



This completed Borrower Assistance Form and all required documentation must be sent to one of the following locations:

Mail: Selene Finance Attn: Loss Mitigation P.O. Box 8619 Philadelphia, PA 19101-8619	Fax: (866) 926-5498	Email: loanresolution@selenefinance.com
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Questions: (877) 768-3759

BORROWER ASSISTANCE FORM

We strongly recommend you or an authorized representative contact your Single Point of Contact to review your information and discuss all options available to you at (877) 768-3759.

If you are experiencing a financial hardship and need help, you must complete and submit this entire Borrower Assistance Form ("Form") to be evaluated for all loss mitigation options that may be available to you. The documents required to evaluation you for available loss mitigation options consists of: (1) this completed, signed, and dated Form; (2) completed and signed IRS Form 4506C; (3) required income documentation; and (4) required hardship documentation.

Loan Number (usually found on your monthly mortgage statement): _____

Are you currently living in the property as your primary residence? ☐ Yes ☐ No

If no, what is the status of the property: ☐ Occupied by Non-Borrower/Tenant ☐ Second/Vacation Home ☐ Vacant

How many people live in your property? _____

I want to: ☐ Keep the Property ☐ Vacate the Property ☐ Sell the Property ☐ Undecided

CONTACT INFORMATION

Borrower	Co-Borrower
Name:	Name:
Phone #:	Phone #:
Selene is authorized to call & text this phone number for loss mitigation efforts? <input type="checkbox"/> Yes <input type="checkbox"/> No	Selene is authorized to call & text this phone number for loss mitigation efforts? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address:	Email Address:
Can we contact you via email (optional)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can we contact you via email (optional)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Property Address:	
Mailing Address (if different from property address):	

PROPERTY INSPECTION

We may require an interior inspection of the property to be conducted. Please provide contact information for the individual we should call to schedule an inspection time and provide the most convenient time during the week that we may conduct an inspection.

Contact Name:	Phone #:
Day:	Time: a.m./p.m. (circle one)

PROPERTY INFORMATION

Is the property listed for sale? ☐ Yes ☐ No If yes, what was the listing date? ____ For Sale by Owner? ☐ Yes ☐

Have you received an offer on the property? ☐ Yes ☐ No Date of Offer: _____ Amount of Offer: \$ _____

*Agent/Authorized Third Party Name: _____ Agent/Authorized Third Party Phone#: _____

Agent/Authorized Company Name/Law Firm: _____

Agent/Authorized Company/Law Firm Street Address, City, State, Zip: _____

Agent/Authorized Third Party Email: _____

*By providing the above information you are authorizing Selene Finance to release information on the mortgage loan to the Third Party identified.

EMPLOYMENT INFORMATION

Borrower	Co-Borrower
Company Name:	Company Name:
Start Date:	Start Date:
Occupation:	Occupation:

FINANCIAL INFORMATION

Monthly Household Income		Required Income Documentation
Gross Wages	\$	<ul style="list-style-type: none"> 30 days most recent consecutive paystubs reflecting YTD income, OR 2 most recent bank statements – all pages – showing income deposit amounts
Overtime	\$	
Child Support/Alimony*	\$	<ul style="list-style-type: none"> Child Support Agreement (court ordered), OR Divorce Decree reflecting child support or alimony
Non-taxable Social Security/SSDI	\$	<ul style="list-style-type: none"> Award letter or other document showing amount & frequency of benefit, OR 2 most recent bank statements showing income deposit amounts, OR SSA 1099 from most recent tax year (applicable only to SSI)
Taxable SS Benefits or Other Monthly Income from Annuities or Retirement Plans	\$	
Tips, Commissions, Bonus, Self-Employed Income, 1099 Income	\$	<ul style="list-style-type: none"> Most recent signed & dated quarterly (3 months) profit & loss, AND 2 most recent personal & business bank statements – all pages – showing SE income deposit amounts
Rents Received	\$	<ul style="list-style-type: none"> Lease Agreement AND 2 months personal or business bank statements – all pages – showing rental income deposit amounts
Food Stamps/Public Assistance	\$	<ul style="list-style-type: none"> Award letter or other document showing amount & duration of benefit/income
Other	\$	
Unemployment Income	\$	
Non-Borrower Contribution	\$	Indicate your relationship to Non-Borrower Contributor:
Non-Borrower Contributor Name:		
Total Household Income	\$	

***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.**

FINANCIAL INFORMATION <i>continued</i>					
Monthly Household Expenses and Debt Payments				Household Assets Associated with the Property and/or Borrower(s)	
First Mortgage Payment (including taxes and homeowners insurance paid by the servicer)	\$	Life or Supplemental Insurance Premium (if any)	\$	Checking Account(s)	\$
Second Mortgage Payment	\$	Electric	\$	Savings/Money Market	\$
Property Taxes (if not paid by the servicer)	\$	Gas	\$	Stocks/Bonds/CDs	\$
Homeowner's Insurance (if not paid by the servicer)	\$	Water	\$	Other Cash on Hand	\$
Mortgage Payments on Other Properties	\$	Cable/Satellite, Internet	\$	Other Real Estate (estimated value)	\$
HOA/Condo/Property Fees	\$	Phone (cell, land line)	\$	Total Amount of Any Additional Asset (e.g. trusts)	\$
General Property Maintenance	\$	Trash	\$	Retirement	\$
Credit Cards (total minimum payment per month)	\$	Food (groceries, dining out)	\$	Other Cash on Hand	\$
Car Loan/Lease Payment Number of Vehicles: ____	\$	Personal Items and Services	\$		
Other Auto Expenses (tolls, train, gas, maintenance, auto insurance)	\$	Hobbies/Entertainment	\$		
Other Debts (boat, RV, timeshare, personal loan, etc.)	\$	Child Care and Educational Expenses	\$		
Monthly Student Loan Payments (if not deferred)	\$	Alimony, Child Support Payments	\$		
Out-of-Pocket Medical & Dental Expenses	\$	Other	\$		
Total of all Household Expenses		\$		Total Household Assets	\$

HARDSHIP AFFIDAVIT

Has the hardship been resolved and is there an ability to make full or partial monthly mortgage payments?

☐ Resolved with the ability to make full monthly mortgage payments

If yes, which best describes your intent to resolve the delinquency?

☐ Pay \$_____ extra monthly in addition to my regular monthly payment to resolve the past due amount

☐ Other options/additional assistance is required to resolve the past due amount

☐ Resolve with the ability to make partial monthly mortgage payments

☐ The hardship has not been resolved

Unemployed? ☐ Yes ☐ No Date began (if applicable) _____ Seeking employment? ☐ Yes ☐ No

I believe that my situation is: ☐ Short-term (under 6 months) ☐ Medium-term (6-12 months) ☐ Long-term or Permanent (greater than 12 months)

EXPLANATION OF HARDSHIP *Continue on a separate page(s) if needed*

Required Hardship Documentation

If Your Hardship is:	Then the Required Hardship Document is:
Divorce or legal separation: Separation of Borrowers unrelated by marriage, civil union or similar domestic partnership under applicable law	<ul style="list-style-type: none">Divorce decree signed by the court, ORSeparation agreement signed by the court, ORRecorded quitclaim deed evidencing that the non-occupying Borrower or Co-Borrower has relinquished all rights to the property
Death of a borrower or death of either the primary or secondary wage earner in the household	<ul style="list-style-type: none">Original Death Certificate, ORObituary or newspaper article reporting the death, ORProbated Will

BORROWER/CO-BORROWER ACKNOWLEDGMENT AND AGREEMENT

If you apply for a modification of a first lien mortgage loan, you have the right to receive a copy of all written appraisals developed in connection with the application.

I certify, acknowledge, and agree to the following:

1. All of the information in this Form is truthful, and the hardship that I have identified contributed to my need for mortgage relief.
2. The accuracy of my statements may be reviewed by the servicer, the owner or guarantor of my mortgage, or their agent(s) and I may be required to provide additional supporting documentation.
3. Knowingly submitting false information may violate federal and other applicable law.
4. The servicer will obtain a current credit report on all borrowers obligated on the Note.
5. If I have intentionally default 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.

6. I certify that I am willing to provide all requested documents and to response to all of the servicer's communication in a timely manner. I understand that time is of the essence.
7. A condemnation notice has not been issued for the property.
8. 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.
9. 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 the 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.
10. 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 of 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.
11. Any prior waiver as to my payment of escrow items to the Servicer in connection with my loan has been revoked. If I qualify for and enter into a repayment plan, forbearance plan, or 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. The servicer will collect and record personal information that I submit in this Form and during the evaluation process. This personal information may include but is not limited to; (i) my name, address, and telephone number; (ii) my social security number; (iii) my credit score; (iv) my income; and (v) my 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 any companies that perform support services to them.
13. I consent to being contacted concerning this request for mortgage assistance at any telephone number, including mobile telephone number, or email address I have provided to the servicer (provided I have checked the box on this Form that authorizes email communication or have previously provided such authorization).
14. If I was discharged in a Chapter 7 bankruptcy proceeding subsequent to the execution of the Note and Security Instrument or am currently entitled to the protections of any automatic stay in bankruptcy, I acknowledge that the servicer is providing the information about mortgage assistance at my request and for information purposes, and not as an attempt to impose personal liability for the debt evidenced by the Note.
15. If I or someone on my behalf has submitted a cease-and-desist notice to the servicer pursuant to the Fair Debt Collection Practices Act (FDCPA), I consent to the servicer communicating with me with respect to the loss mitigation process and acknowledge that such communication is not a violation of the FDCPA)
16. I understand, acknowledge, and agree that the servicer and Other Loan Participants can obtain, use and share tax return information for purposes of (i) providing an offer; (ii) origination, maintaining, managing, monitoring, servicing, selling, insuring, and securitizing a loan; (iii) marketing; or (iv) as otherwise permitted by applicable laws, including state and federal privacy and data security laws. This includes the servicer's affiliates, agents, service providers, and any of aforementioned parties' successors and assigns. The Other Loan Participants include any actual or potential owners of a loan resulting from your loan application, or acquirers of any beneficial or other interest in the loan, any mortgage insurer, guarantor, any servicer or service providers for these parties and any of aforementioned parties' successors and assigns.

Borrower Signature

Date

Co-Borrower Signature

Date

Additional Income

If you are using additional income from a non-borrower in the review of your loss mitigation package, please have them complete the below. We will use the information they provide to help us identify the assistance you may be eligible to receive.

Additional Applicant Name: _____

Social Security Number: _____

E-Mail Address: _____

Primary Phone Number: _____ ☐ Cell ☐ Home ☐ Work ☐ Other

Alternate Phone Number: _____ ☐ Cell ☐ Home ☐ Work ☐ Other

Preferred contact method (choose all that apply): ☐ Cell ☐ Home ☐ Work ☐ Other

Additional Applicant 2 Name: _____

Social Security Number: _____

E-Mail Address: _____

Primary Phone Number: _____ ☐ Cell ☐ Home ☐ Work ☐ Other

Alternate Phone Number: _____ ☐ Cell ☐ Home ☐ Work ☐ Other

Preferred contact method (choose all that apply):

Additional Applicant Certification and Agreement

I hereby consent to the servicer or authorized third-party* obtaining a current credit report for the undersigned additional applicant(s).

* An authorized third-party may include, but is not limited to, a housing counseling agency, Housing Finance Agency (HFA) or other similar entity that is assisting me in obtaining a foreclosure prevention alternative.

Additional Applicant Signature: _____ Date: _____

Additional Applicant 2 Signature: _____ Date: _____

Real Estate Fraud Certification¹

This Certification is being requested by your servicer and is required, for certain additional incentives, by the federal government under, as applicable, the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 *et seq.*), the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203), or the Federal Housing Enterprises Financial Safety and Soundness Act of 1992 (Pub. L. 102-550), as amended by Housing and Economic Recovery Act of 2008 (Pub. L. 110-289) (12 U.S.C. 4501 *et seq.*). Federal law provides that no person shall be eligible to begin receiving assistance from the Making Home Affordable Program, 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. Providing the requested Certification is voluntary; however, if you do not provide this Certification, you will not be eligible to receive the sixth year “pay for performance” incentive under the Making Home Affordable Program. Therefore, you are required to furnish this Certification if you wish to receive the sixth year “pay for performance” incentive under the Making Home Affordable Program.

By signing below, I/we represent 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 my/our signature below authorizes the servicer to share this Certification with its agents and the U.S. Department of the Treasury, Fannie Mae, Freddie Mac or their respective agents, each of whom may investigate the accuracy of my statements by obtaining a current consumer report, and performing 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 and may result in civil or criminal penalties, as well as loss of benefits or incentives provided under the Making Home Affordable Program and that are posted to my/our mortgage account after the effective date of this Certification. This Certification is effective on the earlier of the date executed as listed below or the date received by your servicer.

I/we also certify under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

<u>Borrower Signature</u>	<u>Social Security Number</u>	<u>Date of Birth</u>	<u>Date Executed</u>
<u>Co-Borrower Signature</u>	<u>Social Security Number</u>	<u>Date of Birth</u>	<u>Date Executed</u>

¹

This Certification is being requested by your servicer and is required, for certain additional incentives, by the federal government under, as applicable, the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 *et seq.*), the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203), or the Federal Housing Enterprises Financial Safety and Soundness Act of 1992 (Pub. L. 102-550), as amended by Housing and Economic Recovery Act of 2008 (Pub. L. 110-289) (12 U.S.C. 4501 *et seq.*). Federal law provides that no person shall be eligible to begin receiving assistance from the Making Home Affordable Program, 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. Providing the requested Certification is voluntary; however, if you do not provide this Certification, you will not be eligible to receive the sixth year “pay for performance” incentive under the Making Home Affordable Program. Therefore, you are required to furnish this Certification if you wish to receive the sixth year “pay for performance” incentive under the Making Home Affordable Program.

X. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender 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, under Federal regulations, this lender is required to note the information on the basis of visual observation and surname if you have made this application in person. If you do not wish to furnish the information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the particular type of loan applied for.)

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

To be Completed by Loan Originator:

This information was provided:

- ☐ In a face-to-face interview
☐ In a telephone interview
☐ By the applicant and submitted by fax or mail
☐ By the applicant and submitted via e-mail or the Internet

Borrower Signature _____

Date _____

Co-Borrower Signature _____

Date _____



*****FOR FLORIDA PROPERTIES ONLY*****

LOAN NUMBER: _____

FEE AGREEMENT FOR LOAN MODIFICATION SERVICES

FLORIDA LAW REQUIRES THAT WE PROVIDE FLORIDA RESIDENTS WITH THIS AGREEMENT ALTHOUGH WE DO NOT CHARGE YOU A FEE FOR LOAN MODIFICATION SERVICES.

THIS AGREEMENT FOR LOAN MODIFICATION SERVICES ("AGREEMENT") IS MADE AND ENTERED INTO THIS _____ DAY OF _____, 20____, BY AND BETWEEN SELENE FINANCE LP (SELENE) AND _____ (BORROWER/S) FOR THE MORTGAGE LOAN MODIFICATION SERVICES DESCRIBED HEREIN.

SELENE IS A MORTGAGE LOAN SERVICER WHOSE ADDRESS IS: 3501 OLYMPUS BLVD, SUITE 500, DALLAS, TX 75019 . SELENE IS OFFERING TO ASSIST YOU IN MODIFYING THE LOAN ON YOUR PROPERTY.

SELENE WILL NOT CHARGE YOU A FEE FOR ASSISTING YOU IN MODIFYING YOUR LOAN BUT WILL REQUIRE THAT YOU PROVIDE FINANCIAL INFORMATION SO WE CAN DETERMINE YOUR ABILITY TO QUALIFY FOR A MODIFICATION.

SELENE WILL REQUEST A CREDIT REPORT TO CONFIRM YOUR DEBTS AND SUBMIT A PACKAGE TO THE NOTE HOLDER FOR REVIEW AND APPROVAL. SELENE CANNOT GUARANTEE THAT THE NOTE HOLDER WILL AGREE TO MODIFY THE LOAN BUT IF THE NOTE HOLDER AGREES, WE WILL CONTACT YOU TO PROVIDE THE TERMS AND FORWARD THE MODIFICATION AGREEMENT TO YOU FOR EXECUTION.

YOU MAY CANCEL THIS AGREEMENT FOR LOAN MODIFICATION SERVICES WITHOUT ANY PENALTY OR OBLIGATION WITHIN THREE (3) BUSINESS DAYS AFTER THE DATE THE AGREEMENT IS SIGNED BY YOU.

THE LAW REQUIRES THAT THE LOAN ORIGINATOR, MORTGAGE BROKER, OR MORTGAGE LENDER IS PROHIBITED FROM ACCEPTING ANY MONEY, PROPERTY, OR OTHER FORM OF PAYMENT FROM YOU UNTIL ALL PROMISED SERVICES HAVE BEEN COMPLETED. IF FOR ANY REASON YOU HAVE PAID THE CONSULTANT BEFORE CANCELLATION, YOUR PAYMENT MUST BE RETURNED TO YOU WITHIN (10) BUSINESS DAYS AFTER THE CONSULTANT RECEIVES YOUR CANCELLATION NOTICE. THIS DOES NOT APPLY IN THIS CASE BECAUSE SELENE DOES NOT CHARGE ANY FEE FOR MODIFICATION SERVICES.

IF YOU WANT TO CANCEL THIS AGREEMENT, PLEASE SEND A SIGNED AND DATED STATEMENT THAT YOU ARE CANCELING THE AGREEMENT TO SELENE AT 3501 OLYMPUS BLVD, SUITE 500, DALLAS, TX 75019.

IMPORTANT: THE LAW ALSO REQUIRES THAT WE ADVISE YOU THAT IT IS RECOMMENDED THAT YOU CONTACT YOUR MORTGAGE LENDER OR MORTGAGE SERVICER BEFORE SIGNING THIS AGREEMENT. YOUR LENDER OR SERVICER MAY BE WILLING TO NEGOTIATE A PAYMENT PLAN OR A RESTRUCTURING WITH YOU FREE OF CHARGE. IN THIS CASE, SELENE IS YOUR MORTGAGE SERVICER AND WE DO NOT CHARGE YOU A FEE FOR THESE SERVICES.

BORROWER SIGNATURE

DATE SIGNED

Co-BORROWER SIGNATURE

DATE SIGNED



Third Party Authorization

Borrower Information	
First Name	
Last Name	
Last 4 Digits – Social Security Number	
Co-Borrower Information	
First Name	
Last Name	
Last 4 Digits – Social Security Number	
Property Address	
Street	
City/State/Zip Code	
Loan Information	
Loan Number	
Mortgage Company Name	<i>Selene Finance LP</i>

I/We am/are the borrower(s) on the above referenced loan.

By signing below, I/we hereby authorize Selene Finance LP to discuss the loan with the following individual/company:

Authorized Individual or Company	
Street	
City/State/Zip	
Phone Number	

This authorization will remain in effect until I send written notice to Selene Finance LP that the authorization is revoked.

Borrower Signature:	Date Signed
Borrower Printed Name:	
Co-Borrower Signature:	Date Signed
Co-Borrower Printed Name:	

For California Residents: Please see our “Notice at Collection and Privacy Policy for California Residents” on our website at <https://www.selenefinance.com/california-customers> for additional information concerning the information we collect, why we collect that information, what we do with that information, and how to exercise additional privacy rights you have as a California resident.

Example Only

Form 4506-C (October 2022)	Department of the Treasury - Internal Revenue Service IVES Request for Transcript of Tax Return	OMB Number 1545-1872
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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.

1a. Current name I. First name Borrower			2a. Spouse's current name (if joint return and transcripts are requested for both taxpayers) I. Spouse's first name Co-Borrower		
II. Middle initial 			II. Middle initial 		
III. Last name/BMF company name 			III. Spouse's last name 		
1b. First taxpayer identification number (see instructions) 			2b. Spouse's taxpayer identification number (if joint return and transcripts are requested for both taxpayers) 		
1c. Previous name shown on the last return filed if different from line 1a I. First name 			2c. Spouse's previous name shown on the last return filed if different from line 2a I. First name 		
II. Middle initial 			II. Middle initial 		
III. Last name 			III. Last name 		
3. Current address (including apt., room, or suite no.), city, state, and ZIP code (see instructions) a. Street address (including apt., room, or suite no.) 					
b. City 		c. State 		d. ZIP code 	
4. Previous address shown on the last return filed if different from line 3 (see instructions) a. Street address (including apt., room, or suite no.) 					
b. City 		c. State 		d. ZIP code 	
5a. IVEs participant name, ID number, SOR mailbox ID, and address I. IVEs participant name Selene Finance LP					
II. IVEs participant ID number 		III. SOR mailbox ID 			
IV. Street address (including apt., room, or suite no.) 3501 Olympus Blvd, Suite 500					
V. City Dallas		VI. State TX		VII. ZIP code 75019	
6b. Customer file number (if applicable) (see instructions) 			6c. Unique identifier (if applicable) (see instructions) 		
6d. Client name, telephone number, and address (this field cannot be blank or not applicable (N/A)) I. Client name 					
III. Street address (including apt., room, or suite no.) 					II. Telephone number
IV. City 		V. State 		VI. ZIP code 	
Caution: This tax transcript is being sent to the third party entered on Line 5a and/or 5d. Ensure that lines 5 through 8 are completed before signing. (see instructions)					
8. 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 for line 8 transcripts. <div style="display: flex; justify-content: space-between;"> 1040 </div>					
a. Return Transcript <input checked="" type="checkbox"/>					
b. Account Transcript <input type="checkbox"/>					
c. Record of Account <input checked="" type="checkbox"/>					
7. Wage and income transcript (W-2, 1095-E, 1099-G, etc.) <input type="checkbox"/>					
a. Enter a max of three form numbers here; if no entry is made, all forms will be sent.					
b. Mark the checkbox for taxpayer(s) requesting the wage and income transcripts. If no box is checked, transcripts will be provided for all listed taxpayers. Line 1a <input type="checkbox"/> Line 2a <input type="checkbox"/>					
8. Year or period requested. Enter the ending date of the tax year or period using the mm dd yyyy format (see instructions) <div style="display: flex; justify-content: space-between;"> mm / dd / yyyy mm / dd / yyyy mm / dd / yyyy mm / dd / yyyy </div>					
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, if applicable, line 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign; however, if both spouses' names and TINs are listed in lines 1a-1b and 2a-2b, both spouses must sign the request. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-C on behalf of the taxpayer. Note: This form must be received by IRS within 120 days of the signature date.					
<input type="checkbox"/> Signatory attests that he/she has read the above attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-C. See instructions.					
Sign Here	Signature for Line 1a (see instructions)			Date	
	Phone number of taxpayer on line 1a or 2a				
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative			<input type="checkbox"/> Signatory confirms document was electronically signed	
	Print/Type name				
	Title (if line 1a above is a corporation, partnership, estate, or trust)				
	Spouse's signature (required if listed on Line 2a)			Date	
Sign Here	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative			<input type="checkbox"/> Signatory confirms document was electronically signed	
	Print/Type name				

Catalog Number 72627P

www.irs.gov

Form 4506-C (Rev. 10-2022)

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

There Should Be No Cross – Outs On This Form

Form 4506-C (October 2022)	Department of the Treasury - Internal Revenue Service IVES Request for Transcript of Tax Return	OMB Number 1545-1872
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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**.

1a. Current name			2a. Spouse's current name (if joint return and transcripts are requested for both taxpayers)		
i. First name	ii. Middle initial	iii. Last name/BMF company name	i. Spouse's first name	ii. Middle initial	iii. Spouse's last name
1b. First taxpayer identification number (see instructions)			2b. Spouse's taxpayer identification number (if joint return and transcripts are requested for both taxpayers)		
1c. Previous name shown on the last return filed if different from line 1a			2c. Spouse's previous name shown on the last return filed if different from line 2a		
i. First name	ii. Middle initial	iii. Last name	i. First name	ii. Middle initial	iii. Last name
3. Current address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)					
a. Street address (including apt., room, or suite no.)			b. City	c. State	d. ZIP code
4. Previous address shown on the last return filed if different from line 3 (see instructions)					
a. Street address (including apt., room, or suite no.)			b. City	c. State	d. ZIP code
5a. IVES participant name, ID number, SOR mailbox ID, and address					
i. IVES participant name Selene Finance LP			ii. IVES participant ID number		iii. SOR mailbox ID
iv. Street address (including apt., room, or suite no.) 3501 Olympus Blvd, Suite 500			v. City Dallas	vi. State TX	vii. ZIP code 75019
5b. Customer file number (if applicable) (see instructions)			5c. Unique identifier (if applicable) (see instructions)		
5d. Client name, telephone number, and address (this field cannot be blank or not applicable (NA))					
i. Client name					ii. Telephone number
iii. Street address (including apt., room, or suite no.)			iv. City	v. State	vi. ZIP code
Caution: This tax transcript is being sent to the third party entered on Line 5a and/or 5d. Ensure that lines 5 through 8 are completed before signing. (see instructions)					
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 for line 6 transcripts. 1040					
a. Return Transcript <input checked="" type="checkbox"/>		b. Account Transcript <input type="checkbox"/>		c. Record of Account <input checked="" type="checkbox"/>	
7. Wage and income transcript (W-2, 1098-E, 1099-G, etc.) <input type="checkbox"/>					
a. Enter a max of three form numbers here; if no entry is made, all forms will be sent.					
b. Mark the checkbox for taxpayer(s) requesting the wage and income transcripts. If no box is checked, transcripts will be provided for all listed taxpayers.					
Line 1a <input type="checkbox"/> Line 2a <input type="checkbox"/>					
8. Year or period requested. Enter the ending date of the tax year or period using the mm dd yyyy format (see instructions). 12 / 31 / 2022 12 / 31 / 2023 12 / 31 / 2024 / /					
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, if applicable, line 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign; however, if both spouses' names and TINs are listed in lines 1a-1b and 2a-2b, both spouses must sign the request. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-C on behalf of the taxpayer. Note: This form must be received by IRS within 120 days of the signature date.					
<input type="checkbox"/> Signatory attests that he/she has read the above attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-C. See instructions.					
Sign Here	Signature for Line 1a (see instructions)			Date	Phone number of taxpayer on line 1a or 2a
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative			<input type="checkbox"/> Signatory confirms document was electronically signed	
	Print/Type name				
	Title (if line 1a above is a corporation, partnership, estate, or trust)				
	Spouse's signature (required if listed on Line 2a)				Date
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative			<input type="checkbox"/> Signatory confirms document was electronically signed	
Print/Type name					

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 includes the Client company requesting transcripts and increased the number of Wage and Income transcripts requests.

General Instructions

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

Designated Recipient Notification. 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. 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 Processing Center	Austin IVES Team 844-249-6238
Kansas City Submission Processing Center	Kansas City IVES Team 844-249-8128
Ogden Submission Processing Center	Ogden IVES Team 844-249-8129

Specific Instructions

Line 1a/2a (if spouse is also requested). For IMF Requests: Enter the First, Middle Initial, and Last Name in the indicated fields. If all characters will not fit, please enter up to 12 for First name and 22 for Last name. For BMF Requests: Enter the company name in the Last Name field. If all characters will not fit, please enter up to 22.

Line 1b/2b (if spouse is also requested). Enter the social security number (SSN) or individual taxpayer identification number (ITIN) for the individual listed on line 1a including the dashes in the correct format, or enter the employer identification number (EIN) for the business listed on line 1a including the dashes in the correct format.

Line 1c/2c (if spouse is also requested). Enter your previous name as shown on your last filed tax return if different than line 1a.

Line 3. Enter your current address in the indicated fields. If you use a P.O. Box, include it and the number in the Current Address field.

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.

Line 5c. Enter up to 10 alpha-numeric characters to create a unique identifier that will show in the mailbox file information. The unique identifier cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

Note. If you use an SSN, we will not input the information and the customer file number or unique identifier will reflect a generic entry of "999999999999".

Line 5d. Enter the Client company name, address, and phone number in the indicated fields. A Client company receives the requested tax transcripts from the IVES participant. If the IVES participant is also the Client company, the IVES participant information should be entered on Line 5a and 5d. These fields cannot be blank or Not Applicable (NA).

Line 6. Enter only one tax form number (1040, 1065, 1120, etc.) per request for all line 6 transcripts request types.

Line 6a. Return Transcript 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-H, Form 1120-L, and Form 1120-S. Return transcripts are available for the current year and returns processed during the prior 3 processing years.

Line 6b. 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. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns.

Line 6c. Record of Account 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.

Line 7. The IRS can provide a transcript that includes data from these information returns: Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. Enter up to three information return types. If no specific type is requested, all forms will be provided. 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, Form W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need Form W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213.

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.



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.

Signature and date. Form 4506-C must be signed and dated by the taxpayer listed on line 1a and, if listed, 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.

Authorized Representative. A representative can sign Form 4506-C for a taxpayer if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5a, and Form 2848 is attached to the Form 4506-C request. 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. If Form 4506-C is signed by a representative, the Authorized Representative check box must be marked.

Electronic Signature. Only IVES participants that opt in to the Electronic Signature usage can accept electronic signatures. Contact the IVES participant for approval and guidance for electronic signatures. If the Form 4506-C is signed electronically, the Electronic Signature check box must be marked.

Individuals. Transcripts listed on line 6 may be furnished to either spouse if jointly filed. Signatures are required for all taxpayers listed on Line 1a and 2a.

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.

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-C 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.
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-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.