

Thanks for your interest in Infinity Housing Consultants...

Attached are the modification form Please Fill out (2) Client intake Forms Completely.

sign only and do not date the section 9 form, uniform borrower form, hardship affidavit, fill out hardship affidavit, sign page 3 do not date, fill out hardship letter, Dodd Frank Sign only, 4506t sign only (2) forms, Sign only third party agreement (3), Sign only limited power of attorney, Fill out (1) budget sheet and sign only (2) budget sheets, Sign only Certify form for budget do not date, If you pay homeowners association fees sign only I DO PAY if not sign only I DO NOT PAY,... for NationStar form fill in automobile information only if you have one and Call to discuss Payment Options! Please Sign all form and DO NOT DATE!!

Items needed for Modification:

Pay check stubs if you work 30 days

3 months Bank Statements/ if your receive benefits it must show benefits

Benefit Letter for SSI if you receive

Pension statement if you receive

Most Recent Utility Bill

If in foreclosure I need Attorney Letter from Foreclosing Attorney

2015-2016 TAXES

Mortgage Statement

Property Tax

Current Homeowners Insurance policy

if you file bankruptcy need letter from Attorney stating that you can proceed with a modification

Please mail back Post dated checks made out to Infinity Housing Consultants if no check please provide account # and routing # for pre made checks and monthly amount.

Thanks!

813-815-0546

INFINITY HOUSING CONSULTANTS
1226 ROYAL DRIVE SUITE N
CONYERS, GEORGIA 30094
813 815-0546

CLIENT INTAKE INFORMATION- THE FOLLOWING FORM NEED TO BE FILLED OUT COMPLETELY

HOW DID YOU HEAR ABOUT US? _____

CLIENT DETAILS

ADDRESS DETAILS

Today's Date _____ Street Address _____

First Name _____ Street Address _____

Last Name _____ City _____

Middle Name _____ State _____

Date of Birth _____ Zip Code _____

SSN: _____ County _____

Home Phone _____ Residency Status Own Rent Other

Work Phone _____ Length of Occupancy ___ Years ___ Months

Fax Number _____

E-mail _____ DEMOGRAPHIC DETAILS

Preferred Contact Type
 Home Work Cell E-mail

Race American Indian or Alaskan Native Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander

Best Time to Contact You:
 Morning Afternoon Evenings

Ethnicity Not Hispanic or Latino
 Hispanic or Latino

Time: _____ Date of Birth ___ / ___ / ___ Age _____

Estimate Monthly Income _____ Number of Dependents _____

Estimate Monthly Liabilities _____ Number in Household _____

Estimated Monthly Funds Available _____ Martial Status Married Separated

What is the Source of your Income? _____

Who Is your Lender? _____

What is you lender Contact Number? _____

What is your Loan Number? _____

What is your monthly mortgage Payment? _____

How many Months behind are you? _____

What Caused you to Fall behind? _____

Is the property for sale? _____

Is selling the property an option? _____

What is your loan Balance? _____ Interest Rate? _____

Were there any prior work out agreements on this loan? _____

If yes, what were the stipulations? _____

When can you get back on track? _____

EMPLOYER DETAILS

Employer _____

Street Address _____

Street Address _____

City _____

State _____

Zip Code _____

Contact Phone _____

Position/ Title _____

Start Date _____

End Date _____

Single Divorced Widowed

Gender Male Female

Citizenship _____

Country of Origin _____

Preferred Language _____

Check if Foreign Born

Highest Level of Education Completed _____

Degree Earned _____

Check All that Apply

Female Head of Household U.S. Veteran

Single Head of Household Own Home



Infinity Housing Consultants

Mail To: 1226 Royal Drive Suite N, Conyers, Georgia 30094

Phone: (813) 815-0546 • Fax: (770) 679-4602. E-mail: infinityhousing@yahoo.com

Social Security # _____ Date of Birth _____

Mr. Mrs. Ms. First Name _____ Last Name _____ Middle I _____

Street Address _____ Apt/Suite _____

City _____ State _____ Zip Code _____

E-mail _____ Home Phone _____

Work Phone _____ Cell Phone _____

Monthly Payment: _____ [The payment method below will be used for your monthly Plan Payment]

Visa MasterCard Discover American Express

Credit Card No. _____ CVV _____ Expiration Date _____

Card Holder Name _____ Billing Street Address _____

City _____ State _____ Zip Code _____

Infinity Housing Consultants' payment processing department will charge your account as indicated for your monthly payment following your initial payment fee, and each month following until such that service has been paid in full. Missing or invalid payment information may delay application processing. Please verify that the above information is correct before submission.

I understand that an automatic payment of _____ will be made from the account provided above each month until service has been paid in full.

Applicant Signature Date

Sponsor Agent Name: _____

Infinity Housing Consultants

IMPORTANT INFORMATION ABOUT YOUR PRIVACY RIGHTS

Privacy Notice Protecting your privacy is important to Infinity Housing Consultants. Infinity Housing Consultants is committed to assuring the privacy of individuals and or families who have contacted us for assistance, housing education and counseling services. This notice explains what information we may collect about you; how each of us may use it and how we each protect it. Infinity Housing Consultants is responsible for complying with their respective obligations under this Joint Privacy Policy.

A. How We Collect Nonpublic Personal Information

Infinity Housing Consultants collects and use various types of nonpublic personal information about you and your financial situation to provide you services; respond to your requests, and manage our own businesses. This information includes:

*Information you provide directly (either in-person, through the Internet, the phone or forms you complete), such as your name, address, social security number and real estate lender;

*Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions;

*Information from consumer reporting agencies (e.g., credit reports): and

*Information from your lenders.

B. Sharing of your Nonpublic Personal Information with Infinity Housing Consultants

C. How We Use Your Nonpublic Personal Information

* Infinity Housing Consultants does not disclose, or do we reserve the right to disclose, any nonpublic personal information about our customers or former customers except as required or permitted by law. For example, non public personal information, as described above, may be disclosed to provide you with housing counseling and education and other services that you request to mortgage lenders and services with whom you have loans, as part of our effort to address your mortgage concerns.

* In addition, we each may also use and aggregate reports and anonymous case file information with government agencies, financial supporters, and nonprofit organizations to evaluate our services, to gather valuable research information, and to design future programs. WE do not disclose identifiable personal information to these entities without your consent unless required or permitted by law.

D. How We Protect Your Nonpublic Personal Information

Infinity Housing Consultants restricts access to nonpublic personal information about you to our employees and agents need your information to provide services to you or for quality control and research purposes. Helping Hands maintain physical, administrative and technical safeguards that comply with Federal regulations to protect your nonpublic personal information.

E. How We Treat Former Customers

Even if you are no longer our customers, the privacy practices described in this notice will continue to apply to you.

F. Relation To Other Privacy Policies

This privacy notice only pertains to the housing counseling services provided to you by us. Infinity Housing Consultants may provide other services that are not subject to this policy. If you have any questions or concerns about this notice, please contact us at 813 815-0546

Signature _____ Signature _____

1. I certify that all of the information in this RMA is truthful and the hardship(s) identified above has contributed to submission of this request for mortgage relief.
2. I understand and acknowledge that the Servicer, the U.S. Department of the Treasury, the owner or guarantor of my mortgage loan, or their respective agents may investigate the accuracy of my statements, may require me to provide additional supporting documentation and that knowingly submitting false information may violate Federal and other applicable law.
3. I authorize and give permission to the Servicer, the U.S. Department of the Treasury, and their respective agents, to assemble and use a current consumer report on all borrowers obligated on the loan, to investigate each borrower's eligibility for MHA and the accuracy of my statements and any documentation that I provide in connection with my request for assistance. I understand that these consumer reports may include, without limitation, a credit report, and be assembled and used at any point during the application process to assess each borrower's eligibility thereafter.
4. I understand that if I have intentionally defaulted on my existing mortgage, engaged in fraud or if it is determined that any of my statements or any information contained in the documentation that I provide are materially false and that I was ineligible for assistance under MHA, the Servicer, the U.S. Department of the Treasury, or their respective agents may terminate my participation in MHA, including any right to future benefits and incentives that otherwise would have been available under the program, and also may seek other remedies available at law and in equity, such as recouping any benefits or incentives previously received.
5. I certify that any property for which I am requesting assistance is a habitable residential property that is not subject to a condemnation notice.
6. I certify that I am willing to provide all requested documents and to respond to all Servicer communications in a timely manner. I understand that time is of the essence.
7. I understand that the Servicer will use the information I provide to evaluate my eligibility for available relief options and foreclosure alternatives, but the Servicer is not obligated to offer me assistance based solely on the representations in this document or other documentation submitted in connection with my request.
8. I am willing to commit to credit counseling if it is determined that my financial hardship is related to excessive debt.
9. If I am eligible for assistance under MHA, and I accept and agree to all terms of an MHA notice, plan, or agreement, I also agree that the terms of this Acknowledgment and Agreement are incorporated into such notice, plan, or agreement by reference as if set forth therein in full. My first timely payment, if required, following my servicer's determination and notification of my eligibility or prequalification for MHA assistance will serve as my acceptance of the terms set forth in the notice, plan, or agreement sent to me.
10. I understand that my Servicer will collect and record personal information that I submit in this RMA and during the evaluation process, including, but not limited to, my name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about my account balances and activity. I understand and consent to the Servicer's disclosure of my personal information and the terms of any MHA notice, plan or agreement to the U.S. Department of the Treasury and its agents, Fannie Mae and Freddie Mac in connection with their responsibilities under MHA, companies that perform support services in conjunction with MHA, any investor, insurer, guarantor, or servicer that owns, insures, guarantees, or services my first lien or subordinate lien (if applicable) mortgage loan(s) and to any HUD-certified housing counselor.
11. I consent to being contacted concerning this request for mortgage assistance at any e-mail address or cellular or mobile telephone number I have provided to the Servicer. This includes text messages and telephone calls to my cellular or mobile telephone.

The undersigned certifies under penalty of perjury that all statements in this document are true and correct.

Borrower Signature	Social Security Number	Date of Birth	Date
Co-borrower Signature	Social Security Number	Date of Birth	Date

Borrower/Co-Borrower Acknowledgement and Agreement

1. I certify that all of the information in this Borrower Assistance Form is truthful and the hardship(s) identified above has contributed to submission of this request for mortgage relief.
2. I understand and acknowledge that the Servicer, owner or guarantor of my mortgage, or their agent(s) may investigate the accuracy of my statements, may require me to provide additional supporting documentation, and that knowingly submitting false information may violate Federal and other applicable law.
3. I understand the Servicer will obtain 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 request for mortgage relief or if I do not provide all required documentation, the Servicer may cancel any mortgage relief granted and may pursue foreclosure on my home and/or pursue any available legal remedies.
5. I certify that my property has not received a condemnation notice.
6. I certify that I am willing to provide all requested documents and to respond to all Servicer communications in a timely manner. I understand that time is of the essence.
7. I understand that the Servicer will use this information to evaluate my eligibility for available relief options and foreclosure alternatives, but the Servicer is not obligated to offer me assistance based solely on the representations in this document or other documentation submitted in connection with my request.
8. If I am eligible for a trial period plan, repayment plan, or forbearance plan, and I accept and agree to all terms of such plan, I also agree that the terms of this Acknowledgment and Agreement are incorporated into such plan by reference as if set forth in such plan in full. My first timely payment following my Servicer's determination and notification of my eligibility or prequalification for a trial period plan, repayment plan, or forbearance plan (when applicable) will serve as acceptance of the terms set forth in the notice sent to me that sets forth the terms and conditions of the trial period plan, repayment plan, or forbearance plan.
9. I agree that when the Servicer accepts and posts a payment during the term of any repayment plan, trial period plan, or forbearance plan it will be without prejudice to, and will not be deemed a waiver of, the acceleration of my loan or foreclosure action and related activities and shall not constitute a cure of my default under my loan unless such payments are sufficient to completely cure my entire default under my loan.
10. I agree that any prior waiver as to my payment of escrow items to the Servicer in connection with my loan has been revoked.
11. If I qualify for and enter into a repayment plan, forbearance plan, and trial period plan, I agree to the establishment of an escrow account and the payment of escrow items if an escrow account never existed on my loan.
12. I understand that the Servicer will collect and record personal information that I submit in this Borrower Response Package and during the evaluation process, including, but not limited to, my name, address, telephone number, social security number, credit score, income, payment history, and information about my account balances and activity. I understand and consent to the Servicer's disclosure of my personal information and the terms of any relief or foreclosure alternative that I receive to any investor, insurer, guarantor, or servicer that owns, insures, guarantees, or services my first lien or subordinate lien (if applicable) mortgage loan(s) or to any HUD-certified housing counselor.
13. If I am eligible for foreclosure prevention relief under the federal Making Home Affordable Program, I understand and consent to the disclosure of my personal information and the terms of any Making Home Affordable Agreement by the 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, and (c) companies that perform support services in conjunction with Making Home Affordable.
14. I consent to being contacted concerning this request for mortgage assistance at any cellular or mobile telephone number I have provided to the Lender. This includes text messages and telephone calls to my cellular or mobile telephone.

Borrower Signature

Date

Co-Borrower Signature

Date

ACKNOWLEDGEMENT 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 their 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 am willing to commit to credit counseling if it is determined that my financial hardship is related to excessive debt.
9. 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.

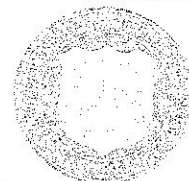
If you have questions about the program that your servicer cannot answer or need further counseling, you can call the Homeowner's HOPE™ Hotline at 1-888-995-HOPE (4673). The Hotline can help with questions about the program and offers free HUD-certified counseling services in English and Spanish.



Be advised that by signing this document you understand that any documents and information you submit to your servicer in connection with the Making Home Affordable Program are 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, expenses, or assets 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 this document you certify, represent and agree that:

"Under penalty of perjury, all documents and information I have provided to Lender in connection with the Making Home Affordable Program, 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. Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.



Financial Hardship Affidavit

Borrower Name: _____ Date of Birth _____
 Co-Borrower Name: _____ Date of Birth _____
 Property Street Address: _____
 Property City, State, Zip: _____
 Account Number(s): _____

In order to qualify for our offer to enter into an agreement to modify my loan, I/we am/are submitting this form to the Servicer and indicating by my/our checkmarks (" ") the one or more events that contribute to my/our financial hardship and difficulty in making payments on my/our mortgage loan.

Borrower Co-Borrower

My income has been reduced or lost. For example: unemployment, underemployment, reduced job hours, reduced pay, or a decline in self-employed business earnings. I have provided details under "Explanation" and have attached verifying documentation.

My household financial circumstances have changed. For example: death in family, serious or chronic illness, permanent or short-term disability, divorce, incarceration, increased family responsibilities (adoption or birth of a child, taking care of elderly relatives or other family members). I have provided details under "Explanation" and have attached verifying documentation.

My expenses have increased. For example: monthly mortgage payment has increased or will increase, high medical and health-care costs, uninsured losses (such as those due to fires or natural disasters), unexpectedly high utility bills, increased real property taxes. I have provided details under "Explanation" and have attached verifying documentation.

My cash reserves are insufficient to maintain the payment on my mortgage loan and cover basic living expenses at the same time. Cash reserves include assets such as cash, savings, money market funds, marketable stocks or bonds (excluding retirement accounts). Cash reserves do not include assets that serve as an emergency fund (generally equal to three times my monthly debt payments). I have provided details under "Explanation" and have attached verifying documentation.

My monthly debt payments are excessive, and I am overextended with my creditors. I may have used credit cards, home equity loans or other credit to make my monthly mortgage payments. I have provided details under "Explanation" and have attached verifying documentation.

There are other reasons I/we cannot make our mortgage payments. I have provided details under "Explanation" and have attached verifying documentation.

Explanation (Required):

If additional space is needed for Explanation, please include an additional page.

Information for Government Monitoring Purposes

The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request for a loan modification in person.

If you do not wish to furnish the Information for Government Monitoring Purposes, please check the box below.

BORROWER <input type="checkbox"/> I do not wish to furnish this information	CO-BORROWER <input type="checkbox"/> I do not wish to furnish this information
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male

Borrower/Co-Borrower Acknowledgement:

1. Under penalty of perjury, I/we certify, represent and agree that all of the documents and information I/we have provided in connection with the Financial Analysis Form and this Affidavit are true and correct and the event(s) identified in the Financial Analysis Form and this Affidavit has/have contributed to my/our financial hardship and the need to modify the terms of my/our mortgage loan.
2. I/we understand and acknowledge the Servicer may investigate the accuracy of my/our statements, may require me/us to provide supporting documentation, and that knowingly submitting false information may violate Federal law.
3. I/we understand the Servicer will pull a current credit report on all borrowers/co-borrowers or a joint report for a married couple.
4. I/we understand that if I/we have intentionally defaulted on my/our existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this Affidavit, or if I/we do not provide all of the required documentation, the Servicer may cancel the Agreement and may pursue foreclosure on my/our home.
5. I/we certify that I/we will obtain credit counseling if it is determined that my/our financial hardship is related to excessive debt. For purposes of the Making Home Affordable program, "excessive debt" means that my/our debt-to-income ratio after the modification would be greater than or equal to 55%.
6. I/we certify that I/we are willing to provide all requested documents and to respond to all Servicer communication in a timely manner. I/we understand that time is of the essence.
7. I/we understand that the Servicer will use this information to evaluate my/our eligibility for a loan modification or other workout, but the Servicer is not obligated to offer me/us assistance based solely on the representations in this Affidavit.
8. I/we authorize and consent to Servicer disclosing to the U.S. Department of Treasury or other government agency, Fannie Mae and/or Freddie Mac any information provided by me/us retained by Servicer in connection with the Making Home Affordable (MHA) program.

NOTICE TO BORROWERS

Be advised that you are signing these 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 may 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 may be referred to the appropriate law enforcement authority for investigation and prosecution.

Borrower Signature

Date

Co-Borrower Signature

Date

HARDSHIP LETTER

NAME _____

DATE _____

PROPERTY ADDRESS _____

LOAN NUMBER _____

CITY, STATE, ZIP CODE _____

PHONE NUMBER _____

DESCRIBE YOUR SITUATION AND WHAT FINANCIAL ISSUES MADE YOU FALL BEHIND IN PAYMENTS WITH YOUR LOAN:

DESCRIBE HOW THE FINANCIAL ISSUES HAVE IMPACTED YOUR EVERYDAY LIFE:

DESCRIBE WHAT YOU WANT THE MORTGAGE SERVICER TO DO FOR YOU THAT WOULD HELP SOLVE THE PROBLEM:

KEEPING MY HOME IS A PRIORITY TO ME AND A LOAN MODIFICATION WOULD ENABLE ME TO GET BACK ON TRACK FINANCIALLY.

BORROWER'S SIGNATURE _____ DATE _____

CO-BORROWERS SIGNATURE _____ DATE _____

Dodd-Frank Certification

The following information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203). **You are required to furnish this information.** The law provides that no person shall be eligible to begin receiving assistance from the Making Home Affordable Program, authorized under the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 *et seq.*), or any other mortgage assistance program authorized or funded by that Act, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony larceny, theft, fraud, or forgery, (B) money laundering or (C) tax evasion.

I/we certify under penalty of perjury that I/we have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:

- (a) felony larceny, theft, fraud, or forgery,
- (b) money laundering or
- (c) tax evasion.

I/we understand that the servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/we also understand that knowingly submitting false information may violate Federal law.

This Certificate is effective on the earlier of the date listed below or the date received by your servicer.

Borrower Signature

Date

Co-Borrower Signature

Date



Request for Transcript of Tax Return

OMB No. 1545-1872

- ▶ 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.

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 "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.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
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
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
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 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.

_____ / _____ / _____ | _____ / _____ / _____ | _____ / _____ / _____ | _____ / _____ / _____

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.

Signature (see instructions)	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	

INFINITY HOUSING CONSULTANTS
1226 ROYAL DRIVE SUITE N
CONYERS, GEORGIA 30094
813 815-0545

Third Party Authorization and Agreement to Release

Account Number: _____

Name: _____

Property Address: _____

I/we do hereby authorize (my lender/mortgage servicer) to release or otherwise provide to

_____ of _____ in his/her capacity as
Name Company (if applicable)

Relationship (if applicable) _____ Phone # _____

public and non-public personal financial information contained in my loan account which may include, but is not limited to, loan balances, final payoff statement, loan status, payment history, payment activity, and/or property information.

We, the lender/mortgage servicer, will take reasonable steps to verify the identity of the 3rd party authorized above, but will have no responsibility or liability to verify the true identity of the requestor when he/she asks to discuss my account or seeks information about my account. Nor shall we, the lender/mortgage servicer, have any responsibility or liability for what the requestor may do with the information he/she obtains concerning my account.

I do hereby indemnify and forever hold harmless the lender/mortgage servicer, from all actions and causes of actions, suits, claims, attorney fees, or demands against the lender/mortgage servicer which I and/or my heirs may have resulting from the lender/mortgage servicer discussing my loan account and/or providing any information concerning my loan account to the above named requestor or person identifying themselves to be that requestor.

If you agree to this Authorization and the terms of the Release as stated above, please sign, date, and fax back to lender.

NOTE: No information concerning your account will be provided until we have received this executed document. The authorization needs to be in the name of an individual (not a company) and a form needs to be completed for each authorized individual. All parties on the mortgage must sign.

Printed Customer Name Customer Signature Date

Printed Customer Name Customer Signature Date

INFINITY HOUSING CONSULTANTS
1226 ROYAL DRIVE SUITE N
CONYERS, GEORGIA 30094
813 815-0546

I, Borrower _____ and Co-Borrower (if applicable) _____

Address _____
S.S.# _____

S.S.# _____ D.O.B _____
Give _____ D.O.B _____

permission to speak with _____ Mortgage
company regarding my loan with loan number(s) _____ concerning the
mortgage or debt which I owe them. I give this company permission to speak with any and all
representatives of your company pertaining to my loan.

I request that the aforementioned mortgage company do not contact me regarding this matter, but
instead contact my 3rd party authorized agent.

Sincerely,

Borrower: _____ Date: _____

Co-Borrower: _____ Date: _____

INFINITY HOUSING CONSULTANTS
1226 ROYAL DRIVE SUITE N
CONYERS, GEORGIA 30094
813 815-0546

LIMITED POWER OF ATTORNEY

Pursuant to O.C.G.A. 44-7-50, O.C.G.A.44-14-184 & O.C.G.A.10-6-1

TO ALL PERSONS, be it known that this Agreement made with sound mind and body is duly executed this _____ of _____ 2012 by and between _____ ("Agent") acting as Consultant or Attorney – In – fact on behalf of _____ ("Principal").

It is fully expressed that my Agent is authorized to negotiate and execute all real property transaction involving the "Real Property" principal; the property address is herein and after known as:

I agree to pay all charges and reimburse my (Consultant/Agent) Attorney-in-fact for all reasonable cost and expenses incurred in fulfillment of the duties and responsibilities enumerated herein.

Principal Date _____

Principal Date _____

Agent (Consultant/Attorney-in-fact) Date _____

**Infinity Housing Consultants
1226 Royal Drive Ste N
Conyers Georgia 30094**

Budget Sheet

Prepared For:

Loan

#

NET INCOME

BIWEEKLY

MONTHLY

- WORK
- CHILD SUPPORT
- AFDC
- SSI
- VA
- DISABILITY
- SPOUSAL
- FOODSTAMPS
- OTHER contributions

TOTAL INCOME CURRENT

HOUSING EXPENSES

- RENT/MTG PAYMENT
- UTILITIES:

- ELECTRIC
- GAS
- WATER
- GARBAGE
- CABLE

MAINTENANCE

TOTAL HOUSING EXPENSES

CURRENT NON-HOUSING EXPENSES

- SAVINGS/IRA
- CHILDCARE, DAYCARE, TUITION, DIAPERS
- FOOD, GROCERIES, SCHOOL WORK, LUNCH
- CLOTHING, LAUNDRY, NEW CLOTHES
- CAR LOAN
- CAR INSURANCE
- CAR TAXES-REGISTRATION
- CAR FUEL
- OTHER TRANSPORTATION, PARKING, FARES, TOLLS
- HEALTHCARE (NOT TAKEN OUT OF PAYROLL)
- DEBT PAYMENTS
 - STUDENT LOANS
 - CREDIT CARDS
 - INSTALLMENT LOANS
- TELEPHONE
 - HOME
 - CELLULAR
 - PAGER

INSURANCE

- DUES & DONATIONS, MAGAZINES
- ENTERTAINMENT
- OTHER TRANSPORTATION, PARKING, FARES, TOLLS
- HOBBIES & SPORTS
- VACATION
- TAXES: INCOME BUSINESS, LICENSE FEES
- BANKRUPTCY PAYMENTS

TOTAL EXPENSES MONTHLY

MONTHLY CASH FLOW (INCOME - EXPENSES AND SAVINGS)

SIGNATURE:

SIGNATURE:

**Infinity Housing Consultants
1226 Royal Drive Ste N
Conyers Georgia 30094**

Budget Sheet

Prepared For:

Loan

#

NET INCOME

BIWEEKLY

MONTHLY

- WORK
- CHILD SUPPORT
- AFDC
- SSI
- VA
- DISABILITY
- SPOUSAL
- FOODSTAMPS
- OTHER contributions

TOTAL INCOME CURRENT

HOUSING EXPENSES

- RENT/MTG PAYMENT
- UTILITIES:

- ELECTRIC
- GAS
- WATER
- GARBAGE
- CABLE

MAINTENANCE

TOTAL HOUSING EXPENSES

CURRENT NON-HOUSING EXPENSES

- SAVINGS/IRA
- CHILDCARE, DAYCARE, TUITION, DIAPERS
- FOOD, GROCERIES, SCHOOL WORK, LUNCH
- CLOTHING, LAUNDRY, NEW CLOTHES
- CAR LOAN
- CAR INSURANCE
- CAR TAXES-REGISTRATION
- CAR FUEL
- OTHER TRANSPORTATION, PARKING, FARES, TOLLS
- HEALTHCARE (NOT TAKEN OUT OF PAYROLL)
- DEBT PAYMENTS
 - STUDENT LOANS
 - CREDIT CARDS
 - INSTALLMENT LOANS
- TELEPHONE
 - HOME
 - CELLULAR
 - PAGER

- INSURANCE
- DUES & DONATIONS, MAGAZINES
- ENTERTAINMENT
- OTHER TRANSPORTATION, PARKING, FARES, TOLLS
- HOBBIES & SPORTS
- VACATION
- TAXES: INCOME BUSINESS, LICENSE FEES
- BANKRUPTCY PAYMENTS

TOTAL EXPENSES MONTHLY

MONTHLY CASH FLOW (INCOME - EXPENSES AND SAVINGS)

SIGNATURE:

SIGNATURE:

INFINITY HOUSING CONSULTANTS
1226 ROYAL DRIVE SUITE N
CONYERS, GEORGIA 30094
813 815-0546

I/We certify that the information listed on the budget is accurate to the best of my knowledge. I have provided the agency with supporting documents for the items contained on the budget.

Client Signature

Date

Co Client Signature

Date

Counselor Signature

Date

Infinity Housing Consultants

1226 Royal Drive Ste N. Conyers Georgia 30094

813 815-0546 Office 770 679-4602 Fax

Third Party Release From Authorization Form

Account Number: _____

Name: _____

Property Address: _____

I/we do hereby release _____ as my authorized third party

Representative.

Regarding my loan with loan number(s) _____

I request that the aforementioned mortgage company contact me regarding this matter,
instead of my 3rd party authorized agent.

Sincerely,

Borrower _____

Co-Borrower: _____

HOMEOWNERS ASSOCIATION FEE'S

I, _____, DO PAY

HOMEOWNER ASSOCIATION DUES/FEE'S IN THE
AMOUNT OF _____ (MONTHLY, QUATERLY OR YEARLY)
ON THE PROPERTY LISTED BELCW:

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

SIGNATURE: _____ DATE _____

SIGNATURE: _____ DATE _____

INFINITY HOUSING CONSULTANTS
1226 ROYAL DRIVE SUITE N
CONYERS, GEORGIA 30094
813 815-0546

HOMEOWNERS ASSOCIATION FEE'S

I, _____, DO NOT PAY
HOMEOWNER ASSOCIATION DUES/FEE'S ON THE
PROPERTY LISTED BELOW:

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

SIGNATURE: _____ DATE _____

SIGNATURE: _____ DATE _____

Payment Schedule

COUNSELOR: _____

MORTGAGOR: _____

LOAN NUMBER: _____

ADDRESS: _____

AMOUNT OF CONTRIBUTION FOR SERVICES:

DATE: _____ AMOUNT: _____

AMOUNT OF CONTRIBUTION INSTALLMENT:

DATE: _____ AMOUNT: _____

DATE: _____ AMOUNT: _____

DATE: _____ AMOUNT: _____

DATE: _____ AMOUNT: _____

DATE: _____ AMOUNT: _____

PAID IN FULL: DATE: _____ AMOUNT: _____

NOTES:

If you miss your Payment all work will cease on file until account is brought current. Remember paperwork is on a Time Schedule. If your account is closed for missing documents a fee of \$595.00 will be charged to you to resubmit the documents. PAYABLE BEFORE THE PAPERWORK IS RESUBMITTED.

(Client) Date _____

(Counselor) Date _____