such person claiming to be Authorized Person.

In addition, except for the obligations of SDCCU set forth above, I/We hereby release SDCCU from any and all actions, causes of action, costs, expenses, attorneys' fees, damages, claims and liabilities whatsoever, whether or not now known, arising in connection with any actions performed by SDCCU in accordance with the terms of this Authorization. I/We acknowledge that I/we is/are familiar with Section 1542 of the California Civil Code which provides as follows:

A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor.

I/We expressly waive(s) and relinquish(es) any and all rights and benefits which I/we may have under, or which may be conferred upon me/us by the provisions of Section 1542 of the California Civil Code, as well as under any other similar state or federal statute or common law principle, to the fullest extent that I/we may lawfully waive such rights or benefits pertaining to the releases set forth in this Authorization.

**This Authorization will remain in effect until I/we specifically notify SDCCU in writing that this Authorization is of no further force and effect.**

In Witness Whereof, I/we have signed this Authorization of my/our own free will, intending to be bound thereby.

\_\_\_\_\_  
BORROWER'S SIGNATURE

\_\_\_\_\_  
LAST 4 DIGITS SSN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CO-BORROWER'S SIGNATURE

\_\_\_\_\_  
LAST 4 DIGITS SSN

\_\_\_\_\_  
DATE