



Home Equity: 1-866-622-2657 ext. 66520

Fax: 1-855-288-3974

Hours of Operation

Mon-Thur: 8am-9pm ET Fri: 8am-7pm ET Sat: 8am-2pm ET

pnc.com/homehq/assistance

If you are experiencing temporary or long-term financial hardship and need help, please complete and submit all sections of this application to PNC Bank. In addition to IRS Form 4506-C, all other required pages are identified as "Return this to PNC Bank." Please be sure to use the Checklist when completing the application.

IMPORTANT DISCLOSURE: When you sign and date the forms within the Hardship Assistance Application, you will make important certifications, representations and agreements, including certifying that all of the information is accurate and truthful. We will review you for Loss Mitigation assistance options available to you by your investor, if any, based on the documentation that you choose to provide and disclose on this form.

1	Borrower Information Loan Account Number:					
Borrowe	er's Name:	Social Security Number:	Date of Birth://			
Home Pl	hone:	Cell or Work Phone:	Email:			
Co-Borr	ower's Name:	Social Security Number:	Date of Birth://			
Home Pl	hone:	Cell or Work Phone:	Email:			
Co-Borr	ower's Name:	Social Security Number:	Date of Birth://			
Home Pl	hone:	Cell or Work Phone:	Email:			
Co-Borr	ower's Name:	Social Security Number:	Date of Birth://			
Home Pl	hone:	Cell or Work Phone:	Email:			
	ed contact method	☐ Cell phone ☐ Home phone ☐ Work pho	ne 🛘 Email			
(choose	all that apply):	☐ Text (checking this box indicates your cons	☐ Text (checking this box indicates your consent for text messaging)			
Property	y address:					
, ,	address (if different from property ad	dress):				
• The pro	operty is currently:       Primary Resi	dence □ Second Home/Seasonal □ Year-R	ound Rental/Investment			
• The pro	operty is (select all that apply): 🔲 0	wner Occupied 🗖 Tenant Occupied 🗖 Vacan	t 🗆 Other			
• I want	to: ☐ Keep the Property ☐ Sell th	e Property 🔲 Transfer Ownership to my Inves	tor 🗆 Undecided			
1) Numb	1) Number of People in the Household: Adults Children					
2) Number of vehicles in your household (Include vehicles you're making payments on as well as vehicles you own):						
3) Have you filed for bankruptcy? ☐ No ☐ Yes, Chapter 7 ☐ Yes, Chapter 13 ☐ Yes, Chapter 11 • If yes, was the debt reaffirmed? ☐ No ☐ Yes						
4) Is either Borrower on active duty with the military or has either Borrower been deployed (including the National Guard and Reserves), the dependent of a Borrower on active duty or been deployed, or the surviving spouse of a member of the military who was on active duty at the time of death?   • If yes, include a copy of the permanent change-of-station orders						





# PNC Borrower Assistance Mortgage: 1-855-865-9119

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Hardship Information	Loan Account Number:
The hardship causing payment challenges began on approximately (d  Short-term (up to 6 months)  Long-term or permanent (greater than 6 months)  Resolved as of (date)	ate) and is believed to be:
Type of Hardship (check all that apply)	You Are Required to Provide:
☐ Intent to Liquidate (must select an additional hardship reason listed below)	<ul> <li>Verification of hardship as stated below</li> <li>AND a written letter of explanation, signed and dated</li> </ul>
☐ Unemployment	<ul> <li>Proof of unemployment/verification of unemployment benefits/ employer termination letter/other documentation demonstrating loss of employment</li> </ul>
□ Reduction in income: a hardship that has caused a decrease in your income due to circumstances outside of your control (e.g., elimination of overtime, reduction in regular working hours, a reduction in base pay)	<ul> <li>Proof of Income Reduction, such as paystubs showing loss of hours</li> <li>OR other documentation demonstrating loss of income</li> </ul>
☐ Increase in housing-related expenses: a hardship that has caused an increase in your housing expenses due to circumstances outside your control (e.g., uninsured losses, increased property taxes, HOA special assessment)	Proof of expenses
☐ Divorce or legally documented Separation of Borrower/ Co-Borrower(s)	<ul> <li>Divorce decree/property distribution order recorded and signed by the court</li> <li>OR Separation agreement recorded and signed by the court if separation is legally documented by the court</li> <li>AND Recorded quit claim deed evidencing that the non-occupying Borrower or Co-Borrower(s) has relinquished all rights to the property. The quit claim deed does not release the transferring Borrower from financial obligation.</li> </ul>
□ Death of Borrower/Co-Borrower(s)	<ul> <li>Death certificate. If a death certificate is not available, we may be able to use the following:</li> <li>Obituary or newspaper article reporting the death</li> <li>AND Income documentation prior to the death compared to income documentation of the surviving Borrower(s) afterward</li> </ul>
☐ Long-term or permanent disability or serious illness of Borrower/Co-Borrower(s) or dependent family member	<ul> <li>Doctor's certificate of illness or disability</li> <li>OR Medical bills</li> <li>OR Proof of monthly insurance benefits or government assistance (if applicable)</li> </ul>







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2	Hardship Information	Loan Account Number:			
Type	of Hardship (check all that apply)	You Are Required to Provide:			
□ Disaster (natural or man-made) adversely impacting the		<ul> <li>Insurance claim</li> <li>OR Federal Emergency Management Agency grant or Small Business Administration loan</li> <li>OR Proof of property or place of employment located in a federally declared disaster area, e.g., provide the property ZIP code or an official document of the business, such as letterhead or a paystub, showing the ZIP code of the affected location</li> </ul>			
□ Dist	ant employment transfer	Most recent paystub showing new location			
□ Bus	iness failure	<ul> <li>Business federal tax return from the previous year, including all schedules</li> <li>OR Personal federal tax return from the previous year, including all schedules</li> <li>OR Proof of business failure supported by one of the following:         <ul> <li>Bankruptcy filing for the business</li> <li>OR Two most recent bank statements for the business account evidencing cessation of business activity — include all pages (front and back), even blank pages</li> <li>OR Most recent signed and dated quarterly or year-to-date profit and loss statement</li> </ul> </li> </ul>			
□ Oth	er	<ul> <li>Written letter of explanation signed and dated</li> <li>AND documentation verifying your stated hardship</li> </ul>			
Provide an explanation of your hardship (continue on a separate sheet of paper if necessary):					





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# 3 Monthly Income

Wage Income

#### Loan Account Number:

Enter all income for all Borrower(s) on the loan. For each income received, send the required documentation needed to verify the specific type of income. Refer to the "Required Documentation" for a list of all income document requirements. If able to, PNC will use the specific type of documentation that you submit to evaluate all Loss Mitigation options that you may qualify for. It is important that you complete this section completely and accurately. Additional information may be requested if needed.

Employee Name 1:					
Employer Name:				• Are there months that you don't receive income (e.g., teacher pay or seasonal)? ☐ No ☐ Yes	
Gross Wages	\$	Gross Wages pay frequency?	☐ Monthly	<ul> <li>If yes, list number of months worked in a year:</li> </ul>	
Overtime	\$		☐ Semi-Monthly	ly  • Any periodic work with the same employer or	
Tips	\$		☐ Bi-Weekly	industry with a documented history of receiving unemployment benefits? ☐ No ☐ Yes	
Commission	\$		□ Weekly	• List Hire Date://	
Bonus	\$		□ Other	If you earn commission or bonuses, how often do you earn this income?	
Employee Name 2:	□ Borrower □	Co-Borrower $\square$	Contributor (name	ne)	
Employer Name:				Are there months that you don't receive income (e.g., teacher pay or seasonal)? □ No □ Yes	
Gross Wages	\$	Gross Wages pay frequency?	☐ Monthly	If yes, list number of months worked in a year:	
Overtime	\$		☐ Semi-Monthly	ly  • Any periodic work with the same employer or	
Tips	\$		☐ Bi-Weekly	industry with a documented history of receiving unemployment benefits? ☐ No ☐ Yes	
Commission	\$		☐ Weekly	• List Hire Date://	
Bonus	\$		□ Other	If you earn commission or bonuses, how often do you earn this income?	
Self-Employment/1099 Income — A Profit and Loss statement is required. Attached is a Profit and Loss Statement template. If you choose not to use the template attached, please provide a separate year-to-date Profit and Loss Statement that includes the business income and business expenses prepared by you or your accountant.					
Business Owner 1:	Borrower □ Co-B	orrower 🗖 Contr	ributor (name)		
Business Name 1:		Gross M	Ionthly Income:	\$ Business Start Date://	
Business Owner 2:	Borrower □ Co-B	orrower 🗖 Contr	ributor (name)		
Business Name 2:		Gross Monthly Income: \$		\$ Business Start Date://	







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2	Monthly Income
<b>.</b>	Monthly income

### Loan Account Number:

Rental or Boarder Income — If you have additional properties, please complete the Rental Income form attached.								
For all other properties or liens, provide a mortgage statement, reflecting principal, interest, taxes, insurance and property address. In the event that taxes and insurance are not escrowed, please provide insurance declarations page and/or tax statement.								
Property Address:	Property Address:							
Gross Monthly Rent 1:	\$	Monthly Property	Principal	\$	Tax:	\$	НОА:	\$
oross Monthly Nent 1.	Ψ	Monthly Property	Interest	\$	Insurance:	\$	Lease Start Date:	
Property Address:								
Gross Monthly Rent 2:	\$	Monthly Property	Principal	\$	Tax:	\$	HOA:	\$
Gross Monthly Rent 2:	Ф	Monthly Property	Interest	\$	Insurance:	\$	Lease Start Date:	
Benefit Income — Lis	t all types of be	nefit income th	hat you re	ceive.				
Beneficiary Name 1:	☐ Borrower	□ Co-Borrowe	er □Co	ntributor (name	)			
Gross Monthly Benefit	Social Security ☐ Retirement ☐ Disability ☐ Other ☐ Unemployment ☐ Mortgage Supplements ☐ Supplemental Nutrition Assistance Program (SNAP) ☐ Temporary Aid to Needy Families							
Beneficiary Name 2:	☐ Borrower	□ Co-Borrowe	er □ Co	ntributor (name	)			
Gross Monthly Benefit	\$	☐ Social Security ☐ Retirement ☐ Disability ☐ Other ☐ Unemployment ☐ Mortgage Supplements ☐ Supplemental Nutrition Assistance Program (SNAP) ☐ Temporary Aid to Needy Families						
Beneficiary Name 2:	Beneficiary Name 2:   Borrower Co-Borrower Contributor (name)							
Gross Monthly Benefit	Social Security							
<b>Child Support/Alimony Income</b> — Alimony, child support or separate maintenance income need not be revealed if you do not choose to have it considered for repaying the loan.								
Beneficiary Name:   □ Borrower □ Co-Borrower □ Contributor (name)								
Gross Monthly Benefit \$								
Other Income — List any other type of income that you currently receive that has not been disclosed above.								
Name:			☐ Borrower ☐ Co-Borrower ☐ Contributor (name)					
Gross Monthly Income \$			□ Other (please explain)					





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# 4 Monthly Expenses

# Enter all monthly expenses for all Borrower(s) on the loan.

Monthly Household Expenses/Debt	
First Mortgage Payment (Primary Residence)	\$
Second Mortgage Payment (Primary Residence)*	\$
Third Mortgage Payment (Primary Residence)*	\$
Mortgage Payments on other real estate owned and additional mortgages*	\$
Homeowner's Insurance Escrowed? If no, what is your monthly payment?*	\$
Property Taxes Escrowed? If no, what is your monthly payment?*	\$
HOA/Condo Fees	\$
Credit Cards/Installment Loan(s) (total minimum payment per month)	\$
Auto Loans	\$
Child Care	\$
Alimony Payment*	\$
Child Support Payment*	\$
Auto Expenses (e.g., fuel)	\$
Auto Insurance (for all vehicles)	\$
Life Insurance Premiums (if not withheld from pay)	\$
Health Insurance Premiums (if not withheld from pay)	\$
Medical (co-pays and monthly prescriptions)	\$
Food	\$
Water*	\$
Sewer*	\$
Trash*	\$
Gas*	\$

*For any household expenses, provide supporting document	tation, such as
bills showing the monthly payment amount.	

# **Loan Account Number:**

Electric*	\$
Telephone*	\$
Internet*	\$
Cable*	\$
Cell Phone*	\$
Student Loans	\$
Other* (Provide Explanation):	\$
Other* (Provide Explanation):	\$
Other* (Provide Explanation):	\$
Total Expenses/Debt	\$

Household Assets	
Checking Account(s)	\$
Savings/Money Market	\$
Certificates of Deposit (CDs)	\$
Stocks/Bonds (non-retirement)	\$
Other Cash on Hand	\$
Pension Funds	\$
401(k)	\$
Annuities	\$
IRAs	\$
Keogh Plans	\$
Other:	\$







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5 Property Information	Loan Account Number:			
Property Information (This Property) Not Applicable for Juni	or Liens			
1. Is this property subject to condominium or homeowner's association	on (HOA) fees? 🗆 No 🗆 Yes, monthly amount is: \$			
2. Does the mortgage payment include taxes and insurance? ☐ No Annual Property Tax Amount: \$ Annu	□ Yes al Homeowner's Insurance Amount: \$			
3. Does the property have additional Home Loans (2nd Lien)? ☐ No	□Yes			
2nd Home Loan on this Property Information	3rd Home Loan on this Property Information			
Loan Number:	Loan Number:			
Mortgage Servicer Name:	Mortgage Servicer Name:			
Monthly Mortgage Payment: \$	Monthly Mortgage Payment: \$			
Loan Balance: \$	Loan Balance: \$			
Property Status (This Property)				
1. Is the property listed for sale? ☐ No ☐ Yes, by owner ☐ Yes, with Listing Agent  If you wish to assign an authorization to release information to a third party, please complete the Authorization to Release Information form and submit it with your application.				
2. Have you received an offer on this property? ☐ No ☐ Yes, Offer Amount \$				
3. Is the property currently rented? □No □Yes, Gross Monthly Rent Amount \$  Terms of Lease/Occupancy:/ to/ to/				







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# **Property Information**

### **Loan Account Number:**

### **Other Property Information**

You must provide information about all properties that you or the Co-Borrower(s) own. If you have additional properties other than the ones listed here, please attach a separate detailed explanation.

For all other properties or liens, provide a mortgage statement, reflecting principal, interest, taxes, insurance and property address. In the event that taxes and insurance are not escrowed, please provide insurance declarations page and/or tax statement.

Other Property Information 1					
Property Address:					
Loan Number:	Monthly Mortgage Payment (Principal and Interest Only):	\$			
Mortgage Servicer Name:	Monthly Tax:	\$			
Property is:	Monthly Insurance:	\$			
☐ Owner Occupied	Total Monthly Payment (Principal, Interest, Tax and Insurance)	\$			
☐ Renter Occupied ☐ Vacant	Monthly Other (HOA, PMI, etc.):	\$			
☐ A Second/Seasonal Home	Loan Balance:	\$			

Other Property Information 2			
Property Address:			
Loan Number:	Monthly Mortgage Payment (Principal and Interest Only):	\$	
Mortgage Servicer Name:	Monthly Tax:	\$	
Property is:	Monthly Insurance:	\$	
☐ Owner Occupied ☐ Renter Occupied	Total Monthly Payment (Principal, Interest, Tax and Insurance)	\$	
□ Vacant	Monthly Other (HOA, PMI, etc.):	\$	
☐ A Second/Seasonal Home	Loan Balance:	\$	







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# 6 Acknowledgment and Agreement Loan Account Number:

- 1. I certify that all of the information in this Hardship Assistance Application is true, complete and accurate and the hardship(s) identified above has contributed to submission of this request for hardship relief.
- 2. I understand and acknowledge that PNC Bank, the owner or guarantor of my 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 understand PNC Bank will obtain a current credit report on all Borrowers obligated on the Note and on all non-borrower applicants.
- 4. I understand that if I have intentionally defaulted on my existing loan, engaged in fraud or misinterpreted any fact(s) in connection with this request for hardship relief or if I do not provide all required documentation, PNC Bank may cancel any hardship 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 PNC Bank communications in a timely manner. I understand that time is of the essence.
- 7. I understand that PNC Bank will use the information to evaluate my eligibility for available relief options and foreclosure alternatives, but PNC Bank 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, forbearance plan, re-age plan or extension 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 PNC Bank's determination and notification of my eligibility or prequalification for a trial period plan, repayment plan, forbearance plan, re-age plan or extension 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 such plan.
- 9. I agree that when PNC Bank accepts and posts a payment during the term of any repayment 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 PNC Bank in connection with my loan has been revoked.
- 11. If I qualify for and enter into a trial period plan, repayment plan, forbearance plan, re-age plan or extension plan, I agree to the establishment of an escrow account and the payment of escrow items if an escrow account does not currently exist on my loan. PNC Bank has sole discretion to determine whether an escrow account is required for my loan and plan.
- 12. I understand that PNC Bank will collect and record personal information that I submit in this Hardship Assistance Application 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 PNC Bank's disclosure of my personal information and the terms of any hardship 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) loan(s) or to any HUD-certified housing counselor. I understand, acknowledge, and agree that PNC Bank can obtain, use and share with any other person my tax return information for the purposes of marketing and maintaining, managing, monitoring, servicing, selling, insuring and securitizing my loan, and as otherwise permitted by applicable law.
- 13. I agree that by providing telephone numbers to PNC Bank, now or at any later time, I authorize PNC Bank and its affiliates and designees to contact me regarding my accounts with PNC Bank and its affiliates at such numbers using any means, including but not limited to placing calls using an automated dialing system to cell, VoIP or other wireless phone numbers, or by sending prerecorded messages or text messages, even if charges may be incurred for the calls or messages. I also consent that any phone call with PNC Bank may be monitored or recorded by PNC Bank.

Borrower/Applicant Signature	Date
Co-Borrower/Applicant Signature	Date
Co-Borrower/Applicant Signature	Date
Co-Borrower/Applicant Signature	







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## **Required Documentation**

We will review you for Loss Mitigation assistance options available to you by your investor, if any, based on the documentation that you choose to provide and disclose on this form. PNC may request additional documentation to complete your evaluation.

Wage Earner	One full month's worth of paystubs demonstrating 30 days of year-to-date income (e.g., if paid weekly, need four most recent paystubs)  • AND Three most recent bank statements (checking and savings) — include all pages (front and back), even blank pages  • AND Two most recent W2s
Self-Employed/1099	Personal federal tax returns completed and signed by each Borrower/Co-Borrower. Include all pages and all schedules  • AND Two most recent years of your Business federal tax return, including K1, if applicable, completed and signed by Borrower or Co-Borrower. Include all schedules  • AND Either the most recent signed and dated quarterly or year-to-date Profit and Loss statement that reflects activity for the most recent twelve months  • AND Three most recent bank statements for the business account — include all pages (front and back), even blank pages
Tips, commission, bonus, housing allowance or overtime	Written description of the type of income and frequency of receipt of income signed and dated  • AND Third-party documentation describing income (e.g., employment contracts, tip income documents)  • AND Three most recent bank statements — include all pages (front and back), even blank pages
Social Security, disability, death benefits, pension, public assistance or adoption assistance	Benefit statement or award letter from provider showing amount, frequency and duration of benefits (e.g., exhibits, disability policy)  • AND Receipt of payment (e.g., three most recent bank statements — include all pages [front and back], even blank pages or direct deposit advices)
Supplemental Nutrition Assistance Program benefits	Most recent certification document, award letter or statement from the provider stating the amount, frequency, start and end date of the Food Stamp income.
Alimony, child support or separation maintenance payments	<ul> <li>Notice: Alimony, child support or separation maintenance income need not be disclosed if you do not choose to have it considered for repaying your mortgage debt.</li> <li>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</li> <li>AND Copies of three most recent bank statements — include all pages (front and back), even blank pages, or direct deposit advices showing you received payment</li> </ul>
Rental property income that is not your primary residence	Most recent federal tax return with all schedules, including Schedule E  • AND if the rental income is not reported on Schedule E, current lease agreement with at least 3 months' bank statements showing deposits of rent checks — include all pages (front and back), even blank pages
Investment Income	Two most recent monthly or quarterly investment statements for any 401(k)s, mutual funds, stocks, bonds, CDs, IRAs, etc. If any of this income is being used as household income, please provide two most recent bank statements showing deposit amounts — include all pages (front and back), even blank pages
Information for Non-Borrower Contributing to Household Income	<ul> <li>Three most recent months of the Borrower's bank statements showing the non-Borrower's contribution being deposited regularly — include all pages (front and back), even blank pages</li> <li>AND Signed and dated contribution letter from the non-Borrower indicating amount and frequency contribute to the household</li> <li>AND Paystubs from non-Borrower showing at least 30 days of year-to-date earnings (e.g., if paid weekly, need four most recent paystubs) or other supporting income documentation</li> <li>AND Proof that the non-Borrower lives in the subject property, such as driver's license or utility bill</li> </ul>
Additional Information	Provide documentation of any additional income you would like us to consider
Power of Attorney	If you have a Power of Attorney signing on your behalf, provide a copy of the Power of Attorney
Unemployment Compensation (Currently Receiving)	Benefit statement or award letter from provider showing amount and frequency of benefits (e.g., exhibits, disability policy)  • AND Receipt of payment (e.g., three most recent bank statements — include all pages [front and back], even blank pages or direct deposit advices)
Temporary/Seasonal/Union Worker (Not Currently Receiving Unemployment Benefits)	A letter of explanation confirming your unemployment benefit is related to an intermittent lay off and if you will be returning to work in the same line of work and/or with the same employer  • AND most recent year's W-2s for all employers, most recent year's 1099 for all income earned, and most recent pay stubs from all current and/or past employers reflecting YTD earnings and deductions





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## **Profit and Loss Statement (Template)**

- List all income and expenses generated from your business
- If you are a 1099 employee, list all your income and expenses related to your current employment
- Must cover year-to-date earnings and expenses (e.g., January to October of current year)

Company Name:			
For the period of/ to/			
Income	Total Gross Income: \$		
Expenses			
Advertising	\$		
Bank Charges	\$		
Depreciation	\$		
Employee Wages	\$		
Equipment Rental	\$		
Insurance	\$		
Interest	\$		
Office Supplies	\$		
Officer Salary	\$		
Postage & Printing	\$		
Repairs & Maintenance	\$		
Telephone & Internet	\$		
Training/Seminars	\$		
Utilities	\$		
Vehicle	\$		
Other:	\$		
Other:	\$		
Other:	\$		
Total Expenses	\$		
Profit/Loss	\$		
Prepared By:			
Signature:	Date		





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## **Rental Property Income Information**

Complete this Rental Property Information section if you have additional rental properties other than the ones you listed in the Information section.

		Additional Rental Property Or Boarder Income 2	
		Property Address:	
Monthly Gross Rental Income	\$	Monthly Gross Rental Income	\$
Principal & Interest Payment	\$	Principal & Interest Payment	\$
Tax Payments	\$	Tax Payments	\$
Insurance Payment	\$	Insurance Payment	\$
PMI Payment	\$	PMI Payment	\$
НОА	\$	НОА	\$
		Lease Start Date:	
		Additional Rental Property Or Boarder Income 4	
Additional Rental Property Or Bo	arder Income 3	Additional Rental Property Or Boa	arder Income 4
Property Address:	arder Income 3	Additional Rental Property Or Boat Property Address:	arder Income 4
	arder Income 3		arder Income 4
Property Address:		Property Address:	
Property Address:  Monthly Gross Rental Income	\$	Property Address:  Monthly Gross Rental Income	\$
Property Address:  Monthly Gross Rental Income  Principal & Interest Payment	\$ \$	Property Address:  Monthly Gross Rental Income  Principal & Interest Payment	\$ \$
Property Address:  Monthly Gross Rental Income  Principal & Interest Payment  Tax Payments	\$ \$ \$	Property Address:  Monthly Gross Rental Income  Principal & Interest Payment  Tax Payments	\$ \$ \$
Property Address:  Monthly Gross Rental Income  Principal & Interest Payment  Tax Payments  Insurance Payment	\$ \$ \$ \$	Property Address:  Monthly Gross Rental Income  Principal & Interest Payment  Tax Payments  Insurance Payment	\$ \$ \$ \$





PNC Borrower Assistance Mortgage: 1-855-865-9119

Home Equity: 1-866-622-2657 ext. 66520

Date:

Fax: 1-855-288-3974

Hours of Operation

Mon-Thur: 8am-9pm ET Fri: 8am-7pm ET Sat: 8am-2pm ET

pnc.com/homehq/assistance

### **Authorization to Release Information**

If you wish to authorize us to release loan account information to a third party, please review and sign below to allow third-party correspondence:

I/We hereby authorize my Lender, PNC Bank, to release information and to discuss the terms of my loan. This includes, but is not limited to, the negotiation of the sale of my house by (list company name)

and its employees, including, but not limited to \_\_\_\_\_\_\_ at phone (\_\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ and email \_\_\_\_\_\_.

This authorization shall remain in effect until revoked in writing.

Borrower Signature:

Co-Borrower Signature:

Co-Borrower Printed Name:

Date:

•	
Co-Borrower Printed Name:	Date:



Co-Borrower Signature:

Co-Borrower Signature:

Co-Borrower Printed Name:

# IRS Form 4506-C



# Please note these key items when completing IRS FORM 4506-C

IRS Form 4506-C is an essential document to complete. It must be filled out COMPLETELY and CORRECTLY or it will be rejected, delaying your ability to have your mortgage assistance request reviewed.

That's why we want to make sure that in addition to filling out the entire form, you pay special attention to the following items:

### Department of the Treasury - Internal Revenue Service Form 4506-C **IVES Request for Transcript of Tax Return** (September 2020) Lines 1b & 2b: Do not sign this form unless all applicable lines have been completed. Request may be rejected if the form is incomplete or illegible Please make sure you fill out the For more information about Form 4506-C, visit www.irs.gov and search IVES. Social Security number(s)/Individual 1a. Name shown on tax return (if a joint return, enter the name shown number, or employer identification number (see instructions Taxpayer Identification number(s), as applicable. 2a. If a joint return, enter spouse's name shown on tax return 2b. Second social security number or individual taxpaver identification number 3. Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions) 4. Previous address shown on the last return filed if different from line 3 (see instructions) 5a. IVES participant name, address, and SOR mailbox ID 5b. Customer file number (if applicable) (see instructions) Caution: This tax transcript is being sent to the third party entered on Line 5a. Ensure that lines 5 through 8 are completed before signing. (see instructions) Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years 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 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 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 filled with the IRS. For example, W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need W-2 information for retirement purposes, you should contact the Line 8:

Please make sure the appropriate dates are entered for your two most recent tax returns.

### Sign Here section:

Please make sure you check the box, sign and date the form.

requested managing	d. If the request applies to a joint return, at least one spouse must sign. If signed prember, guardian, tax matters partner, executor, receiver, administrator, truster orm 4506-C on behalf of the taxpayer. <b>Note</b> : This form must be received by IRS	by a corporate officer, 1 pee, or party other than the	percent or more shareholder, partner, taxpayer, I certify that I have the authority to	
Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-C. See instructions.				
	Signature (see instructions)	Date	Phone number of taxpayer on line 1a or 2a	
Print/Type name  Sign Title (if line 1a above is a corporation, partnership, estate, or trust) Here				
	Spouse's signature		Date	
	Print/Type name			
			4500.0	

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.

Year or period requested. Enter the ending date of the tax year or period using the mm/dd/yyyy format (see instructions)

Form 4506-C (9-2020)

OMB Number

1545-1872

V

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Social Security Administration at 1-800-772-1213

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



Form **4506-C** (September 2020)

Department of the Treasury - Internal Revenue Service

OMB Number 1545-1872

# **IVES Request for Transcript of Tax Return**

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

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

For more information about Form 4506-C, visit www.irs.gov and search IVES.

<ul><li>1a. Name shown on tax return (if a joint return, enter the name shown first)</li><li>2a. If a joint return, enter spouse's name shown on tax return</li></ul>		1b. First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)			
		2b. Second social security number or individual taxpayer identification number if joint tax return			
<b>3</b> . C	Current	name, address (including apt., room, or suite no.), city, state, an	l nd ZIP code (se	e instructions)	
<b>4</b> . P	reviou	s address shown on the last return filed if different from line 3 (se	ee instructions)		
5a.	IVES p	participant name, address, and SOR mailbox ID			
	Talx C	orporation Provider of Equifax Verification Services, 11432 Lacl	kland Rd St Lo	uis, MO 63146	
		mer file number (if applicable) (see instructions)			
Cau	ution: ¯	This tax transcript is being sent to the third party entered on Line	5a. Ensure tha	t lines 5 through 8 are co	mpleted before signing. (see instructions)
6. Transcript per request		script requested. Enter the tax form number here (1040, 1065, equest	1120, etc.) and	check the appropriate bo	ox below. Enter only one tax form number
a. Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years			: Form 1040 series, Form 1065, Form		
		Account Transcript, which contains information on the financia assessments, and adjustments made by you or the IRS after the estimated tax payments. Account transcripts are available for more	e return was file		
		<b>Record of Account</b> , which provides the most detailed information Available for current year and 3 prior tax years	on as it is a cor	nbination of the Return Ti	ranscript and the Account Transcript.
7.	inforr for up 2016	n W-2, Form 1099 series, Form 1098 series, or Form 5498 ser mation returns. State or local information is not included with the to to 10 years. Information for the current year is generally not ava , filed in 2017, will likely not be available from the IRS until 2018. al Security Administration at 1-800-772-1213	Form W-2 infor ailable until the	mation. The IRS may be year after it is filed with tl	able to provide this transcript information ne IRS. For example, W-2 information for
		lf you need a copy of Form W-2 or Form 1099, you should first couse Form 4506 and request a copy of your return, which includes			orm W-2 or Form 1099 filed with your return,
8.	Year	or period requested. Enter the ending date of the tax year or per	riod using the n	nm/dd/yyyy format <i>(see in</i>	structions)
Cau	ıtion: I	Do not sign this form unless all applicable lines have been comp	leted.		
requ mar	uested naging	of taxpayer(s). I declare that I am either the taxpayer whose nate if the request applies to a joint return, at least one spouse must member, guardian, tax matters partner, executor, receiver, admit orm 4506-C on behalf of the taxpayer. Note: This form must be received.	t sign. If signed inistrator, truste	by a corporate officer, 1 e, or party other than the	percent or more shareholder, partner, taxpayer, I certify that I have the authority to
	•	atory attests that he/she has read the attestation clause and instructions.	upon so read	ing declares that he/she	e has the authority to sign the Form 4506-C.
		Signature (see instructions)		Date	Phone number of taxpayer on line 1a or 2a
		Print/Type name			
	ign lere	Title (if line 1a above is a corporation, partnership, estate, or tro	ust)		
		Spouse's signature		Date	
Print/Type name		1			

# Instructions for Form 4506-C, IVES Request for Transcript of Tax Return

Section references are to the Internal Revenue Code unless otherwise noted

#### **Future Developments**

For the latest information about Form 4506-C and its instructions, go to *www.irs.gov* and search IVES. Information about any recent developments affecting Form 4506-C (such as legislation enacted after we released it) will be posted on that page.

What's New. Form 4506-C was created to be utilized by authorized IVES participants to order tax transcripts with the consent of the taxpayer.

#### **General Instructions**

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

Designated Recipient Notification. Internal Revenue Code, Section 6103(c), limits disclosure and use of return information received pursuant to the taxpayer's consent and holds the recipient subject to penalties for any unauthorized access, other use, or redisclosure without the taxpayer's express permission or request.

Taxpayer Notification. Internal Revenue Code, Section 6103(c), limits disclosure and use of return information provided pursuant to your consent and holds the recipient subject to penalties, brought by private right of action, for any unauthorized access, other use, or redisclosure without your express permission or request.

**Purpose of form**. Use Form 4506-C to request tax return information through an authorized IVES participant. You will designate an IVES participant to receive the information on line 5a.

**Note**: If you are unsure of which type of transcript you need, check with the party requesting your tax information.

Where to file. The IVES participant will fax Form 4506-C with the approved IVES cover sheet to their assigned Service Center.

### Chart for ordering transcripts

If your assigned Service Center is:	Fax the requests with the approved coversheet to:
Austin Submission	Austin IVES Team
Processing Center	844-249-6238
Fresno Submission	Fresno IVES Team
Processing Center	844-249-6239
Kansas City Submission Processing Center	Kansas City IVES Team 844-249-8128
Ogden Submission	Ogden IVES Team
Processing Center	844-249-8129

### **Specific Instructions**

Line 1b. Enter the social security number (SSN) or individual taxpayer identification number (ITIN) for the individual listed on line 1a, or enter the employer identification number (EIN) for the business listed on line 1a.

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

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

**Note**: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address, or Form 8822-B, Change of Address or Responsible Party — Business, with Form 4506-C.

**Line 5b.** Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

**Note**. If you use an SSN, name or combination of both, we will not input the information and the customer file number will reflect a generic entry of "999999999" on the transcript.

Line 8. Enter the end date of the tax year or period requested in mm/dd/yyyy format. This may be a calendar year, fiscal year or quarter. Enter each quarter requested for quarterly returns. Example: Enter 12/31/2018 for a calendar year 2018 Form 1040 transcript.

**Signature and date**. Form 4506-C must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506-C within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines, *including lines 5a through 8*, are completed before signing.



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

Individuals. Transcripts listed on on line 6 may be furnished to either spouse if jointly filed. Only one signature is required. Sign Form 4506-C exactly as your name appeared on the original return. If you changed your name, also sign your current name.

**Corporations**. Generally, Form 4506-C can be signed by:

(1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-C but must provide documentation to support the requester's right to receive the information.

**Partnerships**. Generally, Form 4506-C can be signed by any person who was a member of the partnership during any part of the tax period requested on line 8.

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

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

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

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

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-C will vary depending on individual circumstances. The estimated average time is:

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

Internal Revenue Service Tax Forms and Publications Division 1111 Constitution Ave. NW, IR-6526 Washington, DC 20224

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

# **FAX COVER SHEET**

# PNC Bank Hardship Assistance Application

FROM		ТО			
Name:		PNC Bank			
Telephone:		Fax to: 1-855-288-3974			
Loan A	Loan Account Number:				
Numbe	er of Pages:				
Please make sure the following sections of the Hardship Assistance Application are completed and returned to PNC Bank:					
	1. Borrower Information				
	2. Hardship Information				
	3. Monthly Income				
	4. Monthly Expenses				
	□ 5. Property Information				
	□ 6. Acknowledgment and Agreement				
Additional Supporting Documents					
	IRS Form 4506-C				
	Copy of your completed and sig (and all schedules) from the mo				
	Profit and Loss Statement Form	n			
	□ Rental Form				
	Write your Loan Account Numb	er on <u><b>every page</b></u> of documentation			

