



Save the Dream Ohio
Foreclosure Prevention Effort

Dear: James Smith

Thank you for registering to receive assistance from Save the Dream Ohio, the State of Ohio's Hardest Hit Fund, administered by the Ohio Housing Finance Agency (OHFA).

You are not finished yet! To become an applicant for Save the Dream Ohio, you must take the following steps:

1. Print this application and sign all required pages. If you have a co-applicant (another individual who is on the note or mortgage) or spouse, your co-applicant or spouse also must sign the required pages.
2. Gather all the supporting documents listed in the check list on pages 8-9 of this packet.
3. Mail or fax your signed application and your supporting documents to the housing counseling agency listed below.
4. Your housing counseling agency will contact you within 3 business days to schedule an appointment to discuss your application. Check your email and voicemail regularly, and return quickly any messages you receive.
5. Meet with your housing counselor to learn more about the Save the Dream Ohio program, your potential eligibility, and the rest of the application process.

Your file has been assigned to the Housing Counseling Agency listed below. Your housing counselor will be your primary contact throughout the application process. If you have any questions, contact your housing counselor first. However, if you have concerns your housing counselor cannot answer, you may contact the Office of Consumer Advocacy at OHFA at 877-775-6446 or HHFinfo@ohiohome.org.

Mail or Fax your Application Package and Supporting Documents to:

Housing Counseling Agency Name:

Ohio Housing Finance Agency
57 East Main Street
Columbus, OH 43215

Counselor: OHFA Housing Counselor

Phone: 1-888-404-4674 **Fax:** 1-877-790-5940

Email: HHFinfo@ohiohome.org

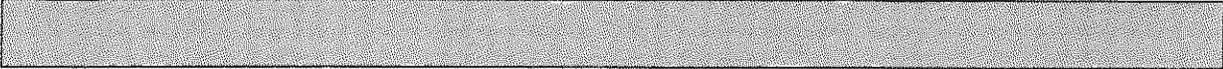
We look forward to working with you.



Save the Dream Ohio
Foreclosure Prevention Effort

Client ID Number: 555555

LETTER OF TRANSMITTAL



INSTRUCTIONS: Please use this form as your coversheet when you mail or fax your signed application package and supporting documents listed on the application checklist. Before you place your application package and documents in the mail, make a copy to keep for your files. You may also upload your signed application and supporting documents online. If you choose to upload, then this Letter of Transmittal is not necessary.

DATE: 2/1/2013
TO: Ohio Housing Finance Agency
FAX #: 1-877-790-5940
NUMBER PAGES: 30



FROM: James Smith
ADDRESS: 1234 State Street
STREET
Cleveland, OH 42510
CITY, STATE ZIP
PHONE #: 216-555-5555
ALT-PHONE #: 216-555-5555
EMAIL: JSmith@emailaddress.com

SENT VIA: FAX MAIL

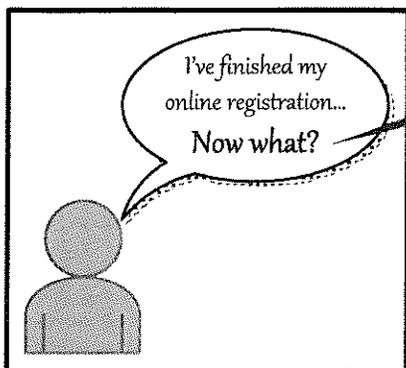
SUBJECT: Save the Dream Ohio



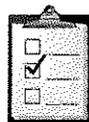
Save the Dream Ohio

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WHAT TO EXPECT DURING THE APPLICATION PROCESS



1



Gather the documents listed on the application checklist.

2



Mail, fax, or upload your signed application and supporting documents to your housing counseling agency.



3



Meet with your housing counselor to discuss your eligibility.

4

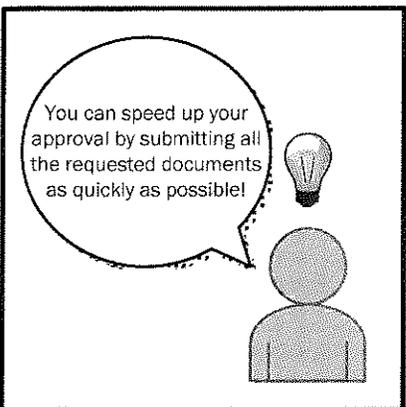


If your counselor thinks you might be eligible, your counselor will submit your application to OHFA for underwriting.

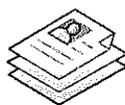
5



Next, your lender must approve your application.



6



If your lender approves your application, Associates Title will schedule a closing with you.

7



After closing, OHFA will schedule your funding. It may take 10 business days for your funds to post to your mortgage account.

In 2012, 8 out of every 10 applications was funded or is pending.



FUNDED

PENDING

INACTIVE DECLINED



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SAVE THE DREAM OHIO HOMEOWNER ASSISTANCE FORM

INSTRUCTIONS: If you are having difficulty making your mortgage payments and need help, you must complete and submit this form along with the supporting documentation listed on the **Save the Dream Ohio Application Checklist** to be considered for assistance.

On this form, you must disclose information about:

- (1) You and your co-applicant(s) (co-borrower or co-homeowner) or spouse;
- (2) The property type and status;
- (3) Your income;
- (4) Your mortgage liens, real estate taxes, and homeowners insurance premiums;
- (5) Bankruptcy; and
- (6) Your financial hardship.

NOTICE: When you sign and date this form, you will make important certifications, representations, and agreements, including certifying that all of the information in this form is accurate and truthful and any identified hardship has contributed to your submission of this request for mortgage relief. **Failure to disclose all sources of income or misrepresent your financial situation is considered fraud. OHFA and its affiliates report fraudulent activity to the U.S. Department of Treasury.**

CONTACT INFORMATION	
APPLICANT	CO-APPLICANT OR SPOUSE
APPLICANT'S NAME James Smith	CO-APPLICANT OR SPOUSE'S NAME NA
DATE OF BIRTH 7/29/1964	DATE OF BIRTH
PRIMARY NUMBER WITH AREA CODE 216-555-5555	
SECONDARY NUMBER WITH AREA CODE 216-555-5555	
PROPERTY ADDRESS 1234 State Street, Cleveland, OH 42510	
MAILING ADDRESS (IF SAME AS PROPERTY ADDRESS, JUST WRITE SAME) SAME	
EMAIL ADDRESS JSmith@emailaddress.com	
The property is currently:	<input checked="" type="checkbox"/> My Primary Residence <input type="checkbox"/> A Second Home <input type="checkbox"/> An Investment Property
The property is currently:	<input checked="" type="checkbox"/> Owner Occupied <input type="checkbox"/> Renter Occupied <input type="checkbox"/> Vacant
The property is:	<input checked="" type="checkbox"/> 1 Unit <input type="checkbox"/> 2 Units <input type="checkbox"/> 3 Units <input type="checkbox"/> 4 Units <input type="checkbox"/> 5 or more Units
	<input type="checkbox"/> Manufactured or Mobile If manufactured or mobile, is the property titled as real estate? <input type="checkbox"/> Yes <input type="checkbox"/> No



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MORTGAGE INFORMATION	
I have the following:	<input checked="" type="checkbox"/> First Lien <input type="checkbox"/> Second Lien <input type="checkbox"/> Additional Subordinate Lien(s)
My taxes and insurance are escrowed:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Taxes Only <input type="checkbox"/> Insurance Only
I have homeowners association fees:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
FIRST MORTGAGE	SECOND MORTGAGE
FIRST MORTGAGE SERVICER NAME: Bank of America	SECOND MORTGAGE SERVICER NAME:
ACCOUNT NUMBER: 333333333	ACCOUNT NUMBER:
I AM CURRENT ON THIS MORTGAGE: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	I AM CURRENT ON THIS MORTGAGE: <input type="checkbox"/> Yes <input type="checkbox"/> No
AMOUNT DELINQUENT: \$ 3,000.00	AMOUNT DELINQUENT: \$
UNPAID PRINCIPAL BALANCE: \$ 67,000.00	UNPAID PRINCIPAL BALANCE: \$
MORTGAGE TYPE: 30 Year fixed FHA	MORTGAGE TYPE:
ADJUSTABLE LOAN: DATE OF LAST ADJUSTMENT: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	ADJUSTABLE LOAN: DATE OF LAST ADJUSTMENT: <input type="checkbox"/> Yes <input type="checkbox"/> No

MONTHLY HOUSEHOLD INCOME		MONTHLY PROPERTY EXPENSES		
Source	Amount	Expense	Amount	Current
Monthly Gross Wages (Primary Job)	\$	First Mortgage Payment	\$ 722.45	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Monthly Gross Wages (Second Job)	\$	Second Mortgage Payment	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monthly Gross Wages (Third Job)	\$	Other Subordinate Lien Payment	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Self-Employment	\$	Other Subordinate Lien Payment	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alimony*	\$	Property Taxes (not escrowed)	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Support*	\$	Homeowners Insurance (not escrowed)	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Income	\$	Homeowners Association/Condo Fees	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Disability	\$	Total	\$ 722.45	
Unemployment Compensation	\$ 1500			
Other Government Assistance	\$			
Retirement	\$			
Annuity/Investment	\$			
Settlement	\$			
Rent From Roommate	\$			
Rental Property Income	\$			
Contributions From Family Or Friend	\$			
Other	\$			
Total Monthly Income	\$ 1,500.00			

Total Income	\$ 1500
Total Property Expenses	\$ 722.45
Difference	\$ 777.55
Percent Expenses of Income	% 48

I hereby certify that I do not have any income. Yes No



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HARDSHIP AFFIDAVIT			
I/We certify that I/we am/are having difficulty making my/our mortgage payments due to the following situation(s):			
APPLICANT		CO-APPLICANT OR SPOUSE	
I am/was involuntarily unemployed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I am/was involuntarily unemployed	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am/was unemployed due to:		I am/was unemployed due to:	
Layoff	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Layoff	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (Explain in space provided)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other (Explain in space provided)	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am currently receiving unemployment compensation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	I am currently receiving unemployment compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am not eligible for unemployment compensation because:		I am not eligible for unemployment compensation due to:	
I was self-employed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	I was self-employed	<input type="checkbox"/> Yes <input type="checkbox"/> No
I did not work enough weeks to receive unemployment compensation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	I did not work enough weeks to receive unemployment compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No
I earn money through part-time work that reduces my weekly benefit to \$0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	I earn money through part-time work that reduces my weekly benefit to \$0	<input type="checkbox"/> Yes <input type="checkbox"/> No
I exhausted unemployment benefits	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	I exhausted unemployment benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No
I returned to work	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	I returned to work	<input type="checkbox"/> Yes <input type="checkbox"/> No
I experienced an involuntary 10% or more loss of income lasting for at least 60 days	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	I experienced an involuntary 10% or more loss of income lasting for at least 60 days	<input type="checkbox"/> Yes <input type="checkbox"/> No
My involuntary loss of income is/was due to:		My involuntary loss of income is/was due to:	
Reduction in hours or wages	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Reduction in hours or wages	<input type="checkbox"/> Yes <input type="checkbox"/> No
Death of a household wage-earner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Death of a household wage-earner	<input type="checkbox"/> Yes <input type="checkbox"/> No
Divorce	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Divorce	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disability or illness	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Disability or illness	<input type="checkbox"/> Yes <input type="checkbox"/> No
Loss of secondary employment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Loss of secondary employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Loss of other supplemental income	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Loss of other supplemental income	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (Explain in space provided)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other (Explain in space provided)	<input type="checkbox"/> Yes <input type="checkbox"/> No
I incurred significant out-of-pocket medical expenses of at least 7.5% of my gross household income in a year between 2007-2012, or 10% in 2013	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	I incurred significant out-of-pocket medical expenses of at least 7.5% of my gross household income in a year between 2007-2012, or 10% in 2013	<input type="checkbox"/> Yes <input type="checkbox"/> No
I must relocate, or I relocated within the past 12 months, for employment purposes, and my new main job is at least 50 miles farther from my former residence than my old job.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	I must relocate, or I relocated within the past 12 months, for employment purposes, and my new main job is at least 50 miles farther from my former residence than my old job.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date hardship occurred:	7/1/2012	Date hardship occurred:	
Length of hardship:	8 months	Length of hardship:	



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HARDSHIP LETTER

INSTRUCTIONS: Using the space below, please provide details about your financial hardship. Be sure that the information you provide below corresponds to the information you provided on page 6.

Dear Save the Dream Ohio,

In July 2012 I was laid off at my job at the company I worked at for 18 years. Since then I have been actively looking for employment with no luck on landing a position. I was able to receive unemployment benefits yet it still does just not seem to be enough. With the rising costs of food, medicine, gas and utilities it seems to be a difficult struggle to make ends meet. I am in fear of becoming delinquent on my mortgage as I have depleted my savings and began taking hardship disbursement's from my retirement.

I've lived in my home for 10 years now and worked very hard to get it, maintain it, and make it into something I call home. I enjoy the community I live in and have always made every effort to give back. I would like to be able to keep my house and find a solution to my mortgage situation so I can stay in my home.

If there is any assistance available for distressed homeowners like myself I would like to look into it. Please help me find a solution to my mortgage situation so I can stay in my home. Thank you so much for your time and consideration.

Sincerely,

James Smith

1. Under penalty of perjury, I/we certify that all of the information in this affidavit is truthful and the event(s) identified above has/have contributed to my/our need to modify the terms of my/our mortgage loan.
2. I/we understand and acknowledge that Save the Dream Ohio and/or its agents may investigate the accuracy of my/our statements, may require me/us to provide supporting documentation, and that knowingly submitting false information may violate Federal and/or state law.
3. I/we understand that if I/we am/are asked and unable to provide documentation to support the hardship information I/we provided on this Hardship Affidavit, I/we may be required to repay any assistance I/we receive, and I/we may be reported to the U.S. Department of Treasury.
4. I/we understand that if I/we have intentionally defaulted on my/our existing mortgage, engaged in fraud or misrepresented any facts (s) in connection with this Hardship Affidavit, or if I/we do not provide all of the required documentation, I may not qualify for assistance from Save the Dream Ohio.
5. I/we understand that Save the Dream Ohio and/or its agents will use this information to evaluate my/our eligibility for assistance, but Save the Dream Ohio and its agents is not obligated to offer me/us assistance based solely on the representations in this affidavit.


Applicant Signature

2/1/2013
Date

Co-Applicant or Spouse Signature

Date



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SAVE THE DREAM OHIO APPLICATION CHECKLIST

INSTRUCTIONS: The best way for you to **speed up your application process** is to provide **all the required documents** listed below to your housing counselor as soon as you can. Before you mail in or deliver your application package to your housing counselor, **triple check** the list below to make sure you have signed everything you need to sign and provided every document you need to provide. Remember, the **number one** reason homeowners experience a **delay** in receiving assistance is **missing documents!**

Here's what EVERYONE needs to provide:

DOCUMENT	INSTRUCTIONS
<input type="checkbox"/> Printed Application	Include all pages and don't forget to sign and date the: <ul style="list-style-type: none"> <input type="checkbox"/> Letter of Transmittal, if applicable (page 3) <input type="checkbox"/> Hardship Affidavit (page 6) <input type="checkbox"/> Application Terms and Conditions (pages 10-11) <input type="checkbox"/> Third Party Authorization for Release of Information (page 12) <input type="checkbox"/> 4506T and 4506EZ (pages 16-17)
<input type="checkbox"/> Most recent Mortgage Statement	You may instead provide a mortgage coupon, reinstatement letter, or other document listing your current mortgage payment, but the document must list your monthly principal and interest, and if applicable, taxes, and insurance.
<input type="checkbox"/> Most recent Electric or Natural Gas bill	Your bill should show your name, address, and use of electricity or gas. Please include all pages of your bill, even blank ones.
<input type="checkbox"/> Income Documentation	
If you or wage earner in your household* receive income from any of the following sources, then please provide:	
<input type="checkbox"/> Employment	<input type="checkbox"/> 30 days of paystubs with year-to-date totals
<input type="checkbox"/> Self-employment	<input type="checkbox"/> 3 months of personal and business bank statements; <input type="checkbox"/> Most recent Profit & Loss statement covering the same time period as your bank statements; and <input type="checkbox"/> Last year's income tax return with all schedules
<input type="checkbox"/> Unemployment Compensation	<input type="checkbox"/> Unemployment Compensation Claims Summary (print from jfs.ohio.gov by logging in, clicking on "claim history," and "continued claim")
<input type="checkbox"/> Other public benefits such as SSI	<input type="checkbox"/> Documentation showing the amount and frequency of the benefits, such as letters, exhibits, policy, or benefits statement from the provider
<input type="checkbox"/> Rental income or rent from a roommate	<input type="checkbox"/> Copy of the most recent filed federal tax return with all schedules; or <input type="checkbox"/> If rent is not listed on Schedule E, copy of current lease agreement; or <input type="checkbox"/> If no lease agreement exists, proof of deposit
<input type="checkbox"/> Investment income	<input type="checkbox"/> Copies of the two most recent investment statements
<input type="checkbox"/> Alimony, child support, or separation maintenance income**	<input type="checkbox"/> Copy of divorce decree, separation agreement, or other written legal agreement filed with a court, that states the amount you receive and the period of time over which the payments will be received.
<input type="checkbox"/> No Income	<input type="checkbox"/> If your household has no income, certify that you have no income on page 5 of the application package, in the Financial Information section.
<p>* Income documentation for wage earners in your household who are not in title, not on the note and mortgage, and not married to you need not be revealed if you do not choose to have it considered.</p> <p>** Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.</p>	



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If the any of the following situations apply to you, you also should provide:

SITUATION	REQUIRED DOCUMENTS
<input type="checkbox"/> I owe my mortgage servicer more than \$20,000 in back payments.	<input type="checkbox"/> Homeowner Contribution Form, located on page 14 of this application package.
<input type="checkbox"/> I am in active foreclosure .	<input type="checkbox"/> Copy of foreclosure notice, summary judgment, or notice of sheriff's sale, whichever is most recent
<input type="checkbox"/> I pay my property taxes and insurance separately from my mortgage.	<input type="checkbox"/> Copy of most recent property tax bill; and <input type="checkbox"/> Copy of homeowner's insurance statement with annual premium listed
<input type="checkbox"/> I have delinquent Homeowner's Association or Condo Fees .	<input type="checkbox"/> Copy of most recent Homeowner Association or Condo Fee bill
<input type="checkbox"/> I have a second mortgage lien on my property.	<input type="checkbox"/> Copy of most recent mortgage statement, coupon, or reinstatement letter with the monthly principal and interest listed
<input type="checkbox"/> I have an additional subordinate mortgage lien on my property.	<input type="checkbox"/> Copy of most recent mortgage statement, coupon, or reinstatement letter with the monthly principal and interest listed
<input type="checkbox"/> I am seeking to exit my home through a short sale or deed in lieu of foreclosure .	<input type="checkbox"/> Copy of deed-in-lieu of foreclosure approval letter; or <input type="checkbox"/> Copy of short sale approval letter; and <input type="checkbox"/> If applicable, Copy of HUD 1 from sale or transfer of home
<input type="checkbox"/> I am unemployed but did not work enough weeks to claim unemployment benefits.	<input type="checkbox"/> Unemployment Compensation denial letter
<input type="checkbox"/> My income includes contributions from a non-borrower* living in my home.	<input type="checkbox"/> Proof of non-borrower occupancy in the household using two documents with the non-borrower's name and current address. A list of acceptable documents is available on the Save the Dream Ohio website.
<input type="checkbox"/> An individual on the mortgage is deceased .	<input type="checkbox"/> Copy of death certificate; or <input type="checkbox"/> Official obituary.
<input type="checkbox"/> I am working with an attorney and want to grant my attorney access to my application.	<input type="checkbox"/> Legal Counsel Authorization, signed and dated, located on page 15 of this application package.

After reviewing your file, depending on your situation, your housing counselor or underwriter may also ask you to provide:

- Tax returns
- Divorce decree
- Bank statements
- Quit-claim deed
- Additional paystubs or other income documentation
- Death certificate
- Proof of receipt of payments
- Power of attorney
- Unemployment determination letter
- Medical bills
- Other documentation as necessary

Sometimes, the documents you provide get too old or cause your counselor or underwriter to ask for additional information or documents from you to answer a question they have about your situation. If that happens, respond as quickly as possible to avoid further delay. Your application will become inactive if you fail to provide documents or respond to requests quickly.



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Save the Dream Ohio Terms and Conditions

INSTRUCTIONS: Please **read this page** and **sign and date** to acknowledge you understand the terms and conditions of applying for and receiving assistance from Save the Dream Ohio.

PRIVACY AND PROTECTION OF PERSONAL INFORMATION

1.	I understand that submission of an application does not guarantee Save the Dream Ohio assistance.
2.	I hereby authorize the housing counselors and their employees to discuss, share, release, and otherwise provide to and with my mortgage loan servicer, credit bureaus, credit reporting agencies, creditors, the Ohio Housing Finance Agency, mediators, and others information about my credit and mortgage history, employment, and financial and mortgage situation as it is necessary to seek solutions to my housing problem.
3.	I understand that this information will be treated as confidential and that access to this information will be limited to those who are directly involved in assisting with my application.
4.	I understand the Ohio Housing Finance Agency may provide certain information not covered under applicable privacy laws to be reported to the United States Department of the Treasury or its successors or assigns for limited reporting purposes related to federal housing programs.
5.	I certify that I have received a copy of the Ohio Housing Finance Agency's Privacy Policy, included in the application package on page 12.
6.	I consent to being contacted concerning this request for mortgage assistance at any mobile telephone number or email address I have provided. This includes email addresses, text messages, and telephone calls to my mobile telephone.
7.	I/we understand that participation in A Save the Dream Ohio may negatively impact my/our credit score(s).
8.	I/we understand that participation in certain programs in 2014 or later could have tax consequences if the Mortgage Forgiveness Debt Relief Act expires.

APPLICATION PROCESS

9.	I understand that I do not automatically qualify for Save the Dream Ohio assistance by submitting an application or any additional forms or documents requested by the housing counselor or the Ohio Housing Finance Agency.
10.	I understand that this is only an application for assistance and that the Ohio Housing Finance Agency will consider additional underwriting factors in reviewing my application.
11.	I understand that my application may not meet applicable underwriting criteria and that I will be notified in writing of my application's acceptance or denial.
12.	I certify that I am willing to provide all requested documents and to respond to all communications from the Ohio Housing Finance Agency and its partners in a timely manner.
13.	I understand that if I am approved for assistance from Save the Dream Ohio, my participation and any assistance received is based on my continued eligibility and my agreeing to meet the guidelines and terms and conditions of the program and certain other criteria.
14.	I authorize the Ohio Housing Finance Agency to review and verify information contained in my Save the Dream Ohio application at any time, including, but not limited to, 1) during my assistance period and after I receive assistance; 2) as part of any recertification process; or 3) as part of the Ohio Housing Finance's Agency quality control program.
15.	I authorize the counseling agency to provide the Ohio Housing Finance Agency, or its authorized agents and assigns, any and all information and documentation they request.
16.	I understand that I may be audited by the Ohio Housing Finance Agency and agree to provide requested documents in a timely manner or risk termination or repayment of my assistance.

FRAUD

17.	I certify that my property has not received a condemnation notice.
18.	I have described my current financial condition, and I certify that all information presented herein, as well as all attachments, are true, accurate, and correct to the best of my knowledge.
19.	I understand that false or misleading information will affect my ability to receive assistance and may be grounds for rejection of my application or termination of assistance I may receive.
20.	I understand that false or misleading information may result in a request for immediate repayment of any assistance that I receive.
21.	I/we also understand that knowingly submitting false information may violate Federal law.



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Client ID Number: 555555

Ohio Housing Finance Agency Privacy Policy

INSTRUCTIONS: Read this Privacy Policy, sign the Terms and Conditions document on page 10 of this application, and **keep this document for your records.**

Ohio Housing Finance Agency is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your "nonpublic personal information," such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization and signature on the Third Party Authorization for Release of Information on page 13. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information, and designing future programs.

Types of information that we gather about you:

- Information we receive from you orally, on applications or other forms, such as your name, address, social security number, assets, and income;
- Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage; and
- Information we receive from a credit reporting agency, such as your credit history.

Release of your information to third parties:

- We may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of the federal assistance funding this program.
- We may also disclose any nonpublic personal information about you or former customers to anyone as required by law (e.g., if we are compelled by legal process).
- Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic, and procedural safeguards that comply with federal and state regulations to guard your nonpublic personal information.

1234 State Street
Cleveland, OH 42510



Save the Dream Ohio
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Save the Dream Ohio Third-Party Authorization Form

INSTRUCTIONS: Complete, sign, date, and return this form to your housing counseling agency with the rest of your application package.

Bank Of America
Mortgage Lender/Service Name ("Servicer")

333333333
Account Loan Number

The Borrower and Co-Borrower (if any) named below (individually and collectively, "Borrower"), authorize the above Servicer or the successor/assignee and the following third parties:

Ohio Housing Finance Agency
Counseling Agency
OHFA Housing Counselor 1-888-404-4674
Agency Contact Name and Phone Number

Ohio Housing Finance Agency
and/or State HFA Entity
Save the Dream Ohio (877)-775-6446
State HFA Contact Name and Phone Number

(individually and collectively, "Third Party") to share, release, discuss, and otherwise provide to and with each other public and non-public personal information contained in or related to the mortgage loan of the Borrower. This information may include (but is not limited to) the name, address, telephone number, social security number, credit score, income, government monitoring information, loss mitigation application status, account balances, program eligibility, and payment activity of the Borrower.

The Servicer or successor/assignee will take reasonable steps to verify the identity of a Third Party, but has no responsibility or liability to verify the identity of such Third Party. The Servicer or its successor/assignee also has no responsibility or liability for what a Third Party does with such information.

Before signing this Third-Party Authorization, beware of foreclosure rescue scams!

- It is expected that a Save the Dream Ohio housing counselor will work directly with your lender/mortgage servicer.
- Please visit www.savethedream.ohio.gov to verify you are working with a Save the Dream Ohio housing counseling agency.
- Beware of anyone who asks you to pay a fee in exchange for a counseling service or modification of a delinquent loan.

Applicant
James Smith
Printed Name

Signature
2/1/2013
Date

Co-Applicant or Spouse
NA
Printed Name

Signature

Date



Save the Dream Ohio

Foreclosure Prevention Effort

Client ID Number: 555555

Homeowner Contribution of Funds Form

Instructions: If you have missed mortgage payments and owe your mortgage lender **more than \$20,000**, please complete the form below and return to your housing counselor with your application package and supporting documents.

Counseling Agency: Ohio Housing Finance Agency

Date: 2/1/2013

Applicant Name: James Smith

Lender: Bank of America

Co-Applicant or Spouse Name: NA

Property Address: 1234 State Street, Cleveland, OH 42510

I understand that the amount of assistance necessary to reinstate my mortgage loan—and, if applicable, participate in other Save the Dream Ohio programs—exceeds the maximum benefit amount. I certify that I can contribute up to: \$2000.00

My signature below certifies that I will mail my homeowner contribution directly to OHA, LLC upon notification from OHFA's Consumer Advocacy team of the exact amount.

I understand that the source of my contribution may not be a repayable loan. The source of my contribution is:

- 401K Withdrawal
- Gift - Letter Attached
- Mortgage Payments Saved
- Other (explain in box)

I can withdraw funds my 401 K if need be.

I understand that Save the Dream Ohio will not schedule my closing until I pay my homeowner contribution to OHA, LLC. I will be notified by OHFA's Consumer Advocacy team of the exact amount I will need to contribute and the date that funds must be received by OHA, LLC. I further understand that any delay providing the funds or scheduling my closing could result in a larger contribution amount. I understand that Rescue Payment Assistance reinstatement amounts are provided to OHFA by my mortgage servicer, and may be different from reinstatement amounts provided directly to me by a representative of my mortgage servicer. Reinstatement amounts provided by a customer service representative or an attorney representing my mortgage servicer may not include all attorney fees or escrow shortages and may include late fees, which most mortgage servicers participating in Save the Dream Ohio waive. I understand that there could be unbilled attorney fees not included in my reinstatement amount. Save the Dream Ohio will cover these fees if there is remaining assistance available.

James Smith
Applicant Signature

2/1/2013
Date

Co-Applicant or Spouse Signature Date



Save the Dream Ohio

Foreclosure Prevention Effort

Client ID Number: 555555

LEGAL COUNSEL AUTHORIZATION

INSTRUCTIONS: If you are working with an attorney to resolve your foreclosure situation and you want to share information about your Save the Dream Ohio application with your attorney, please complete and sign the form below and submit with your Application Package and supporting documents.

I am working with legal counsel and give OHFA and others permission to release information regarding my application, mortgage status, and financial information.

The name and contact information for my attorney is listed below:

Attorney: Mr. Attorney at Law

Address: 1234 5th Street

Telephone: 216-555-5555

Email Address: Legalteam@lawoffices.com


Applicant Signature

2/1/2013
Date

Co-Applicant or Spouse Signature

Date

Request for Transcript of Tax Return

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

OMB No. 1545-1872

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" 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.

1a Name shown on tax return. If a joint return, enter the name shown first. James Smith	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions) 222-33-4444
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2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
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3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)
 James Smith, 1234 State Street, Cleveland, OH 42510

4 Previous address shown on the last return filed if different from line 3 (see instructions)

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.

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 IRS 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 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 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 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 2010, filed in 2011, will not be available from the IRS until 2012. 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

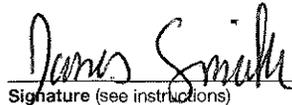
Caution. If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

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.

Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved **identity theft** on your federal tax return

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, **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 the signature date.

Sign Here	 Signature (see instructions)	2/1/13 Date	Phone number of taxpayer on line 1a or 2a
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	Date	

Department of the Treasury
Internal Revenue Service

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

Tip. Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge, or you can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946.

1a Name shown on tax return. If a joint return, enter the name shown first. James Smith	1b First social security number or individual taxpayer identification number on tax return 222-33-4444
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2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
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3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)
 James Smith, 1234 State Street, Cleveland, OH 42510

4 Previous address shown on the last return filed if different from line 3 (see instructions)

5 If the transcript 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.

Third party name James Smith, 1234 State Street, Cleveland, OH 42510	Telephone number
Address (including apt., room, or suite no.), city, state, and ZIP code	

Caution. If the tax transcript is being mailed to a third party, ensure that you have filled in line 6 before signing. Sign and date the form once you have filled in this line. Completing this step helps to protect your privacy. Once the IRS discloses your IRS 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.

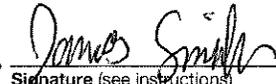
6 **Year(s) requested.** Enter the year(s) of the return transcript you are requesting (for example, "2008"). Most requests will be processed within 10 business days.

Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved **identity theft** on your federal tax return.

Note. If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS may notify you or the third party that it was unable to locate a return, or that a return was not filed, whichever is applicable.

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

Signature of taxpayer(s). I declare that I am the taxpayer whose name is shown on either line 1a or 2a. If the request applies to a joint return, **either** husband or wife must sign. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

Sign Here	 Signature (see instructions)	2/3/13 Date	Phone number of taxpayer on line 1a or 2a
	Spouse's signature	Date	