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June 22, 2017

PLEASE RESPOND ONLY
TO ADDRESS LISTED ABOVE
AND REFERENCE NOE 02

VIA CERTIFIED MAIL NO. 7014 0150 0000 2358 2367

Select Portfolio Servicing, LLC
PO Box 65277
Salt Lake City, UT 84165-0277

Re: *Notice of Error number 2 under 12 CFR Section 1024.35(b)(9), 12 CFR Section 1024.35(b)(11), and 12 CFR 1024.41(g), 12 CFR Section 1024.35(d)*

Loan Number: [REDACTED]
Borrowers Name: William Stephens
Borrower's Address: 1705 N. Ryan Street
McHenry, IL 60050

To Whom It May Concern:

Pursuant to 12 CFR § 1024.35, please consider this letter to be a Notice of Error under 12 CFR §1024.35 of Regulation X of the Mortgage Servicing Act under RESPA, which Regulation became effective on January 10, 2014. These amendments implemented the Dodd-Frank Wall Street Reform and Consumer Protection Act provisions regarding mortgage loan servicing. Under these amendments, you must acknowledge receipt of this notice within five (5) days thereof (excluding legal public holidays, Saturdays and Sundays) and must advise us of your responses to this notice within thirty (30) days of receipt thereof (excluding legal public holidays, Saturdays and Sundays).

The written authority of the above-referenced borrower to our law firm for this communication is attached hereto and incorporated herein by this reference.

Notice of Error under 12 CFR §1024.35(b)(11) for violation of 12 CFR §1024.41(b)

12 CFR §1024.35(b)(11) provides that a servicing "error" includes "any other error relating to the servicing of a borrower's mortgage loan."

12 C.F.R. §1024.41(b) provides that a servicer "shall exercise reasonable diligence in obtaining documents and information to complete a loss mitigation application."

A letter received by our client dated May 24, 2017 requested documentation, including 30 consecutive days of paystubs from his employer.

In this case, our client submitted a facially complete loss mitigation application on April 25, 2017 (Exhibit A: Redacted Loss Mitigation Packet and Supplemental Documents). On May 2, 2017, supplemental document that were requested were provided.

Despite your receipt of the application, your lawyer emailed us on May 15, 2017 that you required additional documentation, including updated requests for mortgage assistance documents and income information. This request was adhered to and documentation provided on May 23, 2017.

These packets contained multiple Request for Mortgage Assistance forms and information detailing that Mr. Stephens owned a business, and, thus, has no documentation to supplement with regards to paystubs. The documentation indicated he owned 100% of the business.

Despite your receipt of these documents and information, you issued a letter on May 24, 2017 demanding the same documentation that has already been provided.

We have, again, supplemented said documentation and faxed it to SPS and emailed it to your lawyer on June 22, 2017.

Thus, you have all documentation and information to evaluate the borrower. You acknowledged this in a letter dated May 26, 2017 wherein you stated that "SPS has received a complete Assistance Review Application, including all required information and documentation necessary to evaluate your account for loss mitigation assistance." Your demand for documentation is in error and inappropriate.

Next, you were sent most of this documentation and information by way of a Notice of Error dated May 4, 2017. Instead of properly responding to the Notice of Error or reviewing Mr. Stephens Loss Mitigation Application, you chose to respond that you would not respond to the Notice of Error, despite requirements under Federal Law that you do so pursuant to 1024.35(e). The basis of the refusal to address the Notice of Error properly and provide a proper response because this matter was in "litigation." The federal laws require you to respond to the Notice and do not allow for you to evade providing a formal response. Instead of responding, your offices provided an evasive answer and demanded unnecessary additional documentation from my client. If you were more comfortable having your lawyers address it, then you should've responded to the Notice through your lawyer's office. This is also in error.

We believe your inaccurate statements regarding the status of Borrowers' loss mitigation application are in violation of your responsibility to act diligently in your review of these applications.

Please correct all of these errors and provide us with notification of the correction, the date of the correction, and contact information for further assistance; or after conducting a reasonable investigation and providing the borrower through our firm with a notification that includes a statement that the servicer has determined that no error occurred, a statement of the reason or reasons for this determination, a statement of the borrower's right to request documents relied

upon by the servicer in reaching its determination, information regarding how the borrower can request such documents, and contact information for further assistance.

Please take note: to avoid further notices of error if and when you finally do respond to my clients, please provide real NPV documentation with the response to the application. Failure to do so will likely result in further unnecessary notices of errors and/or appeals of decisions. Please also keep in mind the requirement that you provide reasonable time frames for any alleged needed supplemental documentation.

Please be advised that for 60 days after receipt of a Notice of Error, you may not furnish adverse information to any consumer reporting agency regarding any payment that is the subject of the Notice of Error pursuant to §1024.35(i).

Please respond to this Notice of Error and reference NOE 2. Please respond to: Diamond & Lesueur, PC, Attn: Drake W. Shunneson, 3431 W. Elm Street, McHenry, IL 60050.

Sincerely,



Drake W. Shunneson, JD, LLM

Diamond & LeSueur

Enc: Third Party Authorization signed by Borrower

Cc: Kluever & Platt, LLC, attorney for Plaintiff in 16CH467

May 3, 2017

Select Portfolio Servicing, LLC
PO Box 65277
Salt Lake City, UT 84165-0277

Re: **Authorization**
Loan Number: [REDACTED]
Borrowers Name: William Stephens
Borrower's Address: 1705 N. Ryan Street
McHenry, IL 60050

To Whom It May Concern:

I, William Stephens, hereby authorize DITECH, And/or DITECH FINANCIAL SERVICES, LLC ("Servicer") to release information regarding my above-referenced account to Diamond & LeSueur, PC ("Agent"); accept and respond to correspondence (including, but not limited to Qualified Written Requests, Requests for Information and/or Notices of Error); and to discuss and negotiate terms for a workout arrangement (including, but not limited to, a loan modification, short sale, deed in lieu of foreclosure, etc.) with or from its agents, specifically: Drake W. Shunneson, Adam J. Diamond, Linda Vasseur, Amand Wiszus and Mary Mroz, Samuel J. Diamond. This authorization is valid until revoked, in writing, by me, William Stephens

Thank you for your attention to this matter.

Sincerely,



Borrower



Social Security Number



Date of Birth

May 3, 2017

Date

SPS SELECT
Portfolio
SERVICING, inc.

E x A

REQUEST FOR FINANCIAL INFORMATION				Loan # [REDACTED]	
BORROWER			CO-BORROWER		
Borrower's Name: <i>William M Stephens</i>			Co-Borrower's Name:		
Social Security Number: [REDACTED]			Social Security Number:		
Home Phone: [REDACTED]		Work Phone: [REDACTED]		Home Phone:	
Mailing Address: <i>1705 RYAN McHENRY IS 1</i>		Property Address: <i>Same</i>			
EMPLOYMENT - please provide last paystub from each employer			EMPLOYMENT - please provide last paystub from each employer		
Borrower Employer: <i>ALM Enterprises</i>		How long? <i>26</i>		Co-Borrower Employer:	
Position: <i>President</i>		Gross Pay Period: \$ <i>See TAX RETURN</i>		Position:	
Net Pay Per Pay Period: \$		Commission Bonus: \$		Net Pay Per Pay Period: \$	
How Often Paid?		# of Dependents:		How Often Paid?	
Other Monthly Income - Description:		Amount: \$		Other Monthly Income - Description:	
Amount: \$		Amount: \$		Amount: \$	
EXPENSES					
Monthly Housing		Miscellaneous		Other	
Hazard Insurance	\$	Health Insurance	\$ /	Bank/Finance Loans	\$
Electric/Gas	\$	Medical Bills	\$	Charge Account (1)	\$
Phone	\$	Food	\$	Charge Account (2)	\$
Water/Sewer	\$	Auto (1)	\$	Charitable Contributions	\$
Home Repair	<i>See</i>	Auto (2)	\$	Personal Contributions	\$
Home Maintenance	\$	Auto Insurance	\$	Personal/Life Contributions	\$
Second Mortgage	\$	Gas	<i>ATTACHED</i>	Club/Union Dues	\$
H.O.A.	\$	Auto Maintenance	\$	Cable TV	\$
Other	\$	Child Care	\$	Religious Contributions	\$
Other	\$	Child Support	<i>STATEMENT</i>	Dry Cleaning	\$
Other	\$	Alimony	\$	Dry Cleaning	\$
Other	\$	Other	\$	Entertainment	\$
Checking Account Balance	\$	Savings Account Balance	\$	School Tuition	\$
Approximate Value of Home	\$	Other Assets	\$	CD's, Stocks, 401K, IRA, Etc.	\$
Reason for Original Default (if applicable):					
What is your understanding of any CURRENT special payment plans you may be under from the prior service of your loans? (Attach copies of documentation that verifies this plan.)					
ACKNOWLEDGEMENT AND AGREEMENT					
Certification: I/We certify that the information provided in this Request for Financial Information is true and correct as of the date set forth opposite my/our signature(s) on this form and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of information contained on this form may result in civil liability and/or criminal penalties. I/We authorize Select Portfolio Servicing, Inc. to verify this information, including verification of employment and account balances.					
Borrower's Signature: <i>[Signature]</i>		Date: <i>4/20/17</i>		Co-Borrower's Signature:	
Date:		Date:		Date:	




PART E: ACKNOWLEDGEMENT AND AUTHORIZATION

I acknowledge that the payments on my mortgage are delinquent, and that any collection action currently in progress, including foreclosure proceedings, will continue without delay.

I agree that discussions and negotiations of a possible foreclosure alternative will not constitute a waiver of or defense to, Select Portfolio Servicing, Inc. ("SPS") or the Owner's / Investor's right to commence or continue any foreclosure or other collection actions. The foreclosure action will be terminated and an alternative to action will be terminated and an alternative to foreclosure will be provided only if, and when, an agreement for a foreclosure alternative has been approved in writing by both the Borrower and SPS or the Owner / Investor.

I have had the opportunity to consult with legal and or tax counsel prior to signing the Fresh Start Documents and I willingly agree to these terms and conditions whether or not I elect to retain such counsel.

I do do not occupy the mortgaged property as my / our primary place of residence, and I agree to allow SPS, the Owner / Investor or their designees access to the interior of the property.

William M Stephens  4-22-17
Borrower Printed Name Borrower Signature Date

Co-Borrower Printed Name Co-Borrower Signature Date

**Making Home Affordable Program
Request For Mortgage Assistance (RMA)**



If you are experiencing a financial hardship and need help, you must complete and submit this form along with other required documentation to be considered for foreclosure prevention options under the Making Home Affordable (MHA) Program. You must provide information about yourself and your intentions to either keep or transition out of your property; a description of the hardship that prevents you from paying your mortgage(s), information about all of your income, expenses and financial assets; whether you have declared bankruptcy; and information about the mortgage(s) on your principal residence and other single family real estate that you own. Finally, you will need to return to your loan servicer (1) this completed, signed and dated Request for Mortgage Assistance (RMA); and (2) completed and signed IRS Form 4506-T or 4506T-EZ; and (3) all required income documentation identified in Section 4.

When you sign and date this form, you will make important certifications, representations and agreements, including certifying that all of the information in this RMA is accurate and truthful.

SECTION 1: BORROWER INFORMATION

BORROWER

BORROWER'S NAME: William M Stephens

SOCIAL SECURITY NUMBER: [REDACTED] DATE OF BIRTH (MM/DD/YY): [REDACTED]

HOME PHONE NUMBER WITH AREA CODE: [REDACTED]

CELL OR WORK NUMBER WITH AREA CODE: [REDACTED]

MAILING ADDRESS: 1705 RYAN ST. McHenry IL

EMAIL ADDRESS: W1DEPA@SBCG/OPAL.net

CO-BORROWER

CO-BORROWER'S NAME: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH (MM/DD/YY): _____

HOME PHONE NUMBER WITH AREA CODE: _____

CELL OR WORK NUMBER WITH AREA CODE: _____

MAILING ADDRESS (IF SAME AS BORROWER WRITE "SAME") _____

EMAIL ADDRESS: _____

Has any borrower filed for bankruptcy? Chapter 7 Chapter 13

Filing Date: 3-21-08 Bankruptcy case number: 08-70956MB

Has your bankruptcy been discharged? Yes No

Is any borrower a servicemember? Yes No

Have you recently been deployed away from your principal residence or recently received a permanent change of station order? Yes No

How many single family properties other than your principal residence do you and/or any co-borrower(s) own individually, jointly, or with others? 0

Has the mortgage on your principal residence ever had a Home Affordable Modification Program (HAMP) trial period plan or permanent modification? Yes No

Has the mortgage on any other property that you or any co-borrower own had a permanent HAMP modification? Yes No If 'Yes', how many? _____

Are you or any co-borrower currently in or being considered for a HAMP trial period plan on a property other than your principal residence? Yes No

SECTION 2: FINANCIAL HARDSHIP AFFIDAVIT

I (We) am/are requesting review under MHA.

I am having difficulty making my monthly payment because of financial difficulties created by (check all that apply)

My household income has been reduced. For example: reduced pay or hours, decline in business or self employment earnings, death, disability or divorce of a borrower or co-borrower.

My monthly debt payments are excessive and I am overextended with my creditors. Debt includes credit cards, home equity or other debt.

My expenses have increased. For example: monthly mortgage payment reset, high medical or health care costs, uninsured losses, increased utilities or property taxes.

My cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payment and cover basic living expenses at the same time.

I am unemployed and (a) I am receiving/will receive unemployment benefits or (b) my unemployment benefits ended less than 6 months ago.

Other: _____

Explanation (continue on a separate sheet of paper if necessary):

See ATTACHED

SECTION 3: PRINCIPAL RESIDENCE INFORMATION
 (This section is required even if you are not seeking mortgage assistance on your principal residence)

I am requesting mortgage assistance with my principal residence Yes No
 If "yes", I want to: Keep the property Sell the property

Property Address: 1705 RYAN McHENRY IS / Loan ID: No. [REDACTED]

Other mortgages or liens on the property? Yes No Lien Holder / Servicer Name: _____ Loan ID Number: _____

Do you have condominium or homeowner association (HOA) fees? Yes No If "Yes", Monthly fee \$ _____ Are fees paid current? Yes No
 Name and address that fees are paid to: _____

Does your mortgage payment include taxes and insurance? Yes No If "No", are the taxes and insurance paid current? Yes No
 Annual Homeowner's Insurance \$ _____

Is the property listed for sale? Yes No If "Yes", Listing Agent's Name: _____ Phone Number: _____

List date? _____ Have you received a purchase offer? Yes No Amount of Offer \$ _____ Closing Date: _____

Complete this section ONLY if you are requesting mortgage assistance with a property that is not your principal residence.

Principal residence servicer name: _____ Principal residence servicer phone number: _____

Is the mortgage on your principal residence paid? Yes No If "No", number of months your payment is past due (if known): _____

SECTION 4: COMBINED INCOME AND EXPENSE OF BORROWER AND CO-BORROWER

Monthly Household Income		Monthly Household Expenses/Debt (*Principal Residence Expense Only)		Household Assets	
Monthly Gross wages	\$	First Mortgage Principal & Interest Payment*	\$	Checking Account(s)	\$
Overtime	\$ <u>See</u>	Second Mortgage Principal & Interest Payment*	\$	Checking Account(s)	\$
Self employment Income	\$	Homeowner's Insurance*	\$	Savings / Money Market	\$
Unemployment Income	\$	Property Taxes*	\$	CDs	\$
Untaxed Social Security / SSD	\$	HOA/Condo Fees	\$	Stocks / Bonds	\$
Food Stamps/Welfare	\$	Credit Cards/Installment debt (total min. payment)	\$	Other: Cash on Hand	\$
Taxable Social Security or retirement income	\$	Child Support / Alimony	\$		
Child Support / Alimony**	\$	Car Payments	\$		
Tips, commissions, bonus and overtime	\$	Mortgage Payments other properties****	\$		
Gross Rents Received ***	\$	Other	\$	Value of all Real Estate except principal residence	\$
Other	\$			Other	\$
Total (Gross Income)	\$	Total Debt/Expenses	\$	Total Assets	\$

** Alimony, child support or separate maintenance income need not be disclosed if you do not choose to have it considered for repaying your mortgage debt.
 *** Include rental income received from all properties you own EXCEPT a property for which you are seeking mortgage assistance in Section 6.
 **** Include mortgage payments on all properties you own EXCEPT your principal residence and the property for which you are seeking mortgage assistance in Section 6.

Required Income Documentation (Your servicer may request additional documentation to complete your evaluation for MHA)	
All Borrowers	<input type="checkbox"/> Include a signed IRS Form 4506-T or 4506T-EZ
<input type="checkbox"/> Do you earn a wage? Borrower Hire Date (MM/DD/YYYY): _____ Co-borrower Hire Date (MM/DD/YYYY): _____	<input type="checkbox"/> For each borrower who is a salaried employee or hourly wage earner, provide the most recent pay stub(s) that reflects at least 30 days of year-to-date income.
<input checked="" type="checkbox"/> Are you self-employed?	<input type="checkbox"/> Provide your most recent signed and dated quarterly or year-to-date profit and loss statement.
<input type="checkbox"/> Do you receive tips, commissions, bonuses, housing allowance or overtime?	<input type="checkbox"/> Describe the type of income, how frequently you receive the income and third party documentation describing the income (e.g. employment contracts or printouts documenting tip income)
<input type="checkbox"/> Do you receive social security, disability, death benefits, pension, public assistance or adopt on assistance?	<input type="checkbox"/> Provide documentation showing the amount and frequency of the benefits, such as letters, exhibits, disability policy or benefits statement from the provider and receipt of payment (such as two most recent bank statements or deposit advices).
<input type="checkbox"/> Do you receive alimony, child support, or separation maintenance payments?	<input type="checkbox"/> Provide a copy of the divorce decree, separation agreement, or other written legal agreement filed with the court that states the amount of the payments and the period of time that you are entitled to receive them. AND <input type="checkbox"/> Copies of your two most recent bank statements or deposit advices showing you have received payment. Notice: Alimony, child support or separate maintenance income need not be disclosed if you do not choose to have it considered for repaying your mortgage debt.
<input type="checkbox"/> Do you have income from rental properties that are not your principal residence?	<input type="checkbox"/> Provide your most recent Federal Tax return with all schedules, including Schedule E. <input type="checkbox"/> If rental income is not reported on Schedule E, provide a copy of the current lease agreement with bank statements showing deposit of rent checks.

SECTION 5 - OTHER PROPERTIES OWNED
 You must provide information for all properties owned by you or someone you own other than your principal residence, and by the entity you own or control below (see additional instructions on page 7)

Other Property #1

Property Address: _____ Loan ID Number: _____
 Servicer Name: _____ Mortgage Balance \$ _____ Current Value \$ _____
 Property is: Vacant Second or seasonal home Rented Gross Monthly Rent \$ _____ Monthly mortgage payment* \$ _____

Other Property #2

Property Address: _____ Loan ID Number: _____
 Servicer Name: _____ Mortgage Balance \$ _____ Current Value \$ _____
 Property is: Vacant Second or seasonal home Rented Gross Monthly Rent \$ _____ Monthly mortgage payment* \$ _____

Other Property #3

Property Address: _____ Loan ID Number: _____
 Servicer Name: _____ Mortgage Balance \$ _____ Current Value \$ _____
 Property is: Vacant Second or seasonal home Rented Gross Monthly Rent \$ _____ Monthly mortgage payment* \$ _____

* The amount of the monthly payment made to your lender – including, if applicable, monthly principal, interest, real property taxes and insurance premiums.

SECTIONS OTHER PROPERTY FOR WHICH ASSISTANCE IS REQUESTED
 (Complete this section ONLY if you are requesting mortgage assistance with a property that is not your primary residence)

I am requesting mortgage assistance with a rental property. Yes No

I am requesting mortgage assistance with a second or seasonal home. Yes No

If "Yes" to either, I want to: Keep the property Sell the property

Property Address: _____ Loan ID Number: _____

Do you have a second mortgage on the property Yes No If "Yes", Servicer Name: _____ Loan ID Number: _____

Do you have condominium or homeowners association (HOA) fees? Yes No If "Yes", Monthly Fee \$ _____ Are HOA fees paid current? Yes No

Name and address that fees are paid to: _____

Does your mortgage payment include taxes and insurance? Yes No If "No", are the taxes and insurance paid current? Yes No

Annual Homeowner's Insurance \$ _____ Annual Property Taxes \$ _____

If requesting assistance with a rental property, property is currently: Vacant and available for rent
 Occupied without rent by your legal dependent, parent or grandparent as their principal residence.
 Occupied by a tenant as their principal residence
 Other _____

If rental property is occupied by a tenant Term of lease / occupancy _____ / _____ / _____ - _____ / _____ / _____ Gross Monthly Rent \$ _____
MM / DD / YYYY MM / DD / YYYY

If rental property is vacant, describe efforts to rent property: _____

If applicable, describe relationship of and duration of non-rent paying occupant of rental property: _____

Is the property for sale? Yes No If "Yes", Listing Agent's Name _____ Phone Number: _____

List date? _____ Have you received a purchase offer? Yes No Amount of Offer \$ _____ Closing Date: _____

RENTAL PROPERTY CERTIFICATION
 (You must complete this certification if you are requesting a mortgage modification with respect to a rental property.)

By checking this box and making below, I am requesting a mortgage modification under MHA with respect to the rental property described in this Section 6 and I hereby certify under penalty of perjury that each of the following statements is true and correct with respect to that property:

- I intend to rent the property to a tenant or tenants for at least five years following the effective date of my mortgage modification. I understand that the servicer, the U.S. Department of the Treasury, or their respective agents may ask me to provide evidence of my intention to rent the property during such time. I further understand that such evidence must show that I used reasonable efforts to rent the property to a tenant or tenants on a year-round basis, if the property is or becomes vacant during such five-year period.
 Note: The term "reasonable efforts" includes, without limitation, advertising the property for rent in local newspapers, websites or other commonly used forms of written or electronic media, and/or engaging a real estate or other professional to assist in renting the property, in either case, at or below market rent.
- The property is not my secondary residence and I do not intend to use the property as a secondary residence for at least five years following the effective date of my mortgage modification. I understand that if I do use the property as a secondary residence during such five-year period, my use of the property may be considered to be inconsistent with the certifications I have made herein.
 Note: the term "secondary residence" includes, without limitation, a second home, vacation home or other type of residence that I personally use or occupy on a part-time, seasonal or other basis.
- I do not own more than five (5) single-family homes (i.e., one-to-four unit properties) (exclusive of my principal residence)

Notwithstanding the foregoing certifications, I may at any time sell the property, occupy it as my principal residence, or permit my legal dependent, parent or grandparent to occupy it as their principal residence with no rent charged or collected, none of which will be considered to be inconsistent with the certifications made herein.

This certification is effective on the earlier of the date listed below or the date the RMA is received by your servicer:

Initials: Borrower _____ Co-borrower _____

SECTION 7: 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 respective 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 certification is effective on the earlier of the date listed below or the date this RMA is received by your servicer.

SECTION 8: 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, please check the box below.**

BORROWER <input checked="" 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 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	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 Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male

To be completed by interviewer		Name/Address of Interviewer's Employer
This request was taken by: <input type="checkbox"/> Face-to-face Interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet	Interviewer's Name (print or type) & ID Number	
	Interviewer's Signature Date	
	Interviewer's Phone Number (include area code)	


SECTION 9: BORROWER AND CO-BORROWER ACKNOWLEDGEMENT AND AGREEMENT

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

4-22-17
Date

Co-borrower Signature

Social Security Number

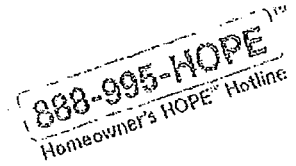
Date of Birth

Date

HOMEOWNER'S HOTLINE

If you have questions about this document or the Making Home Affordable Program, 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.



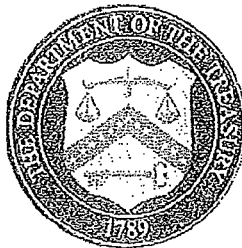
NOTICE TO BORROWERS

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 of your property, 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 my Servicer 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 and provide them with your name, our name as your servicer, your property address, loan number and the reason for escalation. Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.

Beware of Foreclosure Rescue Scams. Help is FREE!

- There is never a fee to get assistance or information about the Making Home Affordable Program from your lender or a HUD-approved housing counselor.
- Beware of any person or organization that asks you to pay a fee in exchange for housing counseling services or modification of a delinquent loan.
- Beware of anyone who says they can "save" your home if you sign or transfer over the deed to your house. Do not sign over the deed to your property to any organization or individual unless you are working directly with your mortgage company to forgive your debt.
- Never make your mortgage payments to anyone other than your mortgage company without their approval.



BORROWER HARDSHIP CERTIFICATION

Borrower Name: William M STEPHENS
 Co-Borrower Name: _____
 Property Street Address: 1205 Ryan McHenry IL 60050
 Property City, ST, Zip: _____
 Servicer: SPS
 Loan Number: _____

In order to qualify for _____'s ("Servicer") offer to enter into an agreement to temporarily modify my loan payments (the "Agreement"), 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 difficulty 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 below under "Explanation."
- My household financial circumstances have changed. For example: death in family, serious or chronic illness, permanent or short-term disability, increased family responsibilities (adoption or birth of a child, taking care of elderly relatives or other family members). I have provided details below under "Explanation."
- 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 below under "Explanation."
- 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 below under "Explanation."
- 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 below under "Explanation."
- There are other reasons I/we cannot make our mortgage payments. I have provided details below under "Explanation."

Borrower/Co-Borrower Acknowledgement

1. Under penalty of perjury, I/we certify that all of the information in this certification 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 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 obligated on the Note.
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 Hardship Certification, 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 my/our property is owner-occupied and I/we have not received a condemnation notice.
6. I/we certify that I/we am/are willing to commit to credit counseling if it is determined that my/our financial hardship is related to excessive debt.
7. I/we certify that I/we am/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.
8. 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.

W. J. [Signature] 4-22-17

Borrower Signature _____ Date _____ Co-Borrower Signature _____ Date _____

E-mail Address: *1924@SBCG/10/10/17* _____

Cell Phone # _____ Cell Phone # _____

Home Phone # [REDACTED] Home Phone # _____

Work Phone # [REDACTED] Work Phone # _____

Social Security # [REDACTED] Social Security # _____

Explanation:

See Attached



Non-Obligor Credit Check Authorization

Select Portfolio Servicing, Inc. (SPS), is a participant in the federal government's Making Home Affordable program ("MHA"). If you have requested that we include income from a non-borrower residing in the property in determining whether your account is eligible for participation in MHA, pursuant to MHA guidelines, SPS must obtain a credit report to verify the occupancy for each non-borrower before we can consider using their household income in our determination. Before we obtain a credit report, we must have each non-borrower's written authorization to do so.

Please note that if SPS obtains the non-borrower's credit report, their credit score may be adversely affected. SPS would be making a "hard inquiry" on the non-borrower's credit information; the impact of a hard inquiry on a credit score depends on the non-borrower's entire credit profile. For more information about credit scores, go to <http://www.ftc.gov/bcp/edu/pubs/consumer/credit/cre24.shtm>.

Please have each non-borrower whose income you have requested we consider sign the authorization below. Return the signed authorization to SPS at:

Select Portfolio Servicing, Inc.
P.O. Box 65250
Salt Lake City, UT 84165-0250

Or fax to:
Fax: (801) 293-3936

SPS Account Number _____

I hereby authorize Select Portfolio Servicing, Inc. to obtain my credit report pursuant to MHA guidelines. I agree that SPS will not be held responsible in any manner for relying upon such credit report or for following the authorization I have given herein.

I affirm that my income has not been used to obtain a HAMP modification for any other property.

Non-Borrower Signature

Non-Borrower Signature

Printed Name

Printed Name

Social Security Number

Social Security Number

If you have any questions or concerns, please contact our Loan Resolution Department. Our toll-free number is (888) 818-6032, and representatives are available Monday through Thursday between the hours of 6 a.m. and 8 p.m., Friday from 6 a.m. to 5 p.m., and Saturday from 7 a.m. to 11 a.m., Mountain Time.

Esta carta contiene información importante concerniente a sus derechos. Por favor, hágala traducir. Nuestros representantes bilingües están a su disposición para contestar cualquier pregunta llamando al teléfono 1-800-831-0118 y marque la opción 2.

This information is intended for informational purposes only and is not considered an attempt to collect a debt.

General Third Party Authorization

SPS Account Number: [REDACTED] Please send this completed authorization to:

SPS Customer(s) Name: William M STEPHENS Select Portfolio Servicing, Inc.
 PO Box 65250
 Salt Lake City, UT 84165
 or
 Fax: (801) 269-4405

Property Address: 1705 RYAN
McHenry IL 60050

I (we) hereby authorize Select Portfolio Servicing, Inc. (SPS) to release, furnish, and provide any information related to the above-referenced mortgage account to:

Third Party Name: _____

Company Name: _____

Relationship to Customer(s): _____

Phone Number: _____ Fax Number: _____

(If the above authorization is a result of a Power of Attorney, Order of Guardianship/Conservatorship, or Administration of an Estate, please attach documentation verifying this authority)

If your authorization is for other than a full account disclosure, please indicate below which limited information you authorize SPS to release, furnish and provide to the above authorized third party:

Verification of Mortgage	Payoff Statement as of Date _____
Payment History	Please indicate the payoff reason:
Other _____	Refinance with other company
	Sale of property

I hereby authorize the above-referenced individual(s) to obtain information regarding my mortgage account identified above. I agree that SPS will not be held responsible in any manner for relying upon or following the authorization and/or instructions I have given herein. I also agree that SPS has no responsibility to verify the identity of my authorized third party, nor will SPS be liable for anything my authorized third party may do with the information they obtain regarding my account. I acknowledge and agree that fees, as allowed by law and my mortgage documents, may be assessed to my account as a result of my authorized third-party's request(s).

This authorization is valid for one (1) year from the date of receipt unless otherwise specified here: _____
If at any time I choose to revoke this authorization, it is my responsibility to notify SPS by calling SPS's Customer Service Department at (800) 258-8602.

William M Stephens 4-22-17
 Customer Signature Date

 Co-Customer Signature Date

Please allow up to three (3) business days after receipt for this authorization to be uploaded into your account.

Form **4506-T**
 (Rev. January 2012)
 Department of the Treasury
 Internal Revenue Service

Request for Transcript of Tax Return

OMB No. 1545-1872

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

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can 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. William M Stephens	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions) [REDACTED]
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) 1705 RYAN ST, MCKENNY IL 60050	
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

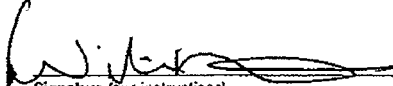
Caution. If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

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 identify 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.

Signature (see instructions) 	Date 4-22-17	Phone number of taxpayer on line 1a or 2a [REDACTED]
Sign Here Title (if line 1a above is a corporation, partnership, estate, or trust)		
Spouse's signature _____ Date _____		

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

What's New

The IRS has created a page on IRS.gov for information about Form 4506-T at www.irs.gov/form4506. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

General Instructions

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

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

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

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

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

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

Automated transcript request. 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.

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

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	RAIVS Team Stop 6705 P-6 Kansas City, MO 64599
	816-292-6102

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250
	859-669-3592

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

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

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

Note. If the address on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address.

Line 6. Enter only one tax form number per request.

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

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

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

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

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

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

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: Learning about the law or the form, 10 min.; Preparing the form, 12 min.; and Copying, assembling, and sending the form to the IRS, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Products Coordinating Committee
SE:W-CAR:MP:T:MS
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.

Form **4506T-EZ**

Short Form Request for Individual Tax Return Transcript

OMB No. 1545-2154

(Rev. January 2011)

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.

William M STEPHENS

1b First social security number or individual taxpayer identification number on tax return.

[Redacted]

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)

1705 RYAN McKENRY I / 60050

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

Telephone number

Address (including apt., room, or suite no.), city, state, and ZIP code

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.

2013

2014

Caution. If the 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 line 6. Completing these steps helps to protect your privacy.

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.

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 signature date.

[Handwritten Signature]
Signature (see Instructions)

4-22-17
Date

Telephone number of taxpayer on line 1a or 2a

Sign Here

Spouse's signature

Date

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

Use Form 4506-T to request the following.

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

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

Automated transcript request. You can 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.

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

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

If you filed an individual return and lived in:

Florida, Georgia
(After June 30, 2011, send your transcript requests to Kansas City, MO)

Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address

Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming

Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia

Mail or fax to the "Internal Revenue Service" at:

RAIVS Team
P.O. Box 47-421
Stop 91
Doraville, GA 30362
770-455-2335

RAIVS Team
Stop 6716 AUSC
Austin, TX 73301
512-460-2272

RAIVS Team
Stop 37106
Fresno, CA 93888
559-456-5876

RAIVS Team
Stop 6705 P-6
Kansas City, MO
64999
816-292-6102

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

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

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

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

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

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

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

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

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

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

Note. If the address on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address.

PROFIT AND LOSS STATEMENT

Business name See Attached

Period beginning (MM/DD/YYYY) _____ Period ending (MM/DD/YYYY) _____

Gross Income _____

Cost of Goods Sold _____

Operating Expenses

Wages paid to yourself _____

Gross wages — employees _____

Payroll expenses _____

Outside services _____

Supplies _____

Repairs and maintenance _____

Advertising _____

Car, delivery, and travel _____

Accounting and legal _____

Rent _____

Telephone _____

Utilities _____

Insurance _____

Taxes (real estate, etc.) _____

Depreciation _____

Interest _____

Miscellaneous _____

Total Expenses _____

Net Profit (Loss) _____

Signature _____

Date _____

Liton Loan Servicing LP does not provide tax or accounting advice. We suggest you consult with a tax or an accounting professional if you need tax or accounting advice.

Tips for Completing a Profit and Loss Statement

Please follow the instructions below when filling out the Profit and Loss Statement.

- Fill out a separate Profit and Loss Statement for each business of which you have ownership.
- Enter the name of the business in the provided field (this must match the name on your tax returns).
- Enter the exact dates for the period of time the Profit and Loss Statement covers (e.g., 01/01/2009–12/31/2009).
- The period must either reflect the year to date information or the most recent quarter's information.
- Enter the total income you have received for the period in the Gross Income field.*
*Only include income you received from the business.
- Enter the total cost of goods for the period in the Cost of Goods Sold field.
- Enter any operating expenses you incurred for the period in the corresponding field.**
**Do not include personal expenses on this statement.
- Add the cost of goods to the total expenses. Subtract this sum from the gross income. Enter this amount in the Net Profit (Loss) field.
- Sign and date the statement.

Lifton Loan Servicing LP does not provide tax or accounting advice. We suggest you consult with a tax or an accounting professional if you need tax or accounting advice.

UNIFORM BORROWER ASSISTANCE FORM	
<p>If you are experiencing a temporary or long-term hardship and need help, you must complete and submit this form along with other required documentation to be considered for available solutions. On this page, you must disclose information about (1) you and your intentions to either keep or transition out of your home; (2) the property's status; (3) real estate taxes; (4) homeowner's insurance premiums; (5) bankruptcy; (6) your credit counseling agency, and (7) other liens, if any, on your property.</p> <p>On Page 2, you must disclose information about <u>all</u> of your income, expenses and assets. Page 2 also lists the required income documentation that you must submit in support of your request for assistance. Then on Page 3, you must complete the Hardship Affidavit in which you disclose the nature of your hardship. The Hardship Affidavit informs you of the required documentation that you must submit in support of your hardship claim.</p> <p>NOTICE: In addition, when you sign and date this form, you will make important certifications, representations and agreements, including certifying that all of the information in this Borrower Assistance Form is accurate and truthful and any identified hardship has contributed to your submission of this request for mortgage relief.</p> <p>REMINDER: The Borrower Response Package you need to return consists of: (1) this completed, signed and dated Borrower Assistance Form; (2) completed and signed IRS Form 4506T-EZ; (3) required income documentation, and (4) required hardship documentation.</p>	
Loan I.D. Number _____ (usually found on your monthly mortgage statement)	
I want to: <input checked="" type="checkbox"/> Keep the Property <input type="checkbox"/> Sell the Property	
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	
BORROWER	CO-BORROWER
BORROWER'S NAME <u>William M. Stephens</u>	CO-BORROWER'S NAME
DATE OF BIRTH	SOCIAL SECURITY NUMBER
DATE OF BIRTH	DATE OF BIRTH
HOME PHONE NUMBER WITH AREA CODE	HOME PHONE NUMBER WITH AREA CODE
CELL OR WORK NUMBER WITH AREA CODE	CELL OR WORK NUMBER WITH AREA CODE
MAILING ADDRESS <u>1705 RYAN ST. McHenry IL 60050</u>	
PROPERTY ADDRESS (IF SAME AS MAILING ADDRESS, JUST WRITE SAME)	
EMAIL ADDRESS <u>Wpiper@SBCGlobal.net</u>	
Is the property listed for sale? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, what was the listing date? _____ If property has been listed for sale, have you received an offer on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of offer: _____ Amount of Offer: \$ _____ Agent's Name: _____ Agent's Phone Number: _____ For Sale by Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you contacted a credit-counseling agency for help? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the counselor contact information below: Counselor's Name: <u>Mawoleon GATES</u> Agency's Name: <u>CCCS of Northern Illinois</u> Counselor's Phone Number: <u>815-338-5757</u> Counselor's Email Address: <u>mgates@IllinoisCCCS.org</u>
Do you have condominium or homeowner association (HOA) fees? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Total monthly amount: \$ _____ Name and address that fees are paid to: _____	
Have you filed for bankruptcy? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes: <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 13 Filing Date: <u>3-31-08</u> Has your bankruptcy been discharged? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Bankruptcy case number: <u>08-70956 MB</u>	

See Attached STATEMENTS

UNIFORM BORROWER ASSISTANCE FORM

Monthly Household Income		Monthly Household Expenses/Debt		Household Assets (associated with the property and/or borrower(s))	
Monthly Gross wages	\$	First Mortgage Payment	\$	Checking Account(s)	\$
Overtime	\$	Second Mortgage Payment	\$	Checking Account(s)	\$
Child Support / Alimony*	\$	Homeowner's Insurance	\$	Savings / Money Market	\$
Non-taxable social security/SSDI	\$	Property Taxes	\$	CDs	\$
Taxable SS benefits or other monthly income from annuities or retirement plans	\$	Credit Cards / Installment Loan(s) (total minimum payment per month)	\$	Stocks / Bonds	\$
Tips, commissions, bonus and self-employed income	\$	Alimony, child support payments	\$	Other Cash on Hand	\$
Rents Received	\$	Car Lease Payments	\$	Other Real Estate (estimated value)	\$
Unemployment Income	\$	HOA/Condo Fees/Property Maintenance	\$	Other _____	\$
Food Stamps/Welfare	\$	Mortgage Payments on other properties	\$		\$
Other _____	\$	Other _____	\$		\$
Total (Gross Income)	\$	Total Debt/Expenses	\$	Total Assets	\$

*Notice: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered for repaying this loan.

Lien Holder's Name	Balance / Interest Rate	Loan Number

Required Income Documentation

- Do you earn a wage?
For each borrower who is a salaried employee or hourly wage earner, include the most recent pay stub that reflects at least 30 days of year-to-date earnings for each borrower.
- Are you self-employed?
For each borrower who receives self-employed income, include a complete, signed individual federal income tax return and, as applicable, the business tax return; AND either the most recent signed and dated quarterly or year-to-date profit/loss statement that reflects activity for the most recent three months; OR copies of bank statements for the business account for the last two months evidencing continuation of business activity.

- Do you have any additional sources of income? Provide for each borrower as applicable:
 - "Other Earned Income" such as bonuses, commissions, housing allowance, tips, or overtime:
 - Reliable third-party documentation describing the amount and nature of the income (e.g., employment contract or printouts documenting tip income).
 - Social Security, disability or death benefits, pension, public assistance, or adoption assistance:
 - Documentation showing the amount and frequency of the benefits, such as letters, exhibits, disability policy or benefits statement from the provider, and
 - Documentation showing the receipt of payment, such as copies of the two most recent bank statements showing deposit amounts.
 - Rental income:
 - Copy of the most recent filed federal tax return with all schedules, including Schedule E—Supplement Income and Loss. Rental income for qualifying purposes will be 75% of the gross rent reduced by the monthly debt service on the property, if applicable; or
 - If rental income is not reported on Schedule E – Supplemental Income and Loss, provide a copy of the current lease agreement with either bank statements or cancelled rent checks demonstrating receipt of rent.
 - Investment income:
 - Copies of the two most recent investment statements or bank statements supporting receipt of this income.
 - Alimony, child support, or separation maintenance payments as qualifying income:
 - Copy of divorce decree, separation agreement, or other written legal agreement filed with a court, or court decree that states the amount of the alimony, child support, or separation maintenance payments and the period of time over which the payments will be received, and
 - Copies of your two most recent bank statements or other third-party documents showing receipt of payment.
- *Notice: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered for repaying this loan.

See ATT

UNIFORM BORROWER ASSISTANCE FORM

HARDSHIP AFFIDAVIT	
(provide a written explanation with this request describing the specific nature of your hardship)	
I am requesting review of my current financial situation to determine whether I qualify for temporary or permanent mortgage relief options.	
Date Hardship Began is: _____	
I believe that my situation is:	
<input type="checkbox"/> Short-term (under 6 months) <input checked="" type="checkbox"/> Medium-term (6 – 12 months) — 24 MONTHS <input type="checkbox"/> Long-term or Permanent Hardship (greater than 12 months)	
I am having difficulty making my monthly payment because of reasons set forth below: (Please check all that apply and submit required documentation demonstrating your hardship)	
If Your Hardship Is:	Then the Required Hardship Documentation is:
<input checked="" type="checkbox"/> Unemployment	<input type="checkbox"/> No hardship documentation required
<input checked="" type="checkbox"/> Underemployment	<input type="checkbox"/> No hardship documentation required, as long as you have submitted the income documentation that supports the income described in the Required Income Documentation section above
<input checked="" type="checkbox"/> Income reduction (e.g., elimination of overtime, reduction in regular working hours, or a reduction in base pay)	<input type="checkbox"/> No hardship documentation required, as long as you have submitted the income documentation that supports the income described in the Required Income Documentation section above
<input checked="" type="checkbox"/> Divorce or legal separation; Separation of Borrowers unrelated by marriage, civil union or similar domestic partnership under applicable law	<input type="checkbox"/> Divorce decree signed by the court; OR <input type="checkbox"/> Separation agreement signed by the court; OR <input type="checkbox"/> Current credit report evidencing divorce, separation, or non-occupying borrower has a different address; OR <input type="checkbox"/> Recorded quitclaim deed evidencing that the non-occupying Borrower or co-Borrower has relinquished all rights to the property
<input checked="" type="checkbox"/> Death of a borrower or death of either the primary or secondary wage earner in the household	<input type="checkbox"/> Death certificate; OR <input type="checkbox"/> Obituary or newspaper article reporting the death
<input checked="" type="checkbox"/> Long-term or permanent disability; Serious illness of a borrower/co-borrower or dependent family member	<input type="checkbox"/> Doctor's certificate of illness or disability; OR <input checked="" type="checkbox"/> Medical bills; OR <input type="checkbox"/> Proof of monthly insurance benefits or government assistance (if applicable)
<input checked="" type="checkbox"/> Disaster (natural or man-made) adversely impacting the property or Borrower's place of employment	<input type="checkbox"/> Insurance claim; OR <input type="checkbox"/> Federal Emergency Management Agency grant or Small Business Administration loan; OR <input type="checkbox"/> Borrower or Employer property located in a federally declared disaster area
<input checked="" type="checkbox"/> Distant employment transfer	<input type="checkbox"/> No hardship documentation required
<input checked="" type="checkbox"/> Business Failure	<input type="checkbox"/> Tax return from the previous year (including all schedules) AND <input type="checkbox"/> Proof of business failure supported by one of the following: <ul style="list-style-type: none"> • Bankruptcy filing for the business; or • Two months recent bank statements for the business account evidencing cessation of business activity; or • Most recent signed and dated quarterly or year-to-date profit and loss statement

UNIFORM BORROWER ASSISTANCE FORM

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

HELP FOR AMERICA'S HOMEOWNERS.

MAKING HOME AFFORDABLE

SPS SELECT
SERVICING, inc.

Date: _____

Servicer	
Name:	Select Portfolio Servicing, Inc.
Account #:	
Address:	3815 S West Temple Salt Lake City, UT 84115
Fax:	801-270-7833
Email:	shortsale@spservicing.com

Seller	
Seller:	
Co-Seller:	
Address:	
Phone:	
Email:	

Buyer	
Buyer:	
Co-Buyer:	
Address:	
Phone:	
Email:	

RE: Property Address ("Property") _____

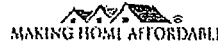
HABA AFFIDAVIT

This HABA Affidavit ("Affidavit") is given by the Seller(s) and Buyer(s) to the Servicer of the mortgage account secured by the Property ("Mortgage") in consideration for the mutual and respective benefits to be derived from the short sale of the Property with a scheduled closing date of [closing date].

NOW, THEREFORE, the Seller(s) and Buyer(s) do hereby represent, warrant and agree under the pains and penalties of perjury, to the best of each signatory's knowledge and belief, as follows:

- (a) The sale of the Property is an "arm's length" transaction, between Seller(s) and Buyer(s) who are unrelated and unaffiliated by family, marriage, or commercial enterprise;
- (b) There are no agreements, understandings, contracts, or offers relating to the current sale or subsequent sale of the Property that have not been disclosed to the Servicer;
- (c) Except as disclosed to the Servicer, there are no agreements, understandings, or contracts between the Seller(s) and Buyer(s) that the Seller(s) will remain in the Property as a tenant or later obtain title or ownership of the Property.
- (d) Neither the Seller(s) nor the Buyer(s) will receive any funds or commissions from the sale of the Property except to the extent the Seller(s) receive a relocation assistance payment approved by the Servicer and reflected on the HUD-1 Settlement Statement;
- (e) All amounts to be paid to any person or entity, including holders of other liens on the Property, in connection with the short sale have been disclosed to and approved by the Servicer and will be reflected on the HUD-1 Settlement Statement;
- (f) Any person receiving relocation assistance is required to vacate the property as a condition of the sale. Further, the Seller(s) represent that all persons receiving relocation assistance (i) occupied the property as a principal residence on the date the Seller(s) submitted the request for short sale assistance to the Servicer, and (ii) are either the Seller(s), a tenant, or a legal dependent, parent or grandparent of the Seller that occupied the property rent-free.

Program Terms And Conditions



By signing below, I/we agree that all representations, warranties and statements made herein will survive the closing of the short sale transaction; and I/we represent that the information provided herein is true and accurate and authorize the Servicer to disclose such information to the U.S. Department of the Treasury or other government agency, Fannie Mae and/or Freddie Mac, and any of their respective agents, in connection with the Making Home Affordable program.

Seller Signature	Date	Co-Seller Signature	Date
_____ Printed Name		_____ Printed Name	

Buyer Signature	Date	Co-Buyer Signature	Date
_____ Printed Name		_____ Printed Name	


If you would like to speak with a counselor about this program, call the Homeowner's HOPE™ Hotline 1-888-995-HOPE (4673). The Homeowner's HOPE™ Hotline offers free HUD-certified counseling services and is available 24/7 in English and Spanish. Other languages are available by appointment.

At SPS, any of our trained servicing representatives can assist you with answers to your questions about the status or history of your account, document requirements, or any of our available loan resolution options. If at any time through this process you have questions or concerns, please call our Loan Resolution Department at (888) 818-6032. Representatives are available Monday through Thursday between the hours of 6 a.m. and 8 p.m., Friday from 6 a.m. to 5 p.m., and Saturday from 7 a.m. to 11 a.m., Mountain Time.

NOTICE TO SIGNATORIES

Be advised that by signing this document you understand that any documents and information you submit 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 in connection with the Making Home Affordable Program, including the documents and information regarding 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 Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.



NOTICE TO OCCUPANTS

Be advised that by signing this document you understand that any documents and information you submit 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 the Property, 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 in connection with the Making Home Affordable Program, including the documents and information regarding my eligibility for relocation assistance under HAFA, 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.sigtar.gov and provide them with your name, the Owner's name, the property address and reason for escalation. Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.



Program Terms And Conditions



The borrower and co-borrower, if applicable ("Borrower" or "you"), of the above loan contacted the Servicer ("Servicer" or "we") because your mortgage payments are no longer affordable and you would like to avoid foreclosure. After listing your house for sale, an offer was received. However, the sale may not be sufficient to pay off the loan. This is a Request for Approval of a Short Sale ("Request") of the subject property, the net sale proceeds from which we agree to accept as the payoff of the mortgage loan even though the proceeds are expected to be less than the full amount due.

Short Sale Program—Terms and Conditions of the Request are as follows:

1. **Allowable Costs that May be Deducted from Gross Sale Price**
 - a. **Closing Costs.** The closing costs paid by you or on your behalf as seller must be reasonable and customary for the market. Closing costs which may be deducted from the gross sale proceeds are limited to title search and escrow expenses usually paid by the seller; reasonable settlement escrow/attorney's fees; transfer taxes and recording fees usually paid by the seller; termite inspection and treatment as required by law or custom; pro-rated and unpaid past due real property taxes; and, negotiated real estate commissions not to exceed six percent (6%) of the contract sales price.
 - b. **Subordinate Liens.** We will allow up to six percent (6%) of the unpaid principal balance of each subordinate lien in order of priority, not to exceed a total of \$6,000, to be deducted from the gross sale proceeds to pay subordinate lien holders to release their liens. We require each subordinate lien holder to release you from personal liability for the loans in order for the sale to qualify for this program, but we do not take any responsibility for ensuring that the lien holders do not seek to enforce personal liability against you. Therefore, we recommend that you take steps to satisfy yourself that the subordinate lien holders release you from personal liability.
 - c. **Real Estate Commissions.** We will pay real estate commissions as stated in the listing agreement between you and your broker, not to exceed six percent (6%) of the contract sales price, to be paid to the listing and selling brokers involved in the transaction. Neither you nor the buyer may receive a commission. Any commission that would otherwise be paid to you or the buyer must be reduced from the commission due on sale.
 - d. **Borrower Relocation Assistance.** If the closing of the short sale occurs in accordance with this Agreement, you will be entitled to an incentive payment of \$3,000 to assist with relocation expenses. We will instruct the settlement agent to pay you from the sale proceeds at the same time that all other payments, including the payoff of our first mortgage, are disbursed by the settlement agent. Only one payment per household is provided for the relocation assistance, regardless of the number of borrowers.
2. **Property Maintenance and Expenses.** You are responsible for all property maintenance and expenses of your home until you convey your property to us, including utilities, assessments, association dues, and costs for interior and exterior maintenance. Additionally, you must report any and all property damage to us and file a hazard insurance claim for covered damage. By proceeding with this transaction, you agree that any insurance claim funds that are trailing proceeds from filed hazard insurance claims will be sent to and retained by SPS as additional recovery towards the Short Sale loss. If SPS receives/retains proceeds in excess of the amount that, combined with the net proceeds, would have satisfied the loan in full, such surplus funds will be returned to the Borrower (Seller).
3. **Parties to the Sale.** The Sales Contract must include the following clauses: "Seller and Buyer each represent that the sale is an "arm's length" transaction and the Seller and Buyer are unrelated to each other by family, marriage or commercial enterprise." "The Buyer agrees not to sell the property within 90 days of closing of this sale."
4. **Foreclosure Sale Suspension.** We may initiate or continue the foreclosure process as permitted by the mortgage documents; however, we will suspend any foreclosure sale date until the expiration date of this Request or the date of closing of an approved short sale, whichever is later, provided that you abide by its terms and conditions.
5. **Satisfaction and Release of Liability.** If all of the terms and conditions of this Request are met, upon sale and settlement of the property, we will prepare and send to the settlement agent for recording, a lien release in full satisfaction of the mortgage, foregoing all rights to pursue a deficiency judgment.
6. **Mortgage Insurer or Guarantor Approval.** The terms and conditions of the purchase contract may be subject to the written approval of the mortgage insurer or guarantor.
7. **Termination of This Request.** This request may be terminated at any time if one of the following events occur:
 - a. You fail to provide all the required documents listed above.
 - b. Your financial situation improves significantly, you qualify for a modification, you bring the account current or you pay off the mortgage in full.

- c. You or your broker fails to act in good faith in closing on the sale of the property or otherwise fails to abide by the terms of this Request.
 - d. A significant change occurs to the property condition or value.
 - e. There is evidence of fraud or misrepresentation.
 - f. You file for bankruptcy and the Bankruptcy Court declines to approve the Request.
 - g. Litigation is initiated or threatened that could affect title to the property or interfere with a valid conveyance.
8. **Settlement of a Debt.** The proposed transaction represents the Servicer's attempt to reach a settlement of the delinquent mortgage. You are choosing to enter into this transaction even though there is no guarantee that the transaction will be successful. In the event this transaction is unsuccessful, the Servicer may exercise all remedies under the mortgage, including foreclosure.

Under penalty of perjury, you certify that:

1. the sale of the property is an "arm's-length" transaction, between parties who are unrelated and unaffiliated by family, marriage, or commercial enterprise;
2. there are no agreements or understandings between you and the Buyer that you will remain in the property as a tenant or later obtain title or ownership of the property;
3. neither you nor the Buyer will receive any funds or commissions from the sale of the property; and
4. there are no agreements or offers relating to the sale or subsequent sale of the property that have not been disclosed to the Servicer.

Program Terms And Conditions



Loan Number:		
Borrower Name:		Co-Borrower Name:
Property Street Address:		Unit/Apt #:
City:	State:	Zip:

Terms of Sale [All blanks to be completed by Borrower]:

1. Contract Sales Price	\$	6. Closing Date:
2. Less Total Allowable Closing Costs	\$	7. Approved Buyer(s):
a. Commissions	\$	
b. Settlement Escrow/Attorney Fees	\$	
c. Seller's Title and Escrow Fees	\$	8. Settlement Agent:
d. Subordinate Lien Payoff	\$	
e. Real Property Taxes	\$	
f. Real Property Taxes	\$	9. Settlement Agent's Address:
g. Termite Inspection/Repair	\$	
h. Borrower Relocation Assistance	\$ 3,000	
i. Other (attach explanation)	\$	
3. Net Proceeds to Servicer	\$	
4. Earnest Money Deposit	\$	10. Settlement Agent's Office Phone:
5. Down Payment	\$	11. Settlement Agent's Office Fax:

As required by the Short Sale Program, copies of the following documents are attached:

- Signed Request;
 - Copy of a signed listing agreement with a real estate broker, if applicable;
 - Executed copy of the sales contract and all addenda;
 - Buyer's documentation of funds or Buyer's pre-approval or commitment letter on letterhead from a lender;
 - Information about other liens secured by your home such as home-equity loans;
- ...Completed and signed Hardship Affidavit form; and Servicer must have these documents within 10 calendar days of contacting our office for approval of the Short Sale or we will not be able to respond to this request. Please send us these documents via fax to (801)270-7813 or mail to: Select Portfolio Servicing, P.O. Box 65250, Salt Lake City, Utah 84165.

The Borrower represents that the information provided in this Request is true and accurate and authorizes the Servicer to disclose to the U.S. Department of the Treasury or other government agency, Fannie Mae and/or Freddie Mac any information provided in connection with the Making Home Affordable program.

Borrower Signature	Date	Co-Borrower Signature	Date
Printed Name		Printed Name	

If you would like to speak with a counselor about this program, call the Homeowner's HOPE™ Hotline 1-888-995-HOPE (4673). The Homeowner's HOPE™ Hotline offers free HUD-certified counseling services and is available 24/7 in English and Spanish. Other languages are available by appointment. If you have questions, please contact us directly at 888-349-8960 between the hours of 7 a.m. to 5 p.m., Monday through Friday, Mountain Standard Time.

NOTICE TO BORROWER

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), 202-622-4539 (fax), or www.sig tarp.gov. Mail can be sent Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.





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[Overview](#)

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Short Sale - Overview

A short sale enables you to sell your home for less than the total amount owed on the mortgage. If eligible, we would accept the short payoff in full satisfaction of the total amount due on the mortgage loan. If there is not yet an offer on the property, or the property is not yet listed for sale, we will also consider an agreement that will allow time to list the property for sale. Upon completion of the sale, the occupant (homeowner or tenant) is eligible for payment of relocation assistance, which is typically \$10,000.

SPS offers a number of short sale options, including the U.S. Treasury Department's Home Affordable Foreclosure Alternatives Program. This program is designed to prevent foreclosure through short sale, and deed-in-lieu of foreclosure options.

For Accounts with Active Assistance Options at the Time of Service Transfer: If you were working with your prior servicer on account resolution options at the time of the transfer, SPS will continue working with you to reach a resolution. SPS will work with your prior servicer to process active assistance options. If you previously submitted documents to your prior servicer, SPS will work with your prior servicer to review your documents and process your assistance request. Please contact SPS if you have any questions on how the service transfer impacts your account, including pending resolution options.

If you are interested in pursuing a short sale, please call (888) 818-6032 to speak with one of our experienced Loan Servicing Representatives.

Home Affordable Foreclosure Alternatives

SPS is a participant in the U.S. Treasury's Home Affordable Foreclosure Alternatives (HAFA). Please note that SPS requires a complete application, as described below, to review an account for a HAFA short sale or deed-in-lieu of foreclosure. If you are approved for an option under HAFA, we will provide you further documentation on the process and requirements to complete the option.

The basic eligibility criteria for a short sale or deed-in-lieu under HAFA are:

- The mortgage loan was originated on or before January 1, 2009. This includes mortgages secured by cooperative shares, condominium units, and manufactured housing (the first lien mortgage must be secured by the manufactured home and the land, both of which must be classified as real property under applicable state law).
- Delinquency is not a requirement for eligibility. Customers who are current should continue to make payments while gathering the required documentation for the program.
- The current unpaid principal balance of the mortgage prior to capitalization is not greater than:
 - 1 Unit - \$729,750
 - 2 Units - \$934,200
 - 3 Units - \$1,129,250
 - 4 Units - \$1,430,400

If you have additional liens on the property, the lien holder will need to agree to a full lien release. In a short sale, a portion of the gross sales proceeds may be paid to a subordinate lien holder in exchange for a lien release and full release of customer liability. Subordinate lien holders will be paid in order of priority and may be paid no more than an aggregate of \$12,000.

If there is a foreclosure sale date scheduled within the next 20 days, the account may not be eligible for the HAFA program. Please contact SPS at (888) 818-6032 to discuss your options. Representatives are available Monday through Thursday from 8:00 AM to 11:00 PM, Friday from 8:00 AM to 9:00 PM, and Saturday from 8:00 AM to 2:00 PM, Eastern Time.

Documentation Requirements

If you meet the above HAFA eligibility requirements, please submit the following documentation for verification purposes (please use the links below to access the required documents):

- A copy of the executed purchase contract including all addenda.

- A completed and signed Third party authorization will be required for SPS to speak with any third party involved in the sale of the property.
- A completed and signed Hardship Affidavit form. Spanish speaking customers can reference the Spanish Hardship Affidavit. All HAFA documents must be completed in English. The Spanish documents are for reference only and cannot be completed or printed.
- A HAFA Affidavit must be signed by all buyers and sellers prior to and as a condition of the closing. In signing the HAFA Affidavit, all buyers and sellers make certain representations regarding the arm's-length nature of the transaction, property occupancy, as well as acknowledge limitations on future resale of the property.
- A copy of the signed listing agreement.
- The approval letter from any subordinate lien holders. The approval letter must confirm that they will release their lien including a full release of borrower liability.
- Buyer's pre-approval, commitment letter, or proof of funding.
- If the property is non-owner occupied and you wish to request relocation assistance on behalf of a non-owner occupant, you must ensure the Non-Owner Occupant Certification is executed by each eligible non-owner occupant that is to receive relocation assistance.
- A copy of the proposed HUD-1 Settlement Statement that shows all anticipated expenses involved with the short sale transaction, including closing costs, commissions, taxes, relocation assistance, and amounts paid to all lien holders.

Please note that SPS may also pull a current credit report on all customers obligated on the Note as part of the evaluation process.

Establishing Property Value

The current value of the property will be evaluated by obtaining an appraisal or a broker price opinion (BPO), this may include an interior review of the home. If an interior review is required, you or your agent will be contacted to schedule a time for the review to be conducted.

Disputed Valuations

In the event that the licensed real estate agent listing the property disagrees with the property value, SPS will request additional information from the real estate agent to support any disputed value. Documentation may include repair estimates and / or comparable sales. Information can be sent via email to shortsale@spservicing.com or faxed to 801-270-7833. SPS will review the documentation and provide a verbal response within approximately 15 days.

Marketing Period

The property must be listed with a licensed real estate professional that is regularly doing business in the community where the property is located. The listing price should be fair market value for the property. SPS reserves the right to review the list price and work with the customer on a price reduction strategy.

Payments During Marketing Period

Eligible customers may be offered a (\$0.00) zero dollar payment plan during the marketing period. SPS will not reject the customer's payment if they chose to make their full contractual payment. The marketing period may last no less than one hundred twenty (120) calendar days, and extensions to the original term may be offered upon discretion of Management. The customer may be required to provide a listing agreement and evidence that property is actively listing for sale.

Average Timelines

The following timelines should be used as a guide for returning documents:

- **Submission of required income / eligibility documentation** – Income / eligibility documentation should be received within 14 calendar days of the date that the request for assistance is received.
- **Acknowledgment of receipt of request for short sale or deed-in-lieu of foreclosure** – In accordance with U.S. Department of Treasury's program guidelines, SPS has 10 business days from the date of the request for assistance or receipt of the signed Hardship Affidavit to acknowledge the request.
- **Eligibility Review to Issuance of Short Sale Notice** – In accordance with U.S. Department of Treasury's program guidelines, SPS has 30 calendar days from the date of the request for assistance or receipt of the signed Hardship Affidavit to determine eligibility.
- **Marketing period** – Eligible customers may be offered a (\$0.00) zero dollar payment plan during the marketing period. The marketing period may last no less than one hundred twenty (120) calendar days, and extensions to the original term may be offered upon discretion of Management. The customer may be required to provide a listing agreement and evidence that property is actively listing for sale.
- **Submission of purchase contract** – All required documentation including the purchase contract, listing agreement, HUD-1 Settlement Statement, subordinate lien approvals, buyer's proof of funding, and occupancy documentation required for relocation assistance (hereinafter referred to as the "Offer Documents") must be received within 14 calendar days of the submission of an offer on the property.
- **Servicer's approval of purchase contract** – In accordance with U.S. Department of Treasury's program guidelines, SPS has 30 calendar days from receipt of the Offer Documents (10 calendar days if the offer is consistent with pre-approved terms) to issue an approval or denial.
- **Borrower's submission of Hardship Affidavit or other offer documentation** - SPS must receive a completed and signed Hardship Affidavit prior to and as a condition of closing a HAFA Short Sale or Deed-in-Lieu of Foreclosure. In many cases, the Hardship Affidavit may be required within 14 calendar days of the date the request for assistance is received. Although some customers may not be required to return the completed signed Hardship Affidavit until the closing occurs, we recommend that it be returned to us within 14 calendar days of the initial request in order to expedite the HAFA review process.
- **Escrow and Closing** – Unless otherwise requested, SPS will not require that the transaction close in less than 45 days from the date that the approval letter is issued. The signed HAFA Affidavit, Final HUD-1 Settlement Statement, and in some cases the completed and signed Hardship Affidavit must be returned to SPS upon closing of the HAFA transaction.

To speak to a Loan Servicing Representative that is trained to assist you with answers to your questions regarding the status or history of your account, document requirements, or any of our available loan resolution options, please call (888) 818-6032. Representatives are available Monday through Thursday from 8:00 AM to 11:00 PM, Friday from 8:00 AM to 9:00 PM, and Saturday from 8:00 AM to 2:00 PM, Eastern Time.

You may also mail, fax, or email your documentation to:

Fax:
801-270-7833

Mail:
Select Portfolio Servicing, Inc.

Email:
shortsale@spservicing.com

P.O. Box 65250
Salt Lake City, UT 84165-0250

Upon receipt of a request for participation in the HAFA program, a Relationship Manager will be assigned to the account. Name and contact information for a Relationship Manager will be communicated in writing within 5 days of a HAFA evaluation. If you have not yet been assigned a Relationship Manager and require immediate assistance, please call (888) 818-6032.

Homeowner's HOPE Hotline

If you would like to speak with a HUD approved housing counselor, please call the HOPE Hotline at 888-995-HOPE. You can request assistance by calling this number free of charge and can request assistance by asking for "MHA Help".

All servicers that have signed agreements with the U.S. Department of the Treasury (Treasury) to participate in the Home Affordable Modification Program (HAMP) must consider eligible borrowers who do not qualify for HAMP for other foreclosure prevention options including Home Affordable Foreclosure Alternatives (HAFA) which includes short sale and deed-in-lieu. However, each servicer has some discretion in determining additional eligibility criteria and certain program rules. In order to assist borrowers and their representatives in understanding any unique components of a servicer's HAFA Policy, Treasury, has developed this HAFA Matrix. The summary information in this matrix is prepared solely by SPS and does not represent any determination by the Treasury as to the servicer's compliance with the Treasury's policies and guidance for HAFA. Treasury does not endorse any language or policy described in this matrix. Any questions regarding the information contained in this matrix should be directed solely to SPS.

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Overview

Deed-in-Lieu of Foreclosure

[Home Retention Options](#)

[Home Non - Retention Options](#)

[Homeownership Call Center](#)

[Government Counseling Resources](#)

Deed-in-lieu of foreclosure is a voluntary transfer of ownership in full satisfaction of the total amount due, even if the property is worth less than the balance owed. Any agreement to accept a deed in lieu of foreclosure would require your cooperation in providing access to the property interior, providing clear title to the property, and documenting your hardship and financial condition. We will help you work with other lien holders to pay off and / or release any other liens that may be on the property. Upon the successful completion of a deed in lieu, you may also be eligible to receive financial relocation assistance.

Call (888) 818-6032 to speak with one of our experienced Loan Servicing Representatives about a deed-in-lieu of foreclosure. If you have a second mortgage on your property, please be prepared to provide information about the loan during the call. Information we may ask for includes loan amount and contact information for the lien holder.

SPS is proud to participate in the U.S. Treasury Department's Home Affordable Foreclosure Alternatives Program (HAFA). This program is designed to prevent foreclosure through short sale, and deed-in-lieu of foreclosure options.

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NMLS #3114

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WILLIAM M STEPHENS BASIC FINANCIAL STATEMENT AS OF 04/22/17
 ALL AMOUNTS ARE APPROXIMATE

MONTHLY INCOME VARIES BETWEEN 2200.00 AND 4000.00 PER MONTH AND MOSTLY DEPENDS
 ON BUSINESS PROFITS AND AMOUNT OF WORK AVAILABLE

ASSETS

HOME 1705 RYAN STREET	\$ 220,808 per zillo
CHECKING ACCOUNT PERSONAL	\$ 521.58 AS OF 4/22/17
SAVINGS ACCOUNT PERSONAL	\$ 31.60 AS OF 4/22/17
1998 CHEVY VAN	\$ 2000.00
2002 CHEVY WORK TRUCK	\$ 2500.00

LIABILITIES

CABLE/satellite TV	\$ 110.00
CELL PHONE (USED FOR MOSTLY FOR WORK)	\$ 190.00
MEDICAL EXPENSES	\$ large balances currently owed due to 5 surgeries in 3 years [open heart surgery and cancer]

LEGAL FEES \$1000.00 MO. APPROX.

PROPERTY TAXES	\$ 700.00 MO	8400.00 (YEAR)
PROPERTY INSURANCE	\$ 130.00	1560.00 (YEAR)
VEHICLE INSURANCE		
1998 CHEVY VAN	\$ 50.83	305.00 (6 MONTHS)
2002 CHEVY VAN	\$ 73.67	442.00 (6 MONTHS)

PERSONAL LIABILITY INSURANCE \$ 175.00

TAX LIENS \$ DON'T HAVE A TOTAL
 (NEGOTIATION ON HOLD)
 Unable to afford Tax attorney to clear liens
 Liens caused by criminal activity against me
 See judgment [Charles Landwer Jr.]

UTILITIES

GAS	\$ 89.00
WATER	\$ 80.00
ELECTRIC	\$ 200.00
GARBAGE	\$ 50.00
TELEPHONE	\$ 80.00
FOOD	\$ 400.00

ACA HEALTH INSURANCE \$ 155.00

W
4/22/17

Hardship
STATEMENT

Re: Loan # [REDACTED]

I am writing this letter of explanation of hardship and the history of how I arrived at this situation.

I am self employed and business has been slower than normal due to economic conditions compounded with the following.

- 1 - In June of 2007 I was awarded a judgment related to a criminal fraud that caused financial damage [Mchenry County case 07LA109]. The judgment was determined to be largely uncollectable as the perpetrator was sentenced in a plea agreement to federal prison. On March 12 2008 an order was entered to allow me to issue 1099(c) statements in an effort to charge off the judgment amount plus statutory interest until the entire amount is discharged. As of this time Charles Landwer Jr. owes me approximately \$1,900,000.00 of which I don't anticipate payment anytime soon. Charles Landwer Jr. was the person that was representing himself as an attorney, CPA and financial expert when in actuality he was simply a thief. His actions caused me personal and business financial damage that will take a very long time to recover from. I was just one of seventeen victims.
- 2 - While working to rebuild my business and financial health in July of 2013 I suffered a heart issue that resulted in quintuple bypass surgery and 6 months of rehabilitation. At this time I struggled to pay bills while living off of what savings that I had. The savings was quickly exhausted as medical bills, living expenses and uninsured medications took financial toll.
- 3 - In May of 2014 I was diagnosed with Bladder cancer and had surgeries in June and August leaving me unable to work until October of 2014, another 5 months of lost work. During this lost work time I lost clients that represented over 30% of my recurring Business/base income. Over this time the Affordable care act insurance policies made a change and I lost coverage for some items which increased my out of pocket expenses as well as loss of my doctors. Because of this my treatment had stopped and by mid 2016 my cancer had re-occurred. After verifying the return surgery was performed in September and November of 2016. Chemo treatments began in December and continued thru January. I am now scheduled for more diagnostic testing in May and at least 3 more chemo treatments.

I am working to rebuild/restart my business and hope to back to normal in the next couple of years depending on my health and the economy.

William M Stephens..



4/22/17

4:09 PM
04/23/17
Cash Basis

A.L.M. ENTERPRISES OF MCHENRY, LTD.
Profit & Loss
January through March 2017

	<u>Jan - Mar 17</u>
Ordinary Income/Expense	
Income	
CORRECTION	101.24
LOAN	6,000.00
Sales-Fuel Surcharge	189.60
Sales - Labor	4,367.50
Sales-Monitor	7,073.70
Sales-Parts	257.75
Sales - Programming Time	30.00
Sales - Radio Network Charges	210.00
Total Income	<u>18,229.79</u>
Cost of Goods Sold	
COS - Alarm Monitoring	783.25
COS - Parts & Supplies	
Batteries	15.59
COS - Parts & Supplies - Other	2,886.81
Total COS - Parts & Supplies	<u>2,902.40</u>
Total COGS	<u>3,685.65</u>
Gross Profit	14,544.14
Expense	
EMERGENCY FUNDS TRANSFER (transfer to em funds account)	0.00
GARBAGE COLLECTION	60.00
Answering Service	95.51
Bank & Finance Fees	18.00
Computer Expense	
Internet	363.67
Supplies	123.00
Total Computer Expense	<u>486.67</u>
Dues & Subscriptions	588.03
Equipment Costs	
Insurance	249.99
Total Equipment Costs	<u>249.99</u>
Insurance	
Liability	353.49
Total Insurance	<u>353.49</u>
License & Registrations	550.00
Meals & Entertainment	
Meals	23.19
Total Meals & Entertainment	<u>23.19</u>
Office Expense & Supplies	187.03
Paging & Answering Service	24.95
Permit Fees	105.00
Postage	135.01
Professional Fees	
Legal	700.00
Total Professional Fees	<u>700.00</u>
Storage	500.00
Telephone	
Office Phone	1,207.71
Total Telephone	<u>1,207.71</u>
Transportation Costs	
Fuel	
OIL	44.45
Fuel - Other	1,117.34
Total Fuel	<u>1,161.79</u>

William
4/22/17

1:09 PM
04/23/17
Cash Basis

A.L.M. ENTERPRISES OF MCHENRY, LTD.
Profit & Loss
January through March 2017

	Jan - Mar 17
Insurance	275.92
Repairs & Maintenance	46.36
Tolls	40.00
Total Transportation Costs	<u>1,524.07</u>
Total Expense	<u>6,808.65</u>
Net Ordinary Income	7,735.49
Other Income/Expense	
Other Income	
FUNDS TRANSFER	-1,355.00
Total Other Income	<u>-1,355.00</u>
Net Other Income	<u>-1,355.00</u>
Net Income	<u><u>6,380.49</u></u>

04/23/17
Cash Basis

A.L.M. ENTERPRISES OF MCHENRY, LTD.
Profit & Loss
January through December 2016

	Jan - Dec 16
Ordinary Income/Expense	
Income	
CANCELLATION CHARGE	1,683.00
CORRECTION	2,880.09
LOAN	2,350.00
Sales-Fuel Surcharge	342.40
Sales - Labor	27,489.85
Sales-Monitor	27,416.55
Sales-Parts	10,605.67
Sales - Permits	585.00
Sales - Programming Time	75.00
Sales-Inspection/Testing	270.00
Sales - Radio Network Charges	840.00
Total Income	74,537.56
Cost of Goods Sold	
COS - Alarm Monitoring	10,936.58
COS - Parts & Supplies	
Generator Parts	73.00
Batteries	458.68
Hardware	578.12
Miscellaneous Parts	386.42
Repair Parts	69.88
COS - Parts & Supplies - Other	6,212.29
Total COS - Parts & Supplies	7,778.39
Total COGS	18,714.97
Gross Profit	55,822.59
Expense	
EMERGENCY FUNDS TRANSFER (transfer to em funds account)	-450.00
GARBAGE COLLECTION	660.86
Advertising	19.95
Answering Service	463.33
Bad Debt	3,323.83
Bank & Finance Fees	-54.32
Computer Expense	
Internet	2,105.99
Software Expense	212.33
Supplies	388.49
Computer Expense - Other	19.95
Total Computer Expense	2,726.76
CUSTOMER PARTS (PARTS SUPPLIED BY CUSTOMER)	480.00
Dues & Subscriptions	1,759.85
Insurance	

L. M. M.
4/22/17

04/23/17
Cash Basis

A.L.M. ENTERPRISES OF MCHENRY, LTD.
Profit & Loss
January through December 2016

	Jan - Dec 16
Liability	1,402.08
Umbrella	156.00
Total Insurance	1,558.08
License & Registrations	244.00
Meals & Entertainment	870.07
Meals	495.80
Meals & Entertainment - Other	1,365.87
Total Meals & Entertainment	69.00
Miscellaneous Expense	421.12
Office Expense & Supplies	99.80
Paging & Answering Service	705.00
Permit Fees	225.29
Postage	2,375.00
Professional Fees	2,375.00
Legal	2,375.00
Total Professional Fees	1,175.00
Storage	270.22
Taxes	97.82
Sales Tax	368.04
Taxes - Other	7,339.87
Total Taxes	7,339.87
Telephone	7,339.87
Office Phone	7,339.87
Total Telephone	120.00
Transportation Costs	46.00
PARKING	5,836.89
Fuel	5,882.89
OIL	995.63
Fuel - Other	261.00
Total Fuel	743.45
Insurance	80.00
License & Registration	8,082.97
Repairs & Maintenance	1,841.32
Tolls	34,800.62
Total Transportation Costs	21,021.97
Travel (Hotel, Car Rental, when on business trips)	21,021.97
Total Expense	21,021.97
Net Ordinary Income	21,021.97

04/23/17
Cash Basis

A.L.M. ENTERPRISES OF MCHENRY, LTD.
Profit & Loss
January through December 2016

	Jan - Dec 16
Other Income/Expense	
Other Income	-180.00
FUNDS TRANSFER	
Total Other Income	-180.00
Other Expense	
REFUND (REFUND ISSUED TO CLIENT FOR OVERPAYMENT)	50.00
Total Other Expense	50.00
Net Other Income	-230.00
Net Income	<u>20,791.97</u>

1/6

Form 1040 Department of the Treasury—Internal Revenue Service (99) **U.S. Individual Income Tax Return** **2015** OMB No. 1545-0047 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2015, or other tax year beginning _____, 2015, ending _____, 20

Your first name and initial: **WILLIAM** Last name: **STEPHENS** See separate instructions.

Your social security number: [REDACTED]

If a joint return, spouse's first name and initial: _____ Last name: _____ Spouse's social security number: _____

Home address (number and street). If you have a P.O. box, see instructions. **1705 RYAN ST** Apt. no. _____

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **MCHENRY IL 60050**

Foreign country name: _____ Foreign province/state/country: _____ Foreign postal code: _____

Presidential Election Campaign: Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse

Filing Status

1 Single

2 Married filing jointly (even if only one had income)

3 Married filing separately. Enter spouse's SSN above and full name here. ▶

4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 Qualifying widow(er) with dependent child

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a

b Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qual. for child tax credit (see instr.)

If more than four dependents, see instructions and check here

Boxes checked on 6a and 6b: **1**

No. of children on 6c who: lived with you did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above: _____

Add numbers on lines above: **1**

d Total number of exemptions claimed: **1**

Income	7	8a	9a	10	11	12	13	14	15b	16b	17	18	19	20b	21	22
Wages, salaries, tips, etc. Attach Form(s) W-2																
Taxable interest. Attach Schedule B if required																
Tax-exempt interest. Do not include on line 8a		8b														
Ordinary dividends. Attach Schedule B if required			9a													
Qualified dividends			9b													
Taxable refunds, credits, or offsets of state and local income taxes				10												
Alimony received				11												
Business income or (loss). Attach Schedule C or C-EZ				12												
Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>				13												
Other gains or (losses). Attach Form 4797				14												
IRA distributions	15a			15b												
Pensions and annuities	16a			16b												
Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E				17							18,283					
Farm income or (loss). Attach Schedule F				18												
Unemployment compensation				19												
Social security benefits	20a			20b												
Other income. List type and amount				21		SEE STATEMENT 1									-9,114	
Combine the amounts in the far right column for lines 7 through 21. This is your total income				22												9,169

Adjusted Gross Income	23	24	25	26	27	28	29	30	31a	32	33	34	35	36	37
Educator expenses															
Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ															
Health savings account deduction. Attach Form 8889															
Moving expenses. Attach Form 3903															
Deductible part of self-employment tax. Attach Schedule SE						1,413									
Self-employed SEP, SIMPLE, and qualified plans															
Self-employed health insurance deduction															
Penalty on early withdrawal of savings															
Alimony paid b Recipient's SSN ▶	31a														
IRA deduction	32														
Student loan interest deduction	33														
Tuition and fees. Attach Form 8917	34														
Domestic production activities deduction. Attach Form 8903	35														
Add lines 23 through 35														1,413	
Subtract line 36 from line 22. This is your adjusted gross income															7,756

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Form 1040 (2015) **WILLIAM STEPHEN** Page 2
7,756

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 15,962

39a Check You were born before January 2, 1951, Blind. } Total boxes checked 39a

if: Spouse was born before January 2, 1951, Blind. } 39b

b If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶

40 Standard Deduction for— 40 -8,206

41 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 41

42 Subtracted line 40 from line 38 42 4,000

43 Exemptions. If line 38 is \$154,650 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions 43 0

44 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 44 0

45 Tax (see Instr.). Check if any from: a Form(s) 8814 b Form 4972 c 45

46 Alternative minimum tax (see instructions). Attach Form 6251 46

47 Excess advance premium tax credit repayment. Attach Form 8962 47

48 Add lines 44, 45, and 46 48

49 Foreign tax credit. Attach Form 1116 if required 49

50 Credit for child and dependent care expenses. Attach Form 2441 50

51 Education credits from Form 8863, line 19 51

52 Retirement savings contributions credit. Attach Form 8880 52

53 Child tax credit. Attach Schedule 8812, if required 53

54 Residential energy credits. Attach Form 5695 54

55 Other credits from Form: a 3800 b 8801 c 55

56 Add lines 48 through 54. These are your total credits 56 0

66 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- 66 2,826

Other Taxes

67 Self-employment tax. Attach Schedule SE 67

68 Unreported social security and Medicare tax from Form: a 4137 b 8919 68

69 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 69

60a Household employment taxes from Schedule H 60a

60b First-time homebuyer credit repayment. Attach Form 5405 if required 60b

61 Health care: individual responsibility (see instructions) Full-year coverage 61

62 Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s) 62

63 Add lines 56 through 62. This is your total tax 63 2,826

Payments

64 Federal income tax withheld from Forms W-2 and 1099 64

65 2015 estimated tax payments and amount applied from 2014 return 65

66a Earned income credit (EIC) 66a

66b Nontaxable combat pay election 66b

67 Additional child tax credit. Attach Schedule 8812 67

68 American opportunity credit from Form 8863, line 8 68

69 Net premium tax credit. Attach Form 8962 69 228

70 Amount paid with request for extension to file 70

71 Excess social security and tier 1 RRTA tax withheld 71

72 Credit for federal tax on fuels. Attach Form 4136 72

73 Credits from Form: a 2439 b Reserved c 8885 d 73

74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments 74 228

Refund

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid 75

76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here 76a

Direct deposit? ▶ b Routing number ▶ c Type: Checking Savings

See ▶ d Account number

Instructions.

77 Amount of line 75 you want applied to your 2016 estimated tax ▶ 77

78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶ 78 2,645

Amount You Owe 79 Estimated tax penalty (see instructions) 79 47

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below. No

Personal identification number (PIN) ▶ 67453

Phone no. ▶ 815-455-7544

Third Party Designee

Designee's name ▶ **SASCHA K CHADWICK** Date _____

Personal identification number (PIN) ▶ 67453

Phone no. ▶ 815-455-7544

Daytime phone number _____

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature _____ Date _____ Your occupation **ENGINEER/OWNER**

Spouse's signature. If a joint return, both must sign. _____ Date _____ Spouse's occupation _____

If the IRS sent you an Identity Protection PIN, enter it here (see Instr.) _____

Print/Type preparer's name _____ Date 10/17/16 Check if self-employed PTIN P00674539

Paid **SASCHA K CHADWICK** Preparer's signature **SASCHA K CHADWICK** Firm's EIN ▶ 20-5967428

Preparer Firm's name ▶ **CHADWICK AND COMPANY, CPAS, P.C.** Firm's address ▶ **820 E TERRA COTTA AVE., SUITE 201** Phone no. **815-455-7544**

Use Only Firm's address ▶ **CRYSTAL LAKE IL 60014-3649**

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SCHEDULE A
(Form 1040)

Itemized Deductions

OMB No. 1545-0074

2015

▶ Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.

▶ Attach to Form 1040.

Attachment Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

Your social security number

Name(s) shown on Form 1040

WILLIAM STEPHENS

Medical and Dental Expenses		Caution: Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)	1	2,836		
2	Enter amount from Form 1040, line 38	2	7,756		
3	Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1951, multiply line 2 by 7.5% (.075) instead	3	776		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			2,060
Taxes You Paid		5 State and local (check only one box):			
a	<input type="checkbox"/> Income taxes, or	5	230		
b	<input checked="" type="checkbox"/> General sales taxes				
6	Real estate taxes (see instructions)	6	7,353		
7	Personal property taxes	7			
8	Other taxes. List type and amount ▶	8			
9	Add lines 5 through 8	9			7,583
Interest You Paid		10 Home mortgage interest and points reported to you on Form 1098			
10		10	6,319		
Note: Your mortgage interest deduction may be limited (see instructions).		11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶		11	
12	Points not reported to you on Form 1098. See instructions for special rules	12			
13	Mortgage insurance premiums (see instructions)	13			
14	Investment interest. Attach Form 4952 if required. (See instructions.)	14			
15	Add lines 10 through 14	15			6,319
Gifts to Charity		16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions		16	
If you made a gift and got a benefit for it, see instructions.		17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500		17	
18	Carryover from prior year	18			
19	Add lines 16 through 18	19			
Casualty and Theft Losses		20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)		20	
Job Expenses and Certain Miscellaneous Deductions		21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶		21	
22	Tax preparation fees	22			
23	Other expenses—investment, safe deposit box, etc. List type and amount ▶	23			
24	Add lines 21 through 23	24			
25	Enter amount from Form 1040, line 38	25			
26	Multiply line 25 by 2% (.02)	26			
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27			
Other Miscellaneous Deductions		28 Other—from list in instructions. List type and amount ▶		28	
Total Itemized Deductions		29 Is Form 1040, line 38, over \$154,950?		29	15,962
		<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.			
		<input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.			
		30 If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ <input type="checkbox"/>			

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Schedule E (Form 1040) 2015

Attachment Sequence No. 13

Page 2

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Your social security number

WILLIAM STEPHENS

Caution. The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II **Income or Loss From Partnerships and S Corporations** Note: If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. Yes No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	ALM ENTERPRISES OF MCHENRY LTD	S		27-2019993	
B					
C					
D					

Passive Income and Loss		Nonpassive Income and Loss		
(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A			0	18,283
B				
C				
D				18,283
29a	Totals			18,283
b	Totals			
30	Add columns (g) and (i) of line 29a		30	18,283
31	Add columns (f), (h), and (l) of line 29b		31	0
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below		32	18,283

Part III **Income or Loss From Estates and Trusts**

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			
B			
34a	Totals		
b	Totals		
35	Add columns (d) and (f) of line 34a		35
36	Add columns (c) and (e) of line 34b		36
37	Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below		37

Part IV **Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder**

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules C, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules C, line 1b	(e) Income from Schedules C, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39

Part V **Summary**

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 28, 32, 37, 39, and 40. Enter the result here and on Form 1040, the 17, or Form 1040NR, line 18	41	18,283
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

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**SCHEDULE SE
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

▶ Information about Schedule SE and its separate instructions is at www.irs.gov/schedulese.
▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2015

Attachment
Sequence No. 17

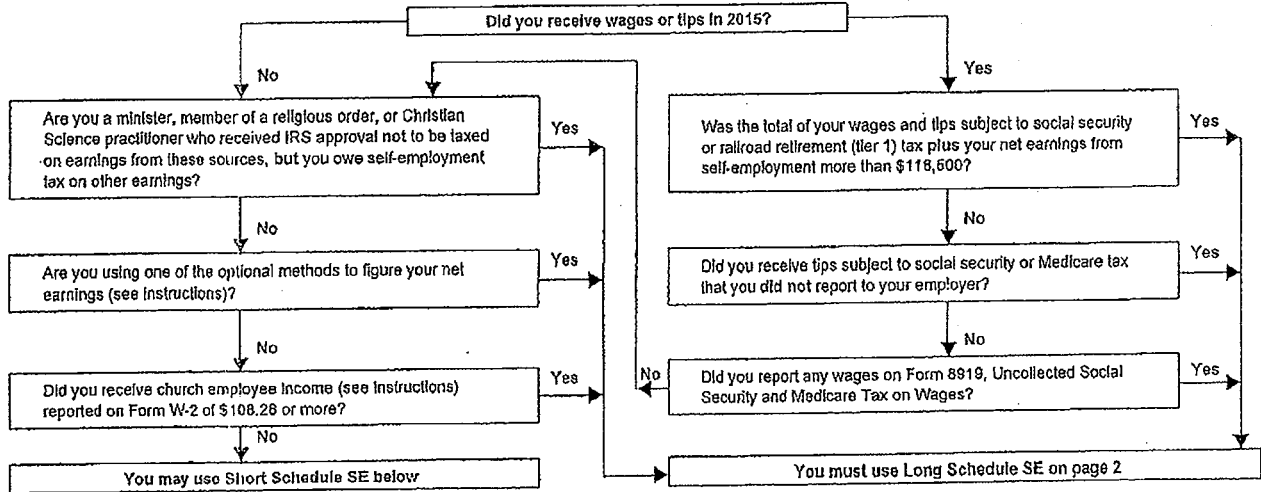
Name of person with self-employment income (as shown on Form 1040 or Form 1040NR)
WILLIAM STEPHENS

Social security number of person
with self-employment income ▶

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart only if you must file Schedule SE. If unsure, see Who Must File Schedule SE in the instructions.



Section A — Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z	1b	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2	20,000
3	Combine lines 1a, 1b, and 2	3	20,000
4	Multiply line 3 by 92.35% (.9235). If less than \$400, you do not owe self-employment tax; do not file this schedule unless you have an amount on line 1b. Note. If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	4	18,470
5	Self-employment tax. If the amount on line 4 is: • \$118,500 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 57, or Form 1040NR, line 55 • More than \$118,500, multiply line 4 by 2.9% (.029). Then, add \$14,694 to the result. Enter the total here and on Form 1040, line 57, or Form 1040NR, line 55	5	2,826
6	Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	6	1,413

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule SE (Form 1040) 2015

6/6

Form **8962**

Premium Tax Credit (PTC)

OMB No. 1545-0074

2015

Attachment Sequence No. **73**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040, 1040A, or 1040NR.
▶ Information about Form 8962 and its separate instructions is at www.irs.gov/form8962.

Name shown on your return
WILLIAM STEPHENS

Your social security number

You cannot claim the PTC if your filing status is married filing separately unless you are eligible for an exception (see instructions). If you qualify, check the box

Part I Annual and Monthly Contribution Amount

1	Tax family size. Enter the number of exemptions from Form 1040 or Form 1040A, line 6d, or Form 1040NR, line 7d	1	1
2a	Modified AGI. Enter your modified AGI (see instructions)	2a	7,756
b	Enter the total of your dependents' modified AGI (see instructions)	2b	
3	Household income. Add the amounts on lines 2a and 2b	3	7,756
4	Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3 (see instructions). Check the appropriate box for the federal poverty table used. a <input type="checkbox"/> Alaska b <input type="checkbox"/> Hawaii c <input checked="" type="checkbox"/> Other 48 states and DC	4	11,670
5	Household income as a percentage of federal poverty line (see instructions)	5	66 %
6	Did you enter 401% on line 5? (See instructions if you entered less than 100%) <input checked="" type="checkbox"/> No. Continue to line 7. <input type="checkbox"/> Yes. You are not eligible to receive PTC. If advance payment of the PTC was made, see the instructions for how to report your excess advance PTC repayment amount.		
7	Applicable Figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions	7	0.0201
8a	Annual contribution amount. Multiply line 3 by line 7	8a	156
b	Monthly contribution amount. Divide line 8a by 12. Round to whole dollar amount	8b	13

Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit

- 9 Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage (see instructions)?
 Yes. Skip to Part IV, Shared Policy Allocation, or Part V, Alternative Calculation for Year of Marriage. No. Continue to line 10.
- 10 See the instructions to determine if you can use line 11 or must complete lines 12 through 23.
 Yes. Continue to line 11. Compute your annual PTC. Then skip lines 12-23 and continue to line 24.
 No. Continue to lines 12-23. Compute your monthly PTC and continue to line 24.

Annual Calculation	(a) Annual amount of premium (Form 1095-A, line 23A)	(b) Annual applicable CLCSP premium (Form 1095-A, line 23B)	(c) Annual contribution amount (line 8b)	(d) Annual maximum premium assistance (subtract (c) from (b); if sum is less than zero, zero)	(e) Annual premium tax credit allowed (smallest of (a) or (d))	(f) Annual advance payment of PTC (Form 1095-A, line 23C)
11 Annual Totals	4,344	5,592	156	5,436	4,344	4,116
Monthly Calculation	(a) Monthly amount of premium (Form 1095-A, lines 23A-23C, column A)	(b) Monthly applicable CLCSP premium (Form 1095-A, lines 23B-23C, column B)	(c) Monthly contribution amount (amount on line 8b or alternative marriage monthly contribution)	(d) Monthly maximum premium assistance (subtract (c) from (b); if sum is less than zero, zero)	(e) Monthly premium tax credit allowed (smallest of (a) or (d))	(f) Monthly advance payment of PTC (Form 1095-A, lines 23C-23D, column C)
12 January						
13 February						
14 March						
15 April						
16 May						
17 June						
18 July						
19 August						
20 September						
21 October						
22 November						
23 December						
24	Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here					4,344
25	Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here					4,116
26	Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Form 1040, line 69; Form 1040A, line 45; or Form 1040NR, line 65. If you elected the alternative calculation for marriage, enter zero. If line 24 equals line 25, enter zero. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27					228

Part III Repayment of Excess Advance Payment of the Premium Tax Credit

27	Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here	27	
28	Repayment limitation (see instructions)	28	
29	Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Form 1040, line 46; Form 1040A, line 29; or Form 1040NR, line 44	29	

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8962** (2015)

From (date of visit)	To (date of visit)	Patient Name	Provider Name	Billed Amount	Network Discount	Not Covered	(BCBS Discount	Coinsurance	Pa Applied	Deduct
3/8/2017	3/8/2017	WILLIAM STEPHENS	PRIME THERAPEUTICS 16567	\$10.28						
2/2/2017	2/2/2017	WILLIAM STEPHENS	URO PARTNERS LLC	\$1,800.00						
2/2/2017	2/2/2017	WILLIAM STEPHENS	URO PARTNERS LLC	\$1,360.00						
1/13/2017	1/13/2017	WILLIAM STEPHENS	URO PARTNERS LLC	\$1,180.00						
1/6/2017	1/6/2017	WILLIAM STEPHENS	URO PARTNERS LLC	\$1,180.00						
12/30/2016	12/30/2016	WILLIAM STEPHENS	URO PARTNERS LLC	\$1,180.00						
12/19/2016	12/19/2016	WILLIAM STEPHENS	PRIME THERAPEUTICS 16567	\$4.80						
12/16/2016	12/16/2016	WILLIAM STEPHENS	URO PARTNERS LLC	\$1,180.00						
12/9/2016	12/9/2016	WILLIAM STEPHENS	URO PARTNERS LLC	\$1,180.00						
12/2/2016	12/2/2016	WILLIAM STEPHENS	URO PARTNERS LLC	\$1,180.00						
11/5/2016	11/5/2016	WILLIAM STEPHENS	URO PARTNERS LLC	\$930.00						
11/5/2016	11/5/2016	WILLIAM STEPHENS	COMPASS HEALTHCARE CONSULTANT	\$1,040.00						
11/5/2016	11/5/2016	WILLIAM STEPHENS	ST ALEXIUS MEDICAL CENTER	\$30,720.00						
10/14/2016	10/14/2016	WILLIAM STEPHENS	WALMART PHARMACY 10-1377 101377	\$3.06						
10/14/2016	10/14/2016	WILLIAM STEPHENS	CENTEGRA PRIMARY CARE LLC	\$469.00						
10/14/2016	10/14/2016	WILLIAM STEPHENS	PRIME THERAPEUTICS 16567	\$10.59						
10/14/2016	10/14/2016	WILLIAM STEPHENS	PRIME THERAPEUTICS 16567	\$5.72						
10/4/2016	10/4/2016	WILLIAM STEPHENS	URO PARTNERS LLC	\$130.00						
10/4/2016	10/4/2016	WILLIAM STEPHENS	URO PARTNERS LLC	\$30.00						
9/29/2016	9/29/2016	WILLIAM STEPHENS	URO PARTNERS LLC	\$200.00						
9/29/2016	9/29/2016	WILLIAM STEPHENS	WALMART PHARMACY 10-1377 101377	\$1.68						
9/27/2016	9/27/2016	WILLIAM STEPHENS	CENTEGRA HOSPITAL MCHENRY	\$1,256.00						
9/27/2016	9/27/2016	WILLIAM STEPHENS	CENTEGRA HOSPITAL MCHENRY	\$1,256.00						
9/26/2016	9/26/2016	WILLIAM STEPHENS	COMPASS HEALTHCARE CONSULTANT	\$885.00						
9/26/2016	9/26/2016	WILLIAM STEPHENS	ALLIANCE PATHOLOGY CONSULTANTS	\$1,690.00						
9/26/2016	9/26/2016	WILLIAM STEPHENS	ST ALEXIUS MEDICAL CENTER	\$568.60						
9/26/2016	9/26/2016	WILLIAM STEPHENS	URO PARTNERS LLC	\$14,889.00						
9/26/2016	9/26/2016	WILLIAM STEPHENS	URO PARTNERS LLC	\$1,320.00						
9/20/2016	9/20/2016	WILLIAM STEPHENS	MCHENRY RADIOLOGISTS AND IMAGIN	\$492.00						
9/20/2016	9/20/2016	WILLIAM STEPHENS	MCHENRY PATHOLOGY ASSOCIATES S	\$9.00						
9/20/2016	9/20/2016	WILLIAM STEPHENS	QUEST DIAGNOSTICS INC	\$194.19						
9/20/2016	9/20/2016	WILLIAM STEPHENS	CENTEGRA HOSPITAL MCHENRY	\$6,096.00						
9/20/2016	9/20/2016	WILLIAM STEPHENS	QUEST DIAGNOSTICS INC	\$367.59						
9/15/2016	9/15/2016	WILLIAM STEPHENS	URO PARTNERS LLC	\$130.00						
9/15/2016	9/15/2016	WILLIAM STEPHENS	URO PARTNERS LLC	\$420.00						
9/14/2016	9/14/2016	WILLIAM STEPHENS	PRIME THERAPEUTICS 16567	\$15.00						
9/14/2016	9/14/2016	WILLIAM STEPHENS	PRIME THERAPEUTICS 16567	\$5.11						
9/14/2016	9/14/2016	WILLIAM STEPHENS	PRIME THERAPEUTICS 16567	\$28.25						
6/29/2016	6/29/2016	WILLIAM STEPHENS	PRIME THERAPEUTICS 16567	\$15.00						
6/29/2016	6/29/2016	WILLIAM STEPHENS	PRIME THERAPEUTICS 16567	\$5.25						
6/29/2016	6/29/2016	WILLIAM STEPHENS	PRIME THERAPEUTICS 16567	\$29.92						

6-2016
3-2017

Medicare Insurance #1

Winf
4/22/17

Your Coinsure My Responsibility Status	Last Update
\$10.28 Processed	2/15/2017
\$476.32 Processed	2/7/2017
\$561.35 Processed	1/17/2017
\$346.91 Processed	1/10/2017
\$346.91 Processed	1/4/2017
\$0.00 Paid	
\$0.00 Paid	
\$0.00 Paid	12/20/2016
\$0.00 Paid	12/13/2016
\$0.00 Paid	12/6/2016
\$0.00 Paid	11/17/2016
\$0.00 Paid	11/7/2016
\$0.00 Paid	11/5/2016
\$498.92 Paid	11/4/2016
\$0.77 Paid	
\$60.16 Paid	10/19/2016
\$2.12 Paid	
\$1.14 Paid	
\$8.37 Paid	11/4/2016
\$2.64 Paid	10/5/2016
\$35.11 Paid	
\$1.68 Processed	
\$0.00 Not Paid	10/14/2016
\$121.33 Paid	10/14/2016
\$41.76 Paid	10/10/2016
\$183.60 Paid	10/7/2016
\$31.79 Paid	10/6/2016
\$1,138.42 Paid	10/3/2016
\$101.99 Paid	10/3/2016
\$39.08 Paid	11/4/2016
\$1.05 Paid	10/7/2016
\$0.00 Paid	9/28/2016
\$1,962.91 Paid	9/27/2016
\$6.04 Paid	9/25/2016
\$23.50 Processed	9/23/2016
\$189.10 Processed	9/21/2016
\$15.00 Processed	
\$5.11 Processed	
\$28.25 Processed	
\$15.00 Processed	
\$5.25 Processed	
\$29.92 Processed	

6-2016
 3-2017
 Medica Insurance
 AZ

02/04/2008 15:23 FAX 16476989523

005

IN THE CIRCUIT COURT OF McHENRY COUNTY, ILLINOIS
22ND JUDICIAL DISTRICT

McHenry County, Illinois
MAR 12 2008
VERNON W. KAYS, JR.
Clerk of the Circuit Court

WILLIAM M. STEPHENS, individually,
and d/b/a/ ALM ENTERPRISES,

Plaintiff,

v.

CHARLES H. LANDWER,

Defendant.

Case No. 07 LA 109

ORDER ALLOWING PLAINTIFF TO ISSUE IRS 1099(c) FORMS TO DEFENDANT

This matter, coming to be heard on Plaintiff's Motion for Order Allowing Plaintiff to Issue IRS 1099(c) Tax Forms to Defendant, counsel for Plaintiff present and the Court fully advised, IT IS HEREBY ORDERED:

1. Defendant is required to disclose his Social Security Number to Plaintiff in writing within the next seven (7) days, by ~~February 14, 2008~~ *FOR THE SOLE PURPOSE OF ISSUING 1099(c) TAX FORMS* *MARCH 10, 2008*
2. Plaintiff may issue IRS 1099(c) tax forms to Defendant in \$75,000.00 increments until the judgment amount and statutory interest is satisfied; and
3. Defendant must notify Plaintiff in writing of any change in Defendant's address.

DATED: 3/12/08

ENTERED:

JUDGE

Riccardo A. DiMonte
Liza B. Balistreri
DiMonte & Lizak, LLC
216 W. Higgins Road
Park Ridge, IL 60068
847-698-9500
Firm No. 02741

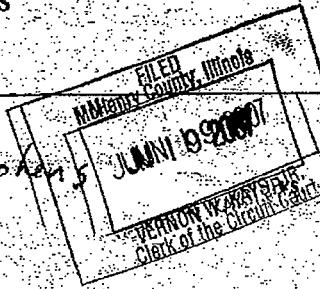
Scott G. Richmond
Ariano, Hardy, Nyuli, Johnson, Richmond & Goettel, P.C.
474 Summit Street
Elgin, IL 60120
847-695-2400
ARDC No. 6230123

CIRCUIT COURT FOR THE 22ND JUDICIAL CIRCUIT

272

STATE OF ILLINOIS }
COUNTY OF McHENRY } SS

GEN. NO. 07 LA 109
 Jury Non-Jury



William Stephens vs Charles Landwer

Date 6/19/07 Plaintiff's Attorney Scott Richmond Defendant's Attorney

ORDER

THIS CAUSE COMING ON PLAINTIFF'S MOTION FOR DEFAULT JUDGMENT, DUE NOTICE HAVING BEEN GIVEN, THE COURT BEING FULLY ADVISED IN THE PREMISES:

IT IS HEREBY ORDERED:

1. DEFENDANT, CHARLES LANDWER IS HEREBY FOUND TO BE IN DEFAULT FOR FAILURE TO FILE HIS APPEARANCE AND FAILURE TO ANSWER OR OTHERWISE PLEAD IN THIS CAUSE;
2. ~~DEFENDANT'S~~ ^{DEFAULT} JUDGMENT IS HEREBY ENTERED AGAINST CHARLES LANDWER IN THE SUM OF \$443,569.44 PLUS COSTS OF \$42.48 PLUS ATTORNEYS FEES OF \$10,000.00 PLUS PUNITIVE DAMAGES OF \$1,000,000.00
3. THIS ORDER IS FINAL, APPEALABLE AND NO JUST REASON EXISTS TO DELAY ENFORCEMENT OR APPEAL OF THIS MATTER
4. 8/6/07 STATUS DATE IS STRICKEN.

Prepared by: Scott Richmond
Attorney for: PLAINTIFF
Attorney Registration No.: 6230123

Michael J. Caldwell
Judge

STATE OF ILLINOIS,

County of McHenry

ss.

No. 6389

June 27,

19 91

Certificate of Membership of Business

NAME

ALM ENTERPRISES

ADDRESS

1705 Ryan Street, McHenry, Illinois 60050

I have received the filing fee for Certificate of Ownership.

Stephanie C. Schmitt

County Clerk

STATE OF ILLINOIS,
County of McHenry } ss.

No. 6389

June 27, 19 91

Certificate of Ownership of Business

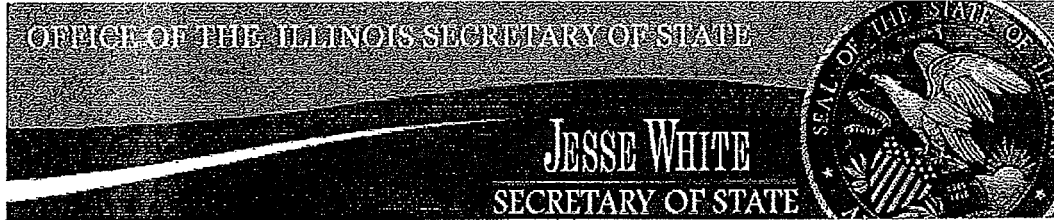
NAME ALM ENTERPRISES

ADDRESS 1705 Ryan Street, McHenry, Illinois 60050

I have received the filing fee for Certificate of Ownership.

[Signature]
County Clerk





OFFICE OF THE ILLINOIS SECRETARY OF STATE

JESSE WHITE
 SECRETARY OF STATE

CORPORATION FILE DETAIL REPORT

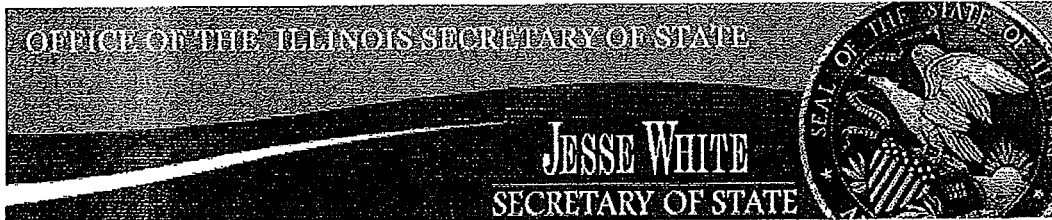
File Number	67001729		
Entity Name	A.L.M. ENTERPRISES OF MCHENRY, LTD.		
Status	ACTIVE		
Entity Type	CORPORATION	Type of Corp.	DOMESTIC BCA
Incorporation Date (Domestic)	02/25/2010	State	ILLINOIS
Agent Name	DONALD L SADOWSKI	Agent Change Date	02/25/2010
Agent Street Address	1515 E WOODFIELD RD 880	President Name & Address	WILLIAM STEPHENS 1705 RYAN ST MCHENRY 60050
Agent City	SCHAUMBURG	Secretary Name & Address	SAME
Agent Zip	60173	Duration Date	PERPETUAL
Annual Report Filing Date	01/31/2017	For Year	2017

[Return to the Search Screen](#)[Purchase Certificate of Good Standing](#)

(One Certificate per Transaction)

OTHER SERVICES

[File Annual Report](#)[Adopting Assumed Name](#)[Articles of Amendment Effecting A Name Change](#)[Change of Registered Agent and/or Registered Office Address](#)[BACK TO CYBERDRIVEILLINOIS.COM HOME PAGE](#)



CORPORATION FILE DETAIL REPORT

File Number	60271623		
Entity Name	ALM ENTERPRISES, INC.		
Status	ACTIVE		
Entity Type	CORPORATION	Type of Corp	DOMESTIC BCA
Incorporation Date (Domestic)	12/29/1998	State	ILLINOIS
Agent Name	RONALD W MAGEE	Agent Change Date	12/05/2016
Agent Street Address	20856 N RAND RD	President Name & Address	SHERYL MARSELLA 1519 SHIRE CR INVERNESS IL 60067
Agent City	KILDEER	Secretary Name & Address	SAME
Agent Zip	60010	Duration Date	PERPETUAL
Annual Report Filing Date	12/05/2016	For Year	2016

[Return to the Search Screen](#)

[Purchase Certificate of Good Standing](#)

(One Certificate per Transaction)

OTHER SERVICES

[File Annual Report](#)

[Adopting Assumed Name](#)

[Articles of Amendment Effecting A Name Change](#)

[Change of Registered Agent and/or Registered Office Address](#)

[BACK TO CYBERDRIVEILLINOIS.COM HOME PAGE](#)

Drake Shunneson

From: Drake Shunneson
Sent: Tuesday, April 25, 2017 4:16 PM
To: 'Joanna Hughes'
Cc: Justin Pyron
Subject: RE: Stephens, William: ALM Enterprises Inc.
Attachments: Bill Stephens Loss Mit application from Client.pdf

Joanna,

Thank you for the loss mitigation packet. I have attached a copy for you to send to the servicer. I apologize for not getting this to you until 4:14 PM today, I have a sick toddler at home and I was out of the office yesterday on a personal day and I have been playing catch up all day today.

--
Drake W. Shunneson, J.D., LL.M.
Attorney at Law
(815) 385-6840

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From: Joanna Hughes [mailto:jhughes@klueverplatt.com]
Sent: Thursday, April 20, 2017 2:02 PM
To: Drake Shunneson <drake@dlfirm.com>
Cc: Justin Pyron <jpyron@klueverplatt.com>
Subject: RE: Stephens, William: ALM Enterprises Inc.

Drake,
I do not represent ALM Enterprises, Inc.
Please see the attached bankruptcy petition filed by your client – specifically, page 21 – where your client identifies himself as “Owner” of “ALM Enterprises” for 21 years.
Thanks,
Joanna

Joanna M. Hughes
Litigation Attorney



65 E. Wacker Place | Suite 2300 | Chicago, IL 60601
Phone: (312) 981-7391 | Fax: (312) 236-0514

jhughes@klueverplatt.com | klueverplatt.com

From: Drake Shunneson [<mailto:drake@dlfirm.com>]
Sent: Thursday, April 20, 2017 1:55 PM
To: Joanna Hughes
Subject: FW: ALM Enterprises Inc.

Joanna,

Bill Stephens keeps getting calls from someone at ALM Enterprises, Inc. and our offices have received a similar call. Whoever owns ALM Enterprises, Inc. is very upset that she is receiving notice in this case. Bill has and has never had any interest in an ALM Enterprises, Incorporated. Could you please have someone stop sending this individual notice? Thanks.

--

Drake W. Shunneson, J.D., LL.M.
Attorney at Law
(815) 385-6840

This email and any of its attachments may contain proprietary information, which is privileged and confidential. This email is intended only for the use of the individual or entity addressed. If you are not the intended recipient, you are hereby notified that you should not disseminate, distribute or copy this email, and any and all electronic and hard copies of this message should be permanently deleted. If you have received this email in error, please contact the sender immediately. Also, please note, due to the volume of email spam received by us, we utilize spam filters. This may prevent your email from reaching us. Therefore, you should not email time sensitive or unsolicited emails without also confirming that we have received the same. We do not accept notices of motion or filing via electronic mail. Thank you.

From: BILL STEPHENS [<mailto:n9hep@sbcglobal.net>]
Sent: Wednesday, April 19, 2017 5:47 PM
To: Drake Shunneson <drake@dlfirm.com>
Subject: ALM Enterprises Inc.

Drake

Per our conversation today, I have never had anything to do with ALM Enterprises, Inc.

Bill Stephens

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This e-mail, including attachments, may include confidential and/or proprietary information and may be used only by the person to whom or entity to which it is addressed. If you, the reader of this e-mail, are not the intended recipient or his or her authorized agent, you, the reader, are hereby notified that any dissemination, distribution, or copying of this e-mail is prohibited. If you have received this e-mail in error, please notify the sender by replying to this message, and then delete this e-mail immediately.

KLUEVER & PLATT, LLC IS A DEBT COLLECTOR. THIS MAY BE AN ATTEMPT TO COLLECT A DEBT AND ANY INFORMATION OBTAINED MAY BE USED FOR THAT PURPOSE.

Drake Shunneson

From: Drake Shunneson
Sent: Tuesday, May 02, 2017 3:47 PM
To: 'Joanna Hughes'
Subject: Re William Stephens 16Ch467
Attachments: Stephens letter re percentage of business.pdf; 5-2-17 supplemental loan mod docs part 1.pdf; 5-2-17 supplemental loan mod docs part 2.pdf; 5-2-17 Supplemental Loss Mit Docs Fax Confirmation.pdf

Joanna,

Attached please find the supplemental documentation requested by SPS for Mr. Stephens.

As discussed, if your client puts the matter on loss mitigation hold, then we will also be amenable to staying everything pending the outcome of the loan modification application to see if this matter can be settled without increased litigation on both sides. I would be more than willing to enter an order tomorrow if your offices are not in court.

Please advise and thank you for your time.

--
Drake W. Shunneson, J.D., LL.M.
Attorney at Law
(815) 385-6840

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I own 100% of the company as listed in my tax returns.

/S/ WILLIAM STEPHENS

Form **1040** Department of the Treasury—Internal Revenue Service (99) **U.S. Individual Income Tax Return** **2015** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2015, or other tax year beginning _____, 2015, ending _____, 20

Your first name and initial: **WILLIAM** Last name: **STEPHENS** See separate instructions.

If a joint return, spouse's first name and initial: _____ Last name: _____ Your social security number: _____ Spouse's social security number: _____

Home address (number and street). If you have a P.O. box, see instructions. **1705 RYAN ST** Apt. no. _____

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **MCHENRY IL 60050**

Foreign country name: _____ Foreign province/state/county: _____ Foreign postal code: _____

Filing Status

1 Single

2 Married filing jointly (even if only one had income)

3 Married filing separately. Enter spouse's SSN above and full name here. ▶

4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 Qualifying widow(er) with dependent child

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a

b Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qual. for child tax credit (see instr.)

If more than four dependents, see instructions and check here ▶

d Total number of exemptions claimed **1**

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	
8a	Taxable interest. Attach Schedule B if required	8a	
8b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
9b	Qualified dividends	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
15b	Taxable amount	15b	
16a	Pensions and annuities	16a	
16b	Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	18,283
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	
20b	Taxable amount	20b	
21	Other income. List type and amount SEE STATEMENT 1	21	-9,114
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	9,169

Adjusted Gross Income

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	Deductible part of self-employment tax. Attach Schedule SE	27	1,413
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid	31a	
31b	Recipient's SSN ▶	31b	
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35	36	1,413
37	Subtract line 36 from line 22. This is your adjusted gross income	37	7,756

Form 1040 (2015) **WILLIAM STEPHEN** Page 2
7,756

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 7,756

39a Check You were born before January 2, 1951, Blind. } Total boxes checked 39a

if: Spouse was born before January 2, 1951, Blind. } 39b

b If your spouse itemizes on a separate return or you were a dual-status alien, check here

Standard Deduction for—

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 15,962

41 Subtract line 40 from line 38 41 -8,206

42 Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions 42 4,000

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 0

44 Tax (see instr.). Check if any from: a Form(s) 8814 b Form 4972 c

45 Alternative minimum tax (see instructions). Attach Form 6251 44 0

46 Excess advance premium tax credit repayment. Attach Form 8962 45

47 Add lines 44, 45, and 46 46

48 Foreign tax credit. Attach Form 1116 if required 47

49 Credit for child and dependent care expenses. Attach Form 2441 48

50 Education credits from Form 8863, line 19 49

51 Retirement savings contributions credit. Attach Form 8880 50

52 Child tax credit. Attach Schedule 8812, if required 51

53 Residential energy credits. Attach Form 5695 52

54 Other credits from Form: a 3800 b 8801 c

55 Add lines 48 through 54. These are your total credits 53

56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- 54 0

57 Self-employment tax. Attach Schedule SE 55 2,826

58 Unreported social security and Medicare tax from Form: a 4137 b 8919 56

59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 57

60a Household employment taxes from Schedule H 58

60b First-time homebuyer credit repayment. Attach Form 5405 if required 59

b First-time homebuyer credit repayment. Attach Form 5405 if required 60a

61 Health care: individual responsibility (see instructions) Full-year coverage 60b

62 Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s) 61

63 Add lines 56 through 62. This is your total tax 62 2,826

Payments

64 Federal income tax withheld from Forms W-2 and 1099 63

65 2015 estimated tax payments and amount applied from 2014 return 64

66a Earned income credit (EIC) 65

b Nontaxable combat pay election 66a

67 Additional child tax credit. Attach Schedule 8812 66b

68 American opportunity credit from Form 8863, line 8 67

69 Net premium tax credit. Attach Form 8962 68

70 Amount paid with request for extension to file 69 228

71 Excess social security and tier 1 RRTA tax withheld 70

72 Credit for federal tax on fuels. Attach Form 4136 71

73 Credits from Form: a 2439 b Reserved c 8885 d

74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments 72

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid 73

76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here 74 228

Refund

b Routing number 75

d Account number 76a

77 Amount of line 75 you want applied to your 2016 estimated tax 76

78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions 77 2,645

79 Estimated tax penalty (see instructions) 78

Amount You Owe 79 47

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below. No

Personal identification number (PIN) 67453

Phone no. 815-455-7544

Third Party Designee

Designee's name SASCHA K CHADWICK

Daytime phone number

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature Date Your occupation Daytime phone number

Spouse's signature: If a joint return, both must sign. Date Spouse's occupation

If the IRS sent you an Identity Protection PIN, enter it here (see instr.)

Print/Type preparer's name Date Check If self-employed PTIN

Paid Preparer Use Only

Firm's name Firm's EIN

Firm's address Phone no.

SCHEDULE A
(Form 1040)

Itemized Deductions

OMB No. 1545-0074

2015

Attachment
Sequence No. **07**

▶ Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.

▶ Attach to Form 1040.

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on Form 1040

Your social security number

WILLIAM STEPHENS

		Caution: Do not include expenses reimbursed or paid by others.				
Medical and Dental Expenses	1	Medical and dental expenses (see instructions)	1	2,836		
	2	Enter amount from Form 1040, line 38	2	7,756		
	3	Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1951, multiply line 2 by 7.5% (.075) instead	3	776		
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			2,060
Taxes You Paid	5 State and local (check only one box):		5	230		
	a	<input type="checkbox"/> Income taxes, or				
	b	<input checked="" type="checkbox"/> General sales taxes				
	6	Real estate taxes (see instructions)	6	7,353		
	7	Personal property taxes	7			
	8	Other taxes. List type and amount ▶	8			
	9	Add lines 5 through 8	9			7,583
	Interest You Paid	10	Home mortgage interest and points reported to you on Form 1098	10	6,319	
11		Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶	11			
12		Points not reported to you on Form 1098. See instructions for special rules	12			
13		Mortgage insurance premiums (see instructions)	13			
14		Investment interest. Attach Form 4952 if required. (See instructions.)	14			
15		Add lines 10 through 14	15			6,319
Gifts to Charity	16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16			
	17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17			
	18	Carryover from prior year	18			
	19	Add lines 16 through 18	19			
Casualty and Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20			
Job Expenses and Certain Miscellaneous Deductions	21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶	21			
	22	Tax preparation fees	22			
	23	Other expenses—investment, safe deposit box, etc. List type and amount ▶	23			
	24	Add lines 21 through 23	24			
	25	Enter amount from Form 1040, line 38	25			
	26	Multiply line 25 by 2% (.02)	26			
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27			
Other Miscellaneous Deductions	28	Other—from list in instructions. List type and amount ▶	28			
Total Itemized Deductions	29	Is Form 1040, line 38, over \$154,950?	29			
		<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.				15,962
		<input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.				
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here				

For Paperwork Reduction Act Notice, see Form 1040 instructions.
DAA

Schedule A (Form 1040) 2015

Schedule E (Form 1040) 2015

Attachment Sequence No. 13 Page 2

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Your social security number

WILLIAM STEPHENS

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations Note: If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If Yes No you answered "Yes," see instructions before completing this section.

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	ALM ENTERPRISES OF MCHENRY LTD	S			
B					
C					
D					

Passive Income and Loss		Nonpassive Income and Loss		
(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
			0	18,283
A				
B				
C				
D				18,283
29a Totals				18,283
b Totals			30	18,283
30 Add columns (g) and (j) of line 29a			31	0
31 Add columns (f), (h), and (i) of line 29b				
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below			32	18,283

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			
B			
34a Totals			35
b Totals			36
35 Add columns (d) and (f) of line 34a			
36 Add columns (c) and (e) of line 34b			
37 Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below			37

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (c) and (e) only. Enter the result here and include in the total on line 41 below				39

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 28, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18	41	18,283
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

**SCHEDULE SE
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

► Information about Schedule SE and its separate Instructions is at www.irs.gov/schedulese.
► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2015

Attachment
Sequence No. 17

Name of person with self-employment income (as shown on Form 1040 or Form 1040NR)
WILLIAM STEPHENS

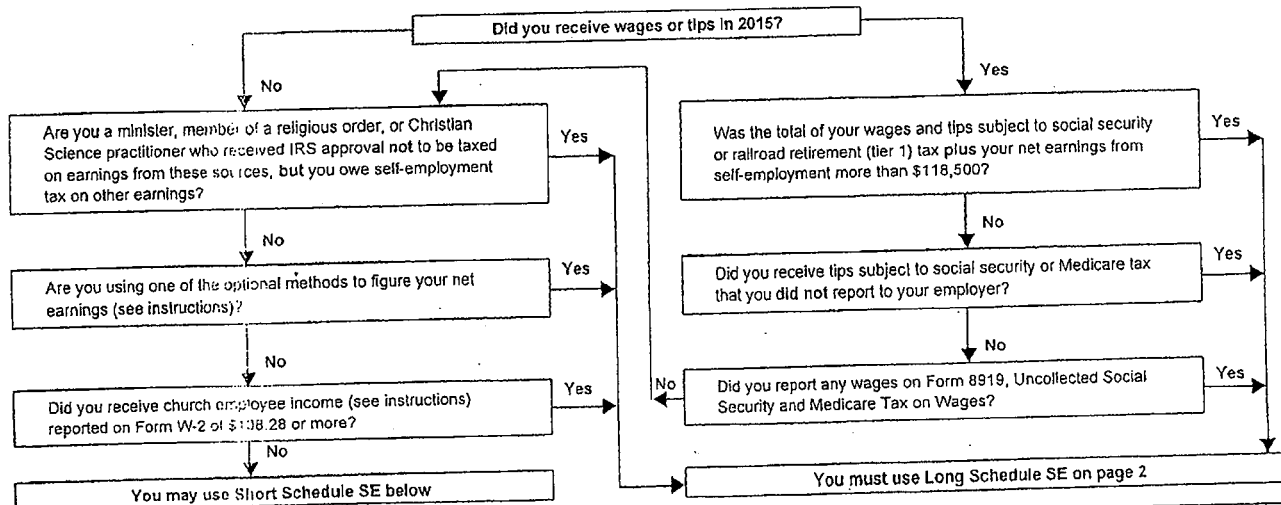
Social security number of person
with self-employment income ►

358-56-7605

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart only if you must file Schedule SE. If unsure, see Who Must File Schedule SE in the instructions.



Section A — Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z	1b	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2	20,000
3	Combine lines 1a, 1b, and 2	3	20,000
4	Multiply line 3 by 92.35% (.9235). If less than \$400, you do not owe self-employment tax; do not file this schedule unless you have an amount on line 1b. Note. If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	4	18,470
5	Self-employment tax. If the amount on line 4 is: • \$118,500 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 57, or Form 1040NR, line 55 • More than \$118,500, multiply line 4 by 2.9% (.029). Then, add \$14,694 to the result. Enter the total here and on Form 1040, line 57, or Form 1040NR, line 55	5	2,826
6	Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	6	1,413

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule SE (Form 1040) 2015

Form **8962**

Premium Tax Credit (PTC)

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040, 1040A, or 1040NR.
▶ Information about Form 8962 and its separate instructions is at www.irs.gov/form8962.

2015

Attachment
Sequence No. **73**

Name shown on your return
WILLIAM STEPHENS

Your social security number

You cannot claim the PTC if your filing status is married filing separately unless you are eligible for an exception (see instructions). If you qualify, check the box

Part I Annual and Monthly Contribution Amount

1	Tax family size. Enter the number of exemptions from Form 1040 or Form 1040A, line 6d, or Form 1040NR, line 7d	1	1
2a	Modified AGI. Enter your modified AGI (see instructions)	2a	7,756
	b Enter the total of your dependents' modified AGI (see instructions)	2b	
3	Household income. Add the amounts on lines 2a and 2b	3	7,756
4	Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3 (see instructions). Check the appropriate box for the federal poverty table used. a <input type="checkbox"/> Alaska b <input type="checkbox"/> Hawaii c <input checked="" type="checkbox"/> Other 48 states and DC	4	11,670
5	Household income as a percentage of federal poverty line (see instructions)	5	66 %
6	Did you enter 401% on line 5? (See instructions if you entered less than 100%) <input checked="" type="checkbox"/> No. Continue to line 7. <input type="checkbox"/> Yes. You are not eligible to receive PTC. If advance payment of the PTC was made, see the instructions for how to report your excess advance PTC repayment amount.		
7	Applicable Figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions	7	0.0201
8a	Annual contribution amount. Multiply line 3 by line 7	8a	156
	b Monthly contribution amount. Divide line 8a by line 12. Round to whole dollar amount	8b	13

Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit

9 Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage (see instructions)?
 Yes. Skip to Part IV, Shared Policy Allocation, or Part V, Alternative Calculation for Year of Marriage. No. Continue to line 10.

10 See the instructions to determine if you can use line 11 or must complete lines 12 through 23.
 Yes. Continue to line 11. Compute your annual PTC. Then skip lines 12-23 and continue to line 24.
 No. Continue to lines 12-23. Compute your monthly PTC and continue to line 24.

Annual Calculation	(a) Annual enrollment premiums (Form(s) 1095-A, line 33A)	(b) Annual applicable SLCSP premium (Form(s) 1095-A, line 33B)	(c) Annual contribution amount (line 8a)	(d) Annual maximum premium assistance (subtract (c) from (b); if zero or less, enter 0)	(e) Annual premium tax credit allowed (smaller of (a) or (d))	(f) Annual advance payment of PTC (Form(s) 1095-A, line 33C)
11 Annual Totals	4,344	5,592	156	5,436	4,344	4,116
Monthly Calculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)	(b) Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21-32, column B)	(c) Monthly contribution amount (amount from line 8b or, alternatively, divide marriage monthly contribution)	(d) Monthly maximum premium assistance (subtract (c) from (b); if zero or less, enter 0)	(e) Monthly premium tax credit allowed (smaller of (a) or (d))	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C)
12 January						
13 February						
14 March						
15 April						
16 May						
17 June						
18 July						
19 August						
20 September						
21 October						
22 November						
23 December						

24	Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here	24	4,344
25	Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here	25	4,116
26	Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Form 1040, line 69; Form 1040A, line 45; or Form 1040NR, line 65. If you elected the alternative calculation for marriage, enter zero. If line 24 equals line 25, enter zero. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27	26	228

Part III Repayment of Excess Advance Payment of the Premium Tax Credit

27	Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here	27	
28	Repayment limitation (see instructions)	28	
29	Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Form 1040, line 46; Form 1040A, line 29; or Form 1040NR, line 44	29	

For Paperwork Reduction Act Notice, see your tax return Instructions.

Form 8962 (2015)

May. 2. 2017_ 2:11PM

No. 3409 P. 1

Chadwick and Company, CPAs, P.C.
820 E Terra Cotta Ave., Suite 201
Crystal Lake, IL 60014-3649
815-455-7544

April 14, 2017

CONFIDENTIAL

WILLIAM STEPHENS
1705 RYAN ST
MCHENRY, IL 60050

Dear Bill:

We have prepared the enclosed extension forms from information provided by you without verification or audit. We suggest that you examine these extension forms carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for filing each extension form. Please follow those instructions carefully.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please do not hesitate to call.

Sincerely,

Chadwick and Company, CPAs, P.C.

May. 2. 2017_ 2:11PM

No. 3409—P. 2

Filing Instructions

Electronically Filed

Form 4868

**Application for Automatic Extension of Time To File U.S. Individual
Income Tax Return**

Taxable Year Ended December 31, 2016

Name: WILLIAM STEPHENS

Date Due: April 18, 2017

Remittance: Your Form 4868 shows no amount due. If you determine that a payment is necessary, a check should be made payable to the United States Treasury and included with the extension. Write "S.S.N. [REDACTED] 2016 Form 4868" and your daytime phone number on the check.

Mail To: If payment:
Internal Revenue Service
P.O. Box 802503
Cincinnati, OH 45280-2503

To ensure the payment is properly credited, mail a copy of Form 4868 with your check. Before mailing, highlight the text on the copy of Form 4868 indicating that the extension request was originally filed electronically.

Other: The federal extension is valid until October 16, 2017; therefore, your completed Form 1040 return must be filed on or before this date. We will be contacting you in advance of this date with the completed return.

May. 2. 2017 2:12PM

No. 3409 P. 3

Form **4868**
 Department of the Treasury
 Internal Revenue Service (99)

**Application for Automatic Extension of Time
 To File U.S. Individual Income Tax Return**
 ▶ Information about Form 4868 and its instructions is available at www.irs.gov/form4868.

OMB No. 1545-0074
2016

(on bottom of page)

**Mail To: Department of the Treasury
 Internal Revenue Service
 Fresno, CA 93888-0045**

CUT HERE

Extension request originally filed electronically

Form 4868	Application for Automatic Extension of Time To File U.S. Individual Income Tax Return	OMB No. 1545-0074 2016
Department of the Treasury Internal Revenue Service (99)	For calendar year 2016, or other tax year beginning _____, ending _____	
Part I Identification		Part II Individual Income Tax
1 Your name(s) (see instructions) WILLIAM STEPHENS		4 Estimate of total tax liability for 2016 \$ _____
Address (see instructions) 1705 RYAN ST		5 Total 2016 payments _____
City, town, or post office MCHENRY	State ZIP Code IL 60050	6 Balance due. Subtract line 5 from line 4 (see instructions) _____
2 Your social security number [REDACTED]	3 Spouse's social security number _____	7 Amount you're paying (see instr.) ▶ _____
		8 Check here if you're "out of the country" and a U.S. citizen or resident (see instructions) ▶ <input type="checkbox"/>
		9 Check here if you file Form 1040NR or 1040NR-EZ and didn't receive wages as an employee subject to U.S. income tax withholding ▶ <input type="checkbox"/>

For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Form **4868** (2016)

May. 2. 2017- 2:12PM

Department of the Treasury - Internal Revenue Service

No. 3409 P. 4

Form 9325
(Rev. January 2017)**Acknowledgement and General Information for
Taxpayers Who File Returns Electronically**

Thank you for participating in IRS e-file.

STEPHENS, WILLIAM
1705 RYAN ST
MCHENRY, IL 60050

1. Your federal extension for tax year 2016 was filed electronically with the Martinsburg, WV Submission Processing Center. The electronic filing services were provided by Chadwick and Company, CPAs, P C.
2. Your return was accepted on _____ using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is _____.
3. Your return was accepted on _____. Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4. Your electronic funds withdrawal payment was accepted for processing.
5. Your electronic funds withdrawal payment was not accepted for processing. Refer to the "If You Owe Tax" section.
6. Your Extension of Time to File U.S. Individual Income Tax Return, was accepted on 04/14/17. The Submission ID assigned to your extension is 36630320171040595260.

DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**If You Need to Make a Change to Your Return**

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at www.irs.gov, or you can call the IRS toll-free at 1-800-829-1040.

If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to www.irs.gov and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

If You Owe Tax

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to www.irs.gov/e-pay.

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you cannot pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to www.irs.gov. You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

You may call 1-888-353-4537, to inquire about the status of an electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59pm E.T. two business days prior to the scheduled payment date.

Tax Refund Related Financial Products

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.

May. 2. 2017_ 2:12PM

No. 3409 P. 5

Filing Instructions

Form IL-505-I - Extension Application

Taxable Year Ended December 31, 2016

Name: WILLIAM STEPHENS

Date Due: April 18, 2017

Remittance: If you determine that a payment is necessary, a check should be made payable to Illinois Department of Revenue and included with the extension voucher. Write "S.S.N. [REDACTED] 2016 Form IL-505-I" and your daytime phone number on the check.

Mail To: Illinois Department of Revenue
P.O. Box 19005
Springfield, IL 62794-9005

Other: The extension is valid until October 16, 2017; therefore, your completed Form IL-1040 must be filed on or before this date. We will be contacting you in advance of this date with the completed return.

May. 2. 2017 2:13PM

No. 3409 P. 6

Illinois

IL-505-1 Automatic Extension Payment for Individuals

(on bottom of page)

CUT HERE

Illinois Department of Revenue

IL-505-1 2016 ID: 209

Automatic Extension Payment for Individuals

Official Use

(R-12/16)

Enter your Social Security numbers in the order they appear on your federal return.

[Redacted]

3 STEP

0

Your Social Security number

Spouse's Social Security number



Do not file this form if no payment is due or you pay electronically or by credit card.

For calendar year ending 12/16 or fiscal year ending

Month and year

→ \$ _____ **00**

Tentative tax due (Whole dollars only)

Make your check or money order payable to and mail to:
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19006
SPRINGFIELD IL 62794-9 006

WILLIAM

STEPHENS

**1705 RYAN ST
MCHENRY**

IL 60050

Daytime phone number [Redacted]



5/2/2017 Gmail - Successful transmission to 18668673019. Re: To: SPS re William M. Stephens, 1705 Ryan Street, McHenry, IL 60050, Account No. 0015975758



Drake Shunneson <dshunneson@gmail.com>

Successful transmission to 18668673019. Re: To: SPS re William M. Stephens, 1705 Ryan Street, McHenry, IL 60050, Account No. [REDACTED]

1 message

NoReply@myfax.com <NoReply@myfax.com>
To: dshunneson@gmail.com

Tue, May 2, 2017 at 3:44 PM

The fax you sent through MyFax to 18668673019 was successfully transmitted.



Hi **Re: To: SPS re William M. Stephens, 1705 Ryan Street, McHenry, IL 60050,**
Drake, **Account No. [REDACTED]**

The fax you sent through MyFax to 18668673019 was successfully transmitted.

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Sincerely,
The MyFax Team



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Drake Shunneson

From: Drake Shunneson
Sent: Tuesday, May 23, 2017 11:24 AM
To: 'Joanna Hughes'
Subject: Re William Stephens McHenry County Court Case No. 16CH467
Attachments: Supplemental Docs - Stephens.pdf

Joanna,

Please see attached supplemental documents Bill dropped off. I tried faxing them to SPS, but did not receive the confirmation yet. I am in the office this afternoon. Thanks.

--

Drake W. Shunneson, J.D., LL.M.
Attorney at Law
(815) 385-6840

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Drake Shunneson <dshunneson@gmail.com>

Unsuccessful fax transmission to 18668673019. Re: Re: To: SPS re William M. Stephens, 1705 Ryan Street, McHenry, IL 60050, Account No. [REDACTED]

1 message

NoReply@myfax.com <NoReply@myfax.com>
To: dshunneson@gmail.com

Tue, May 23, 2017 at 11:25 AM



Dear Drake,

Re: Re: To: SPS re William M. Stephens, 1705 Ryan Street, McHenry, IL 60050, Account No. [REDACTED]

The fax you attempted to send through MyFax to 18668673019 did not go through because of difficulties processing the request. Please check to ensure you entered the correct fax number without any dashes or brackets.

If you need assistance, please visit our online help center at <http://www.myfax.com/support/>.

We apologize for any inconvenience this may have caused. Thank you for using the MyFax service.

Best Regards,
The MyFax Team

Contact Customer Support

Hours: 24 hours per day, 7 days a week.

Email: support@myfax.com

North America

Toll-Free: (866) 563-9212

UK

Free Phone: 0808 804 0015

International: (613) 260-6325

Reference ID:



5/23/2017 Gmail - Unsuccessful fax transmission to 18668673019. Re: Re: To: SPS re William M. Stephens, 1705 Ryan Street, McHenry, IL 60050, Account No. 00...

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**Making Home Affordable Program
Request For Mortgage Assistance (RMA)**



If you are experiencing a financial hardship and need help, you must complete and submit this form along with other required documentation to be considered for foreclosure prevention options under the Making Home Affordable (MHA) Program. You must provide information about yourself and your intentions to either keep or transition out of your property; a description of the hardship that prevents you from paying your mortgage(s); information about all of your income, expenses and financial assets; whether you have declared bankruptcy; and information about the mortgage(s) on your principal residence and other single family real estate that you own. Finally, you will need to return to your loan servicer (1) this completed, signed and dated Request for Mortgage Assistance (RMA); and (2) completed and signed IRS Form 4506-T or 4506T-EZ; and (3) all required income documentation identified in Section 4.

When you sign and date this form, you will make important certifications, representations and agreements, including certifying that all of the information in this RMA is accurate and truthful.

SECTION 1: BORROWER INFORMATION

BORROWER

BORROWER'S NAME
William M Stephens

SOCIAL SECURITY NUMBER [REDACTED] DATE OF BIRTH (MM/DD/YYYY) [REDACTED]

HOME PHONE NUMBER WITH AREA CODE [REDACTED]

CELL OR WORK NUMBER WITH AREA CODE [REDACTED]

MAILING ADDRESS
1705 N RYAN McHenry I / 60050

EMAIL ADDRESS
W9Hep@SBCGLOBAI.net

CO-BORROWER

CO-BORROWER'S NAME

SOCIAL SECURITY NUMBER DATE OF BIRTH (MM/DD/YYYY)

HOME PHONE NUMBER WITH AREA CODE

CELL OR WORK NUMBER WITH AREA CODE

MAILING ADDRESS (IF SAME AS BORROWER, WRITE "SAME")

EMAIL ADDRESS

Has any borrower filed for bankruptcy? Chapter 7 Chapter 13

Filing Date 2.6.08 Bankruptcy case number 08-70956

Has your bankruptcy been discharged? Yes No

Is any borrower a servicemember? Yes No

Have you recently been deployed away from your principal residence or recently received a permanent change of station order? Yes No

How many single family properties other than your principal residence do you, and/or any co-borrower(s) own individually, jointly, or with others? 0

Has the mortgage on your principal residence ever had a Home Affordable Modification Program (HAMP), trial period plan or permanent modification? Yes No

Has the mortgage on any other property that you or any co-borrower own had a permanent HAMP modification? Yes No if "Yes", how many? _____

Are you or co-borrower currently in or being considered for a HAMP trial period plan on a property other than your principal residence? Yes No

SECTION 2: HARDSHIP REASON

I (We) am/are requesting review under MHA. I am having difficulty making my monthly payment because of financial difficulties created by (check all that apply):

My total household income has been reduced. For example: reduced pay or hours, decline in business or self employment earnings, death, disability or divorce of a borrower or co-borrower.

My expenses have increased. For example: monthly mortgage payment reset, high medical or health care costs, uninsured losses, increased utilities or property taxes.

I am unemployed and (a) I am receiving/will receive unemployment benefits or (b) my unemployment benefits ended less than 6 months ago.

My monthly debt payments are excessive and I am overextended with my creditors. Debt includes credit cards, home equity or other debt.

My cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payment and cover basic living expenses at the same time.

Other _____

Explanation (attach on a separate sheet of paper if necessary):

SECTION 6: PRINCIPAL RESIDENCE INFORMATION
 (This section is required even if you are not seeking mortgage assistance on your principal residence.)

I am requesting mortgage assistance with my principal residence Yes No
 If "yes", I want to: Keep the property Sell the property

Property Address: 1705 RYAN McHENRY I / Loan ID Number: [REDACTED]

Other mortgages or liens on the property? Yes No Lien Holder / Servicer Name: _____ Loan ID Number: _____

Do you have homeowners association (HOA) fees? Yes No If "Yes", Monthly Fee \$ _____ Are fees paid current? Yes No

Name and address that fees are paid to: N/A

Does your mortgage payment include taxes and insurance? Yes No If "No", are the taxes and insurance paid current? Yes No

Annual Homeowner's Insurance \$1200 Approx

Is the property listed for sale? Yes No If "Yes", Listing Agent's Name: _____ Phone Number: _____

List date? _____ Have you received a purchase offer? Yes No Amount of Offer \$ _____ Closing Date: _____

Complete this section ONLY if you are requesting mortgage assistance with a property that is not your principal residence.

Principal residence servicer name: _____ Principal residence servicer phone number: _____

Is the mortgage on your principal residence paid? Yes No if "No", number of months your payment is past due (if known): _____

SECTION 7: COMBINED INCOME AND EXPENSES OF BORROWER AND CO-BORROWER

Monthly Household Income		Monthly Household Expenses/Debt (*Principal Residence Expense Only)		Household Assets	
Monthly Gross wages	\$ <u>2200</u> <u>4000</u>	First Mortgage Principal & Interest Payment*	\$ <u>1615</u>	Checking Account(s)	\$ <u>550</u>
Overtime	\$	Second Mortgage Principal & Interest Payment*	\$ <u>/</u>	Checking Account(s)	\$
Self employment Income	\$	Homeowner's Insurance*	\$	Savings / Money Market	\$ <u>35-</u>
Unemployment Income	\$	Property Taxes*	\$	CDs	\$
Untaxed Social Security / SSDI	\$	HOA/Condo Fees*	\$ <u>/</u>	Stocks / Bonds	\$
Food Stamps / Welfare	\$	Credit Cards/Installment debt (total min. payment)	\$	Other Cash on Hand	\$ <u>50-</u>
Taxable Social Security or retirement income	\$	Child Support / Alimony	\$		
Child Support / Alimony**	\$	Car Payments <u>INS+INT</u> <u>40.00 Mo</u> <u>(500.00 Year)</u>	\$		
Tips, commissions, bonuses and overtime	\$	Mortgage Payments other properties****	\$		
Gross Rental Income***	\$	<u>Utilities -</u> <u>400.00</u> <u>Phone -</u> <u>400.00</u> <u>Telephone</u> <u>80.00</u> <u>HEALTH INS</u> <u>150.00</u>	\$ <u>400.00</u> <u>400.00</u> <u>80.00</u> <u>150.00</u>	Value of all Real Estate except principal residence	\$ <u>/</u>
Other	\$			Other	\$ <u>/</u>
Total (Gross Income)	\$ <u>2200</u> <u>4000</u>	Total Debt/Expenses	\$ <u>2687.00</u>	Total Assets	\$ <u>635-</u>

** Alimony, child support or separate maintenance income need not be disclosed if you do not choose to have it considered for repaying your mortgage debt.
 *** Include rental income received from all properties you own EXCEPT a property for which you are seeking mortgage assistance in Section 6.
 **** Include mortgage payments on all properties you own EXCEPT your principal residence and the property for which you are seeking mortgage assistance in Section 6.

Required Income Documentation (Your servicer may request additional documentation to complete your evaluation for MHA)	
<p>All Borrowers</p> <p><input type="checkbox"/> Do you receive a wage?</p> <p>Borrower's Date (MM/DD/YY) _____ Co-borrower's Date (MM/DD/YY) _____</p>	<p><input type="checkbox"/> Include a signed IRS Form 4506-T or 4506-T-EZ.</p> <p><input type="checkbox"/> For each borrower who is a salaried employee or hourly wage earner, provide the most recent pay stub(s) that reflects at least 30 days of year-to-date income.</p>
<p><input checked="" type="checkbox"/> Are you self-employed?</p> <p><input type="checkbox"/> Do you receive tips, commissions, bonuses, housing allowances, or other income?</p> <p><input type="checkbox"/> Do you receive social security, disability, death benefits, pension, public assistance or adoption assistance?</p>	<p><input checked="" type="checkbox"/> Provide your most recent signed and dated quarterly or year-to-date profit and loss statement. Previously Submitted ON FILE</p> <p><input type="checkbox"/> Describe the type of income, how frequently you receive the income and third party documentation describing the income (e.g. employment contracts or previous documentation of income).</p> <p><input type="checkbox"/> Provide documentation showing the amount and frequency of the benefits, such as letters, exhibits, disability policy or benefits statement from the provider and receipt of payment (such as two most recent bank statements or deposit advices).</p>
<p><input type="checkbox"/> Do you receive alimony, child support, or separation maintenance payments?</p>	<p><input type="checkbox"/> Provide a copy of the divorce decree, separation agreement, or other written legal agreement filed with the court that states the amount of the payments and the period of time that you are entitled to receive them. AND</p> <p><input type="checkbox"/> Copies of your two most recent bank statements or deposit advices showing you have received payment.</p> <p>Notice: Alimony, child support or separate maintenance income need not be disclosed if you do not choose to have it considered for repaying your mortgage debt.</p>
<p><input type="checkbox"/> Do you receive income from rental properties that are not your primary residence?</p>	<p><input type="checkbox"/> Provide your most recent Federal tax return with all schedules, including Schedule E.</p> <p><input type="checkbox"/> If rental income is not reported on Schedule E, provide a copy of the current lease agreement with bank statements showing deposit of rent checks.</p>



Other Property #1	
Property Address: _____	Loan ID Number: _____
Servicer: _____	Mortgage Balance \$ _____ Current Value \$ _____
Property Use: <input type="checkbox"/> Vacant <input type="checkbox"/> Second or seasonal home <input type="checkbox"/> Rented	Gross Monthly Rent \$ _____ Monthly mortgage payment* \$ _____
Other Property #2	
Property Address: _____	Loan ID Number: _____
Servicer: _____	Mortgage Balance \$ _____ Current Value \$ _____
Property Use: <input type="checkbox"/> Vacant <input type="checkbox"/> Second or seasonal home <input type="checkbox"/> Rented	Gross Monthly Rent \$ _____ Monthly mortgage payment* \$ _____
Other Property #3	
Property Address: _____	Loan ID Number: _____
Servicer: _____	Mortgage Balance \$ _____ Current Value \$ _____
Property Use: <input type="checkbox"/> Vacant <input type="checkbox"/> Second or seasonal home <input type="checkbox"/> Rented	Gross Monthly Rent \$ _____ Monthly mortgage payment* \$ _____

* The amount of the monthly payment made to your lender – including, if applicable, monthly principal, interest, real property taxes and insurance premiums..

W/A

Section 6 of the Mortgage Modification Act (MHA) requires that the borrower certify that the property is not a principal residence.

I am requesting mortgage assistance with a rental property. Yes No

I am requesting mortgage assistance with a second or seasonal home. Yes No

If "Yes" to either, I want to: Keep the property Sell the property

Property Address: _____ Loan ID Number: _____

Do you have a second mortgage on the property? Yes No If "Yes", Servicer Name: _____ Loan ID Number: _____

Do you have a maintenance or homeowners association (HOA) fees? Yes No If "Yes", Monthly Fee \$ _____ Are HOA fees paid current? Yes No

Name of persons that fees are paid to: _____

Does your mortgage payment include taxes and insurance? Yes No If "No", are the taxes and insurance paid current? Yes No

Annual Homeowner's Insurance \$ _____ Annual Property Taxes \$ _____

If requesting assistance with a rental property, property is currently: Vacant and available for rent
 Occupied without rent by your legal dependent, parent or grandparent as their principal residence.
 Occupied by a tenant as their principal residence.
 Other _____

If rental property is occupied by a tenant, Term of lease / occupancy _____ / _____ -- _____ / _____ Gross Monthly Rent \$ _____
MM / DD / YYYY MM / DD / YYYY

If rental property is vacant, describe efforts to rent property: _____

If applicable, describe relationship of and duration of non-rent paying occupant of rental property: _____

Is the property for sale? Yes No If "Yes", Listing Agent's Name: _____ Phone Number: _____

List date: _____ I have you received a purchase offer? Yes No Amount of Offer \$ _____ Closing Date _____

RENTAL PROPERTY CERTIFICATION

(You must complete this certification if you are requesting a mortgage modification with respect to a rental property.)

By checking this box and initialing below, I am requesting a mortgage modification under MHA with respect to the rental property described in this Section 6 and I certify under penalty of perjury that each of the following statements is true and correct with respect to that property.

1. I intend to rent the property to a tenant or tenants for at least five years following the effective date of my mortgage modification. I understand that the servicer, the U.S. Department of the Treasury, or their respective agents may ask me to provide evidence of my intention to rent the property during such time. I further understand that such evidence must show that I used reasonable efforts to rent the property to a tenant or tenants on a year-round basis, if the property is or becomes vacant during such five-year period.

Note: The term "reasonable efforts" includes, without limitation, advertising the property for rent in local newspapers, websites or other commonly used forms of written or electronic media, and/or engaging a real estate or other professional to assist in renting the property, in either case, at or below market rent.

2. The property is not my secondary residence and I do not intend to use the property as a secondary residence for at least five years following the effective date of my mortgage modification. I understand that if I do use the property as a secondary residence during such five-year period, my use of the property may be considered to be inconsistent with the certifications I have made herein.

Note: The term "secondary residence" includes, without limitation, a second home, vacant or home or other type of residence that I personally use or occupy on a part-time, seasonal or other basis.

3. I do not own more than five (5) single-family homes (i.e., one-to-four unit properties) (exclusive of my principal residence).

Notwithstanding the foregoing certifications, I may at any time sell the property, occupy it as my principal residence, or permit my legal dependent, parent or grandparent to occupy it as their principal residence with no rent charged or collected, none of which will be considered to be inconsistent with the certifications made herein.

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

Initials: Borrower _____ Co-borrower _____

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) and the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 et seq), or any other mortgage assistance program authorized 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 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:

- felony larceny, theft, fraud, or forgery;
- money laundering; or
- tax evasion.

I/we understand that the servicer, the US Department of the Treasury, or their respective agents may investigate the accuracy of my statements by performing credit checks, including automated searches of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/we understand that knowingly submitting false information may violate federal law. This certification is effective on the earlier of the date listed below or the date that the MA is received by your servicer.

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 the basis of race, 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 this information, your lender or servicer is prohibited from using the information on the basis of visual observation or surname if you have made this request for a loan modification in writing. If you do not wish to furnish the information, please check the box below.

I do not wish to furnish this information. I do not wish to furnish this information.

CO-BORROWER I do not wish to furnish this information.

Ethnicity	<input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> 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"/> Male <input type="checkbox"/> Female	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female

To be completed by interviewer		Name/Address of Interviewer's Employer
Interviewer's Name (print or type) & Title		
Interviewer's Signature	Date	
Interviewer's Phone Number (include area code)		

MEMBER INFORMATION

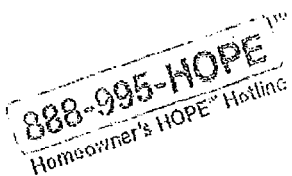
1. I certify that all of the information in this RMA is truthful and the hardship(s) identified above has contributed to submission of this request for mortgage relief.
 2. I understand and acknowledge that the Servicer, the U.S. Department of the Treasury, the owner or guarantor of my mortgage loan, 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 credit report on me. In connection with my request for assistance, I understand that these consumer reports may include, without limitation, a credit report, and information at any point during the application process to assess each borrower's eligibility thereafter.
 4. I understand that 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 would have been available for the program, and also may seek other remedies available at law and in equity, such as recouping any benefits or incentives I have received.
 5. I certify that the 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 the 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 relief and will be based solely on the representations in this document or other documentation submitted in connection with this request.
 8. I authorize the Servicer to credit counseling if it is determined that my financial hardship is related to excessive debt.
 9. If I am granted 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 notice, plan, and agreement are incorporated into such notice, plan, or agreement by reference as if set forth therein in full. My first timely payment, if any, to my servicer's designated agent and notification of my eligibility or prequalification for MHA assistance will serve as my acceptance of the terms of the notice, plan, or agreement set forth herein.
 10. I understand that the 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 my account information and activity. I understand and consent to the Servicer's disclosure of my personal information and the terms of any agreement to the U.S. Department of the Treasury and its agents, Fannie Mae and Freddie Mac in connection with their responsibilities as entities that perform support services in conjunction with MHA, any investor, insurer, guarantor, or servicer that owns, insures, guarantees, or originates (or subordinatedly originates) mortgage loans and to any HUD-certified housing counselor.
 11. I certify that I have not contacted anyone in this request for mortgage assistance at any e-mail address or cellular or mobile telephone number I have provided and that I have not contacted anyone by text messages and telephone calls to my cellular or mobile telephone.
- The undersigned hereby certifies and warrants that all statements in this document are true and correct.

Borrower			5-18-17 Date
Co-borrower			Date

HOMEOWNER'S HOTLINE

If you have lost your mortgage servicer: If you have lost your mortgage servicer, please call your servicer. If you have lost your servicer and your servicer cannot answer or need further counseling, you can call the Homeowner's Hotline at 1-888-995-HOPE (4673).

The Hotline: The Hotline is available to help you with questions about the program and offers free HUD-certified counseling services in English and Spanish.



NOTICE TO BORROWERS

Be advised: 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: regarding your ownership of your property, hardship circumstances, and/or income, expenses, or assets will subject you to potential criminal prosecution 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 prosecution. By signing this document, you certify, represent and agree that: "Under penalty of perjury, all documents and information I have provided 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 a victim of fraud, waste, abuse, mismanagement or misrepresentations affiliated with the Troubled Asset Relief Program, please contact the SIGTARP Hotline at 1-800-857-2245 (toll-free) or 202-22-4550 (toll), or visit [sigta.rp.gov](http://www.sigta.rp.gov) and provide them with your name, our name as your servicer, your property address, and the reasons for your concern. Mail can be sent to Enclave Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L Street, NW, Washington, DC 20220.

Beware of Foreclosure Rescue Scams. Help is FREE!

- **There is no fee to get assistance or information about the Making Home Affordable Program from your lender or a HUD-approved housing counselor.**
- **Beware of any person or organization that asks you to pay a fee in exchange for housing counseling services or modification of a delinquent loan.**
- **Beware of anyone who says they can "save" your home if you sign or transfer over the deed to your house. Do not sign over the deed to your property to any organization or individual unless you are working directly with your mortgage company to forgive your debt.**
- **Do not make any mortgage payments to anyone other than your mortgage company without their approval.**



Drake Shunneson

From: Drake Shunneson
Sent: Thursday, June 22, 2017 12:40 PM
To: 'Joanna Hughes'
Subject: Kluever & Platt, LLC v. Stephens, McHenry County Case No. 16CH000467 Property Address: 1705 N. Ryan, McHenry, IL 60050
Attachments: Stephens 6-17 supplemental docs.pdf

Joanna,

Please see attached supplemental documentation. The client advised he was having some difficulty getting a response to me because he has been undergoing chemotherapy treatments for the past three weeks.

I will be sending a Notice of Error shortly and I will email you that as well. Thanks.

--

Drake W. Shunneson, J.D., LL.M.
Attorney at Law
(815) 385-6840

This email and any of its attachments may contain proprietary information, which is privileged and confidential. This email is intended only for the use of the individual or entity addressed. If you are not the intended recipient, you are hereby notified that you should not disseminate, distribute or copy this email, and any and all electronic and hard copies of this message should be permanently deleted. If you have received this email in error, please contact the sender immediately. Also, please note, due to the volume of email spam received by us, we utilize spam filters. This may prevent your email from reaching us. Therefore, you should not email time sensitive or unsolicited emails without also confirming that we have received the same. We do not accept notices of motion or filing via electronic mail. Thank you.

* * * Communication Result Report (Jun. 22. 2017 11:15AM) * * *

1) Diamond and Lesueur
2)

Date/Time: Jun. 22. 2017 11:10AM

File No.	Mode	Destination	Pg (s)	Result	Page Not Sent
6924	Memory TX	18668673019	P. 15	OK	

Reason for error

- E. 1) Hang up or line fail
- E. 3) No answer
- E. 5) Exceeded max. E-mail size

- E. 2) Busy
- E. 4) No facsimile connection

Diamond & Lesueur, P.C.
 3431 West Elm Street
 McHenry, IL 60050
 (815) 385-6840
 (815) 385-6875 - Fax



FROM:
 Drake Shunnesson

FACSIMILE COVER SHEET

PLEASE DELIVER THE FOLLOWING MATERIAL AS SOON AS POSSIBLE

TO: GPS

DATE: 6/22/17

FAX: 866 867 3019

RE: William SHUNNESSON, 16705 Ryan St, McHenry, IL
 60050 A/C # [REDACTED]

19 Total Pages Including Cover Sheet

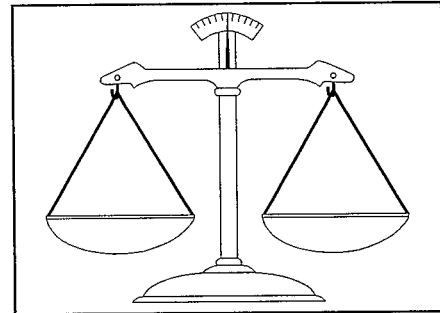
Message:

A hard copy of this transmission will will not be sent via First-Class Mail

The information contained in this facsimile message is attorney privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone, and return the original message to us at the above address via the U.S. Postal Service. Thank you.

Diamond & LeSueur, P.C.

3431 West Elm Street
McHenry, IL 60050
(815) 385-6840
(815) 385-6875 - Fax



FROM:

Drake Shunneson

FACSIMILE COVER SHEET

PLEASE DELIVER THE FOLLOWING MATERIAL AS SOON AS POSSIBLE

TO: **GPS**

DATE: **6/22/17**

FAX: **866 867 3019**

RE: **William STEPHENS, 1705 Ryan St, McHenry, IL
60050 A/C + M [REDACTED]**

15 Total Pages Including Cover Sheet

Message:

A hard copy of this transmission (will / will not) be sent via First-Class Mail

The information contained in this facsimile message is attorney privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone, and return the original message to us at the above address via the U.S. Postal Service. Thank you.

SPS MORTGAGE SERVICING

RE: LETTER DATED MAY 24 2017

Per your continued request for documentation again in this letter.

My response is the following

1 - Your request for the following required information

Pay Stubs -- Again your request cannot be fulfilled as I am self employed and DO NOT receive W2 WAGES.

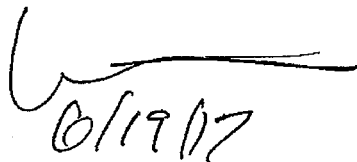
At your previous request I had provided income information and P&L statements listin income drawn from my business. I do NOT receive a regular paycheck as my income varies based on work ad when clients pay for services rendered.

Due to my continued illness my income has decreased substantially and will take some time to recover as my health improves.

2 - On 4-22-2017 I supplied a detailed hardship affidavit outlining each and every reason and cause for my inability to remain current with my mortgage.

3 - On 4-22-2017 I provided requested signed and dated Quarterly and year to date Profit and loss statements related to my work income and my percentage of ownership in my business.

4 - I filed for assistance with the Illinois Hardest Hit program and was granted relief, however when the Illinois Hardest hit program contacted SPS for payment information they were rejected and told that payment would not be accepted due to ongoing litigation. Even though that payment would have brought the mortgage current and we would not be answering these questions again.



A handwritten signature in black ink, followed by the date 0/19/17 written below it.



Request for Mortgage Assistance (RMA)

If you are experiencing a financial hardship and need help, you must complete and submit this form along with other required documentation to be considered for foreclosure prevention options. You must provide information about yourself and your intentions to either keep or transition out of your property; a description of the hardship that prevents you from paying your mortgage(s); information about all of your income, expenses and financial assets; whether you have declared bankruptcy; and information about the mortgage(s) on your principal residence and other single family real estate that you own. Finally, you will need to return your loan servicer (1) this completed, signed and dated Request for Mortgage Assistance (RMA); and (2) completed and signed IRS Form 4506-T or 4506T-EZ; and (3) all required income documentation identified in Section 4. When you sign and date this form, you will make important certifications, representations and agreements, including certifying that all of the information in this RMA is accurate and truthful.

SECTION 1: REQUIRED BORROWER INFORMATION

BORROWER		CO-BORROWER	
Please provide at least one phone number in the section below		Please provide at least one phone number in the section below	
BORROWER'S NAME William M Stephens	CO-BORROWER'S NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)
SOCIAL SECURITY NUMBER [REDACTED]	DATE OF BIRTH (MM/DD/YYYY) 9/4/1957	HOME PHONE NUMBER WITH AREA CODE	WORK NUMBER WITH AREA CODE
HOME PHONE NUMBER WITH AREA CODE [REDACTED]	WORK NUMBER WITH AREA CODE [REDACTED]	CELL NUMBER WITH AREA CODE	MAILING ADDRESS
CELL NUMBER WITH AREA CODE	MAILING ADDRESS 1705 N Ryan McHenry St	EMAIL ADDRESS WSTEP@SBCGLOBAL.NET	EMAIL ADDRESS
Has any borrower filed for bankruptcy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is any borrower a service member? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Have you recently been deployed away from your principal residence or received a permanent change of station order? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 13	Filing Date: 2008 Bankruptcy Case Number: 08-70956 MB	Has your bankruptcy been discharged? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
How many single family properties, other than your principal residence, do you and/or any co-borrower(s) own individually, jointly, or with others? (If none, a selection is not required) <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 or more			

SECTION 2: REQUIRED HARDSHIP AFFIDAVIT

Explanation of Hardship (Continue on a separate sheet of paper if necessary. Please indicate "See Attached" in the space below if utilizing additional pages):

Previously Submitted on 4/22/17

I (We) am/are requesting review for mortgage assistance. I am having difficulty making my monthly payment because of financial difficulties created by (check all that apply):

<input checked="" type="checkbox"/> My household income has been reduced. For example: reduced pay or hours, decline in business or self-employment earnings, death, disability or divorce of a borrower or co-borrower.	<input type="checkbox"/> My monthly debt payments are excessive and I am overextended with my creditors. Debt includes credit cards, home equity or other debt.
<input checked="" type="checkbox"/> My expenses have increased. For example: monthly mortgage payment, high medical or health care costs, uninsured losses, increased utilities or property taxes.	<input type="checkbox"/> My cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payment and cover basic living expenses at the same time.
<input type="checkbox"/> I am unemployed and (a) I am receiving/will receive unemployment benefits or (b) my unemployment benefits ended less than 6 months ago.	<input checked="" type="checkbox"/> Reason provided in explanation above.



SECTION 3: PROPERTY INFORMATION
 (This section is required to be completed with information pertaining to the property for which assistance is requested.)

I am requesting mortgage assistance with my principal residence Yes No
 I want to: Keep the property Sell the property

Property Address: 1705 N RYAN McHARRY I I Loan I.D. Number: [REDACTED]

Other mortgage or liens on the property Yes No Lien Holder / Servicer Name: _____ Loan I.D. Number: _____

Do you have condominium or homeowner association (HOA) fees? Yes No
 Monthly Fee \$ _____
 Are fees paid current? Yes No
 Name and address that fees are paid to: _____

Does your mortgage payment include taxes and insurance? Yes No If "No", are the taxes and insurance paid current? Yes No
 Annual Homeowner's Insurance \$ 1200 Approx

Is the property listed for sale? Yes No
 If "Yes", Listing Agent's Name: _____ Phone Number: _____

List date? _____ Have you received a purchase offer? Yes No Amount of Offer \$ _____ Closing Date: _____

Complete this section ONLY if you are requesting mortgage assistance with a property that is NOT your principal residence.

Principal residence servicer name: _____ Principal residence servicer loan number: _____

Is the mortgage on your principal residence paid? Yes No If "No", number of months your payment is past due (if known): _____

SECTION 4: REQUIRED COMBINED INCOME AND EXPENSE OF BORROWER AND CO-BORROWER

Monthly Household Income		Monthly Household Expenses/Debt (* Principal Residence Expense Only)		Household Assets	
Monthly Gross Wages	\$ <u>2200</u> \$ <u>4000</u>	First Mortgage Principal & Interest Payment*	\$ <u>1615</u>	Checking Account(s)	\$ <u>400</u>
Overtime	\$	Second Mortgage Principal & Interest Payment*	\$ <u>1715</u>	Checking Account(s)	\$
Self-employment Income	\$	Homeowner's Insurance*	\$	Savings / Money Market	\$ <u>35</u>
Unemployment Income	\$	Property Taxes*	\$	CDs	\$
Untaxed Social Security / SSD	\$	HOA/Condo Fees*	\$	Stocks / Bonds	\$
Food Stamps/Welfare	\$	Credit Cards/Installment debt (total min. payment)	\$	Other Cash on Hand	\$ <u>20</u>
Taxable Social Security or retirement income	\$	Child Support / Alimony	\$		
Child Support / Alimony**	\$	Car Payments*	\$ <u>4200mo</u>		
Tips, commissions, bonus	\$	Mortgage Payments on other properties***	\$		
Gross Rents Received	\$	Utilities	\$ <u>400</u>	Value of all Real Estate except principal residence	\$
Other	\$	Telephone	\$ <u>80</u>		
Other	\$ <u>2000</u>	Other HEALTH INS	\$ <u>150</u>	Other	\$
Other	\$ <u>4000</u>	Other	\$ <u>2687</u>	Other	\$ <u>635</u>

Other	\$	Other	\$	Other	\$
Other	\$	Other	\$	Other	\$
Other	\$	Other	\$	Other	\$
Total (Gross Income)	\$	Total Deb/Expenses	\$	Total Assets	\$

**** Alimony, child support or separate maintenance income need not be disclosed if you do not choose to have it considered for repaying your mortgage debt.**
***** Include mortgage payments on all properties you own EXCEPT your principal residence and the property for which you are seeking mortgage assistance in Section 6.**

Required Income Documentation
 (We may request additional documentation to complete your evaluation)

All Borrowers	⇒ Include a signed IRS Form 4506-T or 4506T-EZ
<input type="checkbox"/> Do you earn a wage? Borrower Hire Date Job 1 (MM/DD/YY) _____ Borrower Hire Date Job 2 (MM/DD/YY) _____ Borrower Hire Date Job 3 (MM/DD/YY) _____ Co-borrower Hire Date Job 1 (MM/DD/YY) _____	⇒ For each borrower who is a salaried employee or hourly wage earner, provide the most recent two (2) pay stubs and the amount of months throughout the year that the wage is earned. Borrower Job 1 Employer Name: _____ Borrower Job 2 Employer Name: _____ Borrower Job 3 Employer Name: _____ Co-Borrower Job 1 Employer Name: _____ Co-Borrower Job 2 Employer Name: _____ Co-Borrower Job 3 Employer Name: _____
<input checked="" type="checkbox"/> Are you self-employed?	⇒ Provide your most recent signed and dated quarterly or year-to-date profit and loss statement. Include the percentage of ownership for the business. <i>PROVIDED ON 4-22-17</i>
<input type="checkbox"/> Do you receive tips, commissions, bonuses, housing allowance or overtime?	⇒ Describe the type of income, how frequently you receive the income and third party documentation describing the income (e.g., employment contracts or printouts documenting tip income)
<input type="checkbox"/> Do you receive social security, disability, death benefits, pension, public assistance or adoption assistance?	⇒ Provide documentation showing the amount and frequency of the benefits, such as letters, exhibits, disability policy or benefits statement from the provider and receipt of payment (such as two most recent bank statements or deposit advices).
<input type="checkbox"/> Do you receive alimony, child support, or separation maintenance payments?	⇒ Provide a copy of the divorce decree, separation agreement, or other written legal agreement filed with the court that states the amount of the payments and the period of time that you are entitled to receive them. AND ⇒ Copies of your two most recent bank statements or deposit advices showing you have received payment. Notice: Alimony, child support or separate maintenance income need not be disclosed if you do not choose to have it considered for repaying your mortgage debt.
<input type="checkbox"/> Do you have income from rental properties that are not your principal residence?	⇒ Provide your most recent Federal Tax return with all schedules, including Schedule E. ⇒ If rental income is not reported on Schedule E, provide a copy of the current lease agreement with bank statements showing deposit of rent checks.

SECTION 5: OTHER PROPERTIES OWNED
 (You must provide information about all properties not listed in section 3 that you or the co-borrower own and any property described in Section 6 below.)

Other Property #1	
Property Address: _____	Loan I.D. Number: _____ Current Value \$ _____
Servicer Name: _____	Mortgage Balance \$ _____ Monthly Property Tax & Hazard Insurance Payment (If No Mortgage) \$ _____
Property is: <input type="checkbox"/> Vacant <input type="checkbox"/> Second or Seasonal Home <input type="checkbox"/> Rented	Gross Monthly Rent \$ _____ Monthly Mortgage Payment* \$ _____
Other Property #2	
Property Address: _____	Loan I.D. Number: _____ Current Value \$ _____
Servicer Name: _____	Mortgage Balance \$ _____ Monthly Property Tax & Hazard Insurance Payment (If No Mortgage) \$ _____



Property is: <input type="checkbox"/> Vacant <input type="checkbox"/> Second or Seasonal Home <input type="checkbox"/> Rented Gross Monthly Rent \$ _____ Monthly Mortgage Payment* \$ _____	
Other Property #3	
Property Address: _____	Loan I.D. Number: _____ Current Value \$ _____
Servicer Name: _____ Mortgage Balance \$ _____ Monthly Property Tax & Hazard Insurance Payment (If No Mortgage) \$ _____	
Property is: <input type="checkbox"/> Vacant <input type="checkbox"/> Second or Seasonal Home <input type="checkbox"/> Rented Gross Monthly Rent \$ _____ Monthly Mortgage Payment* \$ _____	
Other Property #4	
Property Address: _____	Loan I.D. Number: _____ Current Value \$ _____
Servicer Name: _____ Mortgage Balance \$ _____ Monthly Property Tax & Hazard Insurance Payment (If No Mortgage) \$ _____	
Property is: <input type="checkbox"/> Vacant <input type="checkbox"/> Second or Seasonal Home <input type="checkbox"/> Rented Gross Monthly Rent \$ _____ Monthly Mortgage Payment* \$ _____	
Other Property #5	
Property Address: _____	Loan I.D. Number: _____ Current Value \$ _____
Servicer Name: _____ Mortgage Balance \$ _____ Monthly Property Tax & Hazard Insurance Payment (If No Mortgage) \$ _____	
Property is: <input type="checkbox"/> Vacant <input type="checkbox"/> Second or Seasonal Home <input type="checkbox"/> Rented Gross Monthly Rent \$ _____ Monthly Mortgage Payment* \$ _____	
Other Property #6	
Property Address: _____	Loan I.D. Number: _____ Current Value \$ _____
Servicer Name: _____ Mortgage Balance \$ _____ Monthly Property Tax & Hazard Insurance Payment (If No Mortgage) \$ _____	
Property is: <input type="checkbox"/> Vacant <input type="checkbox"/> Second or Seasonal Home <input type="checkbox"/> Rented Gross Monthly Rent \$ _____ Monthly Mortgage Payment* \$ _____	

* The amount of the monthly payment made to your lender – including, if applicable, monthly principal, interest, real property taxes and insurance premiums.

SECTION 6: OTHER PROPERTY FOR WHICH ASSISTANCE IS REQUESTED
 (Complete this section ONLY if you are requesting mortgage assistance with a property that is not your principal residence.)

I am requesting mortgage assistance with a rental property Yes No

I am requesting mortgage assistance with a second or seasonal home Yes No

If "Yes" to either, I want to: Keep the property Sell the property

Property Address: _____ Loan I.D. Number: _____

Do you have a second mortgage on the property? Yes No If "Yes", Servicer Name: _____ Loan I.D. Number: _____

Do you have condominium or homeowner association (HOA) fees? Yes No

Monthly Fee \$ _____ Are fees paid current? Yes No

Name and address that fees are paid to: _____

Does your mortgage payment include taxes and insurance? Yes No If "No", are the taxes and insurance paid current? Yes No

Annual Homeowner's Insurance: _____ Annual Property Taxes \$ _____

If requesting assistance with a rental property, property is currently: Vacant and available for rent
 Occupied without rent by your legal dependent, parent or grandparent as their principal residence
 Occupied by a tenant as their principal residence.
 Other _____

If rental property is occupied by a tenant: Term of lease / occupancy: _____ / _____ Gross Monthly Rent \$ _____
 MM/DD/YYYY MM/DD/YYYY

If rental property is vacant, describe efforts to rent property: _____

If applicable, describe relationship of and duration of non-rent paying occupant of rental property:

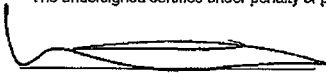
Is the property for sale? Yes No If "Yes", Listing Agent's Name: _____ Phone Number: _____

List date? _____ Have you received a purchase offer? Yes No Amount of Offer \$ _____ Closing Date: _____

SECTION 7: REQUIRED BORROWER AND CO-BORROWER ACKNOWLEDGEMENT AND AGREEMENT

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 owner or guarantor of my mortgage loan, or their respective agents may require me to provide additional supporting documentation.
3. I authorize and give permission to the Servicer, 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 loss mitigation assistance 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 certify that any property for which I am requesting assistance is a habitable residential property that is not subject to a condemnation notice.
5. 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.
6. 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.
7. 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, and information about my account balances and activity.
8. 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.

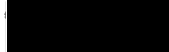
The undersigned certifies under penalty of perjury that all statements in this document are true and correct.



Borrower Signature



Social Security Number



Date of Birth

6-19-17

Date

Co-Borrower Signature

Social Security Number

Date of Birth

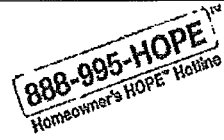
Date



If you have questions about this document please call your servicer.

If you need financial counseling, you can call the Homeowner's HOPE™ Hotline at 1-888-995-HOPE (4673).

The Hotline offers free HUD certified counseling services in English and Spanish.



NOTICE TO BORROWERS


The information contained in these documents is subject to examination and verification. By signing this document you certify, represent and agree that all documents and information I have provided to my Servicer in connection with loss mitigation assistance options are true and correct.*


Beware of Foreclosure Rescue Scams. Help Is FREE!

- There is never a fee to get assistance or information about Loan Resolution Programs from your lender or a HUD-approved housing counselor.
- Beware of any person or organization that asks you to pay a fee in exchange for housing counseling services or modification of a delinquent loan.
- Beware of anyone who says they can "save" your home if you sign or transfer over the deed to your house. Do not sign over the deed to your property to any organization or individual unless you are working directly with your mortgage company to forgive your debt.
- Never make your mortgage payments to anyone other than your mortgage company without their approval.



May 24, 2017

 WILLIAM M STEPHENS
1705 RYAN ST
MCHENRY, IL 60050-0000

Re: Account Number: 
Property Address: 1705 N RYAN ST
MCHENRY, IL 60050

REQUIRED INFORMATION NOTICE

Dear Customer(s):

Select Portfolio Servicing, Inc. (SPS), the mortgage servicer on the above referenced account, is sending this to you to provide information regarding the lien on the real property referenced above. Our records indicate that your obligation has either been discharged or is subject to an automatic stay order under the United States Bankruptcy Code. ~~This notice and any enclosed documents are for compliance and informational purposes only and do not constitute a demand for payment or an attempt to collect such obligation.~~ Even though your personal liability on the note may be discharged or subject to an automatic stay, the terms of the mortgage remain in effect and the owner of the mortgage, as lien holder, continues to have a lien on the real property.

SPS has reviewed your Assistance Review Application request. We have reviewed the information received and have determined that the submitted documentation is insufficient or information is still needed as shown on the document attached to this letter (the "Required Information"). Before we can begin our evaluation process, you are required to submit a complete application. We must receive the missing Required Information on or before June 23, 2017.

If we do not receive the Required Information by June 23, 2017, we may be unable to evaluate your application. If you have already provided the documents requested herein on or after the date of this letter, you may disregard this letter.

If there is a foreclosure sale scheduled for your home in the next thirty (30) days you are required to send all documentation via overnight mail with delivery confirmation. Please know that while we wait for you to send us the Required Information by the due date listed in this letter, your account will not be referred to foreclosure, nor will it be sold at a foreclosure sale if the foreclosure sale process has already been initiated. If a foreclosure sale has already been scheduled we will instruct our attorney to file a motion (or other similar action) to postpone such sale. It is possible however that a court will deny the motion and the sale will proceed. If that happens we will be unable to provide loss mitigation. If you are unsure if there is a sale scheduled for the property in the next thirty (30) days please contact us immediately at 888-818-6032. All documents sent via overnight mail must be addressed to:

**Select Portfolio Servicing, Inc.
3217 S. Decker Lake Dr Salt Lake City, UT 84119**



As noted above, in order for us to review your account for all available loss mitigation programs we require a complete application, which requires you to submit all Required Information. The missing Required Information is described in the document attached to this letter. To aid in identifying your documents, should they be sent separately or get separated, please include your account number at the bottom of all pages. You may fax, email, upload to our website, or mail the Required Information to:

Select Portfolio Servicing, Inc.
PO Box 65250 Salt Lake City, UT 84165-0250
Fax: 866-867-3019
Email: Relationship.Manager@SPServicing.com
Website: www.spservicing.com

Keep in mind that, in general, documentation must be dated within the last ninety (90) days to be considered valid. Once we have received your complete application, and any necessary third party approvals, you will be evaluated for all available loss mitigation options for which you are eligible and the results will be sent to you within thirty (30) days after receipt of the complete application. This notification will provide, as applicable:

- Details of the loss mitigation program for which you are approved, including, any information on how and when you must accept the offer, which at a minimum will be 14 days.
- Names of all loss mitigation programs for which you were evaluated but not approved, including, the results of any Net Present Value (NPV) tests if applicable.
- Information on how to appeal the denial of a modification plan if applicable.

This is an important notice to provide the Required Information. Time is of the essence! If your property is also secured by other liens, you should consider contacting the servicer of those liens to discuss available loss mitigation options.

If you have any questions, your assigned Relationship Manager, Ernesto Ortiz, can be reached toll free at 888-818-6032 Ext. 37471 or by email at Relationship.Manager@SPServicing.com.

At SPS, any of our trained servicing representatives can assist you with answers to your questions about the status or history of your account, document requirements, or any of our available loan resolution options. If you have any questions or concerns, please contact our Loan Resolution Department. Our toll-free number is 888-818-6032, and representatives are available Monday through Thursday between the hours of 8 a.m. and 11 p.m., Friday from 8 a.m. to 9 p.m., and Saturday from 8 a.m. to 2 p.m., Eastern Time.

Notice of Error or Information Request

If you believe there has been an error with the account or you require additional information, you may send a written Notice of Error or Information Request. All Notices of Error or Information Requests must be sent in writing to the address listed below, as this is our exclusive address under Federal Law for these matters. If you send your correspondence to any other address, it may not be processed in accordance with Federal law.

Select Portfolio Servicing, Inc.
PO Box 65277 Salt Lake City, UT 84165-0277

If you would like to speak with a HUD approved counselor, call the Homeowner's HOPE™ Hotline 888-995-HOPE (4673). The Homeowner's HOPE™ Hotline offers free HUD-certified counseling services and is available 24/7 in English and Spanish. Other languages are available by appointment.

Sincerely,

Select Portfolio Servicing, Inc.

Enclosures: Required Information

Esta carta contiene información importante concerniente a sus derechos. Por favor, traduzca esta carta. Nuestros representantes bilingües están a su disposición para contestar cualquier pregunta. Llamenos al numero 800-831-0118 y seleccione/marque la opción 2.

This information is intended for informational purposes only and is not considered an attempt to collect a debt.



10/10/18

Required Information

Information Not Received and Still Required: Documents listed below are required and have not been received.

Documentation Type	Documentation Description
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Paystubs	
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Income Documentation to verify all of the income of each customer.

For each customer who is a waged/salaried employee:

- Pay Stubs - One month, covering a minimum of 4 weeks, of pay stubs from each employer, with year-to-date (YTD) information, for each customer who is either a salaried employee or hourly wage earner. If your pay stubs do not have YTD information, a letter from your employer with this information or two (2) most recent bank statements showing evidence of your pay stub income are acceptable. If you are new to your job and do not yet have a pay stub, submit a letter from your employer verifying employment start date and salary or rate of pay.
- Military Leave and Earnings Statement - A copy of the most recent statement which may include flight or hazard pay, rations, clothing allowance, quarters/housing allowance and proficiency pay. A copy of active duty military orders or other proof of active duty status that reflects start date and end date.



