



## Homeowner Short Sale Packet

In order for us to evaluate your request you must complete the enclosed packet and email or mail it to The Millennium Consulting Group with all of the required documentation. Please keep a copy for your records.

This packet contains the following items that must be completed, in full, in order for your short sale request to be completed in a timely manner:

- Section 1: Required Documentation for Borrower and Co-Borrower Checklist-  
Detailed List of the documents you must send to us in addition to the packet
- Section 2: Financial Information Form-  
Provides information about your property, loans, income, etc.
- Section 3: Hardship Letter (Sign and Date)-  
You may handwrite your hardship letter on the provided form or type out on a computer.
- Section 4. 4506-ez Request for Transcript of Tax Return Form-  
Allows your bank to receive a transcript of your tax return to verify income information
- Section 5 Authorization Form (Sign and Date)
- Section 6 Read and Sign all short sale client disclosures

If you need any assistance completing this packet please contact our office at 702-358-0088.

Please send the completed packet as well as all requested documentation to:

[shortsales@mcnv.com](mailto:shortsales@mcnv.com)

or mail to:

**Millennium Consulting Group, Inc**  
**8367 W. Flamingo Rd. Ste. 102**  
**Las Vegas, NV 89147**

**Section 1**

Borrower Name: \_\_\_\_\_ Co-Borrower Name: \_\_\_\_\_  
1<sup>st</sup> Mortgage Loan #: \_\_\_\_\_ 2<sup>nd</sup> Mortgage Loan #: \_\_\_\_\_

- Owner Occupied       Tennant Occupied       Vacant Property

**Required Documentation for Borrower and Co-Borrower**

**Wage Earner: (you receive a W-2 from your employer) please provide the following documents:**

- Most recent 30 days worth of pay stubs (all borrowers)  
How long have you been with your current employer? Borrower: Year(s): \_\_\_\_\_ Month(s) \_\_\_\_\_  
Co-Borrower: Year(s): \_\_\_\_\_ Month(s) \_\_\_\_\_
- Most recent (2) month's Complete Bank Statement (must provide ALL pages)
- Most recent statement(s) of any supporting assets (stocks, bonds, IRA, 401k, etc.) (must provide ALL pages)
- Most recent two years Tax Returns **and** W-2s. If you have not filed 09 please provide the w-2 and a copy of the extension along with the previous two years Tax Returns.
- Proof of any other Income received (Alimony, Rental, Child Support, Pension, etc.)

**Self Employed: please provide the following documents:**

- Profit and Loss Statement (P&L)/ Audited or reviewed YTD Income statement (must provide)
- Most recent (2) years' Tax Returns Completed (personal and business, signed with ALL pages) or 1099's or most recent two (2) years filed and proof of extension.
- Last four (4) months of complete Business and Personal Bank Statements (must provide ALL pages. If a business account is not used, provide a written statement stating a business account is not used.)
- Most recent statement(s) supporting assets listed on the Financial Information Form.
- How long have you owned your business?: Borrower: Year(s): \_\_\_\_\_ Month(s) \_\_\_\_\_  
Co-Borrower: Year(s): \_\_\_\_\_ Month(s) \_\_\_\_\_

**All borrowers need to provide the following:**

- Copy of current Mortgage Statements for **ALL** mortgages showing on your credit report
- Copy of a recent utility bill (gas, power, water, etc.)
- Copy of your HOA payment coupon
- Completed Financial Information Form (enclosed)
- Completed 4506-T – Request for Transcript of Tax Return (enclosed)
  
- If loan is Non-Escrowed (you do not pay your property taxes and insurance through your mortgage payment)
  - A) Copy of the most recent property tax bill(s) (Not needed on short sales)
  - B) Copy of the current insurance declaration page for policy premium (Not needed on short sales)
  
- Non-Owner Occupied (ONLY)
  - A) Rental Income with copies of the Rental Agreement

# The Millennium Consulting Group Mortgage Negotiation Specialists

Section 2- Financial Information Form  
Page 1 of 3

BORROWER INFORMATION					
The Millennium Consulting Group requests that you please answer the questions below as completely and accurately as possible. This information will only be used to aid in the evaluation of homeownership preservation options, not for any other purpose.					
Borrower			Co-Borrower		
Name (include Jr. or Sr. if applicable)			Name (include Jr. or Sr. if applicable)		
SSN		Date of Birth	SSN		Date of Birth
Home Phone (     )			Home Phone (     )		
Work Phone (     )			Work Phone (     )		
Cell Phone (     )			Cell Phone (     )		
Email Address			Email Address		
Marital Status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced			Marital Status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced		
PROPERTY INFORMATION					
Property Street			Mailing Address (if different than Property Address)		
City	State	Zip Code	City	State	Zip Code
Is the property? <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Tenant Occupied <input type="checkbox"/> Vacant			# of people in Household	# of Dependents	
Want to retain the property? <input type="checkbox"/> Yes <input type="checkbox"/> No		Condition of the property? <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Is the property listed for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No	Listing Amount: \$	
Realtor Name		Realtor Company		Realtor Phone (     )     -	
LOAN INFORMATION					
1st Mortgage Bank Name		1st Loan Months Past Due	2nd Mortgage Bank Name		2nd Loan Months Past Due
1st Mortgage Loan Number		Loan Amount \$	2nd Mortgage Loan Number		Loan Amount \$
Was this a refinance loan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you take cash out? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have an HOA? <input type="checkbox"/> Yes <input type="checkbox"/> No	HOA Monthly Amount \$	Are you current on your HOA? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Months Past Due _____	
EMPLOYMENT INFORMATION					
Borrower			Borrower		
Employer		Title/Position	Employer		Title/Position
Employer Address			Employer Address		
Employer Phone (     )     -	Years Employed	Self Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer Phone (     )     -	Years Employed	Self Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No

The Millennium Consulting Group  
Mortgage Negotiation Specialists

Section 2- Financial Information Form

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Loan Number(s) \_\_\_\_\_

MONTHLY INCOME INFORMATION					
Borrower			Co-Borrower		
Income Source	Monthly Gross Income		Income Source	Monthly Gross Income	
Employer:	\$		Employer:	\$	
Employer:	\$		Employer:	\$	
Unemployment:	\$		Unemployment:	\$	
Social Security/ Pension	\$		Social Security/ Pension	\$	
Rental Income:	\$		Rental Income:	\$	
Child Support/ Alimony:	\$		Child Support/ Alimony:	\$	
Other:	\$		Other:	\$	
<b>Total</b>	\$		<b>Total</b>	\$	
	<b>Additional Income Description</b>				Monthly Amount
Borrower/ Co-Borrower	Alimony, child support, or separate maintenance income need not be revealed if Borrower or Co-Borrower does not choose to have it considered for approval of a loan workout.				
				\$	
				\$	
				\$	
			<b>Total</b>	\$	
ASSETS					
Asset	Value	Vehicle	Model/Year	Value	Amount Owed
Home	\$	Automobile		\$	\$
Other Real Estate	\$	Automobile		\$	\$
Retirement Funds	\$	Automobile		\$	\$
Investments (stocks, bonds, CDs)	\$	Motorcycle		\$	\$
Checking Balance	\$	Boat		\$	\$
Savings Balance	\$	Motor Home		\$	\$
401K	\$	Other:		\$	\$
Cash Value Life Insurance:	\$	Other:		\$	\$
Other:	\$	Other:		\$	\$

# The Millennium Consulting Group Mortgage Negotiation Specialists

Section 2- Financial Information Form

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Loan Number(s) \_\_\_\_\_

MONTHLY EXPENSE INFORMATION				
Monthly Expense	Borrower	Delinquent	Co-Borrower	Delinquent
Primary Home 1st Mortgage Payment	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Home 2nd Mortgage Payment	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Home HOA	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Mortgages (investment properties/2nd homes)	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other property HOA (investment properties/ 2nd homes)	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Credit Cards & Installment Loans	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Auto Loan(s)	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Auto Insurance	\$ _____		\$ _____	
Auto Expenses/ Gasoline	\$ _____		\$ _____	
Health Insurance	\$ _____		\$ _____	
Life Insurance	\$ _____		\$ _____	
Medical / Dental Expenses	\$ _____		\$ _____	
Prescriptions	\$ _____		\$ _____	
Child Care, Child Support & Alimony	\$ _____		\$ _____	
Food - Family	\$ _____		\$ _____	
Miscellaneous Spending Money	\$ _____		\$ _____	
Utilities (Electricity, Gas, Water, Sewer)	\$ _____		\$ _____	
Cable / Satellite TV	\$ _____		\$ _____	
Communications (Phone, Cell Phone, Internet)	\$ _____		\$ _____	
Education	\$ _____		\$ _____	
Other	\$ _____		\$ _____	
<b>Total</b>	<b>\$ _____</b>		<b>\$ _____</b>	

I agree that the financial information provided is true and accurate as of the date set forth opposite my signature and that any intentional or negligent misrepresentation of the information contained in this document may result in civil liability, including monetary damages, to any person who may suffer any loss due to reliance upon the document, and/or criminal penalties including but not limited to fine or imprisonment or both under the provisions of Title 18 United States Code, Sec. 1001, et seq. I understand and acknowledge that any action taken by the lender is in strict reliance on the financial information provided. My signature/acceptance below grants the holder of my mortgage or its designee the authority to confirm the information that I have disclosed in this financial statement, to verify it as accurate by ordering a credit report, and to contact my realtor and/or credit counseling service.

I represent that

- I am  
 I am not

currently occupying the property as my primary residence and that I intend to continue occupying the property as my primary residence.

Borrower Signature \_\_\_\_\_

Date \_\_\_\_\_

Co-Borrower Signature \_\_\_\_\_

Date \_\_\_\_\_

Borrower Name: \_\_\_\_\_  
CoBorrower Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Bank(s) Name: \_\_\_\_\_  
Loan Number(s): \_\_\_\_\_

**Client Hardship Letter**

\_\_\_\_\_  
Borrower Date Co Borrower Date

# Request for Transcript of Tax Return

(Rev. January 2011)

OMB No. 1545-1872

Department of the Treasury  
Internal Revenue Service

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

**Tip.** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Order a Transcript" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
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<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number or individual taxpayer identification number if joint tax return
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**3** Current name, address (including apt., room, or suite no.), city, state, and ZIP code (See instructions)

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

**5** If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

**Caution.** If the transcript is being mailed to a third party, ensure that you have filled in line 6 and line 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy.

**6 Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ►

**a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . .

**b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days. . . . .

**c Record of Account**, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days . . . . .

**7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days . . . . .

**8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2007, filed in 2008, will not be available from the IRS until 2009. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days . . . . .

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

**9 Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of signature date.

Telephone number of taxpayer on line 1a or 2a

<b>Sign Here</b>	Signature (see instructions)	Date	
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	Date	

## General Instructions

**Purpose of form.** Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

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

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

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

**Automated transcript request.** You can quickly request transcripts by using our automated self help-service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Order a Transcript" or call 1-800-908-9946.

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

#### If you filed an individual return and lived in:

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

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

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

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

RAIVS Team  
Stop 6716 AUSC  
Austin, TX 73301

512-460-2272

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

RAIVS Team  
Stop 37106  
Fresno, CA 93888

559-456-5876

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

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

816-292-6102

## Chart for all other transcripts

#### If you lived in or your business was in:

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

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address

RAIVS Team  
P.O. Box 9941  
Mail Stop 6734  
Ogden, UT 84409

801-620-6922

Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin

RAIVS Team  
P.O. Box 145500  
Stop 2800 F  
Cincinnati, OH 45250

859-669-3592

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

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

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

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

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

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

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

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

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

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

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

### Privacy Act and Paperwork Reduction Act

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

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

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

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

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



**AUTHORIZATION FOR LIFE OF THE LOAN**

HOMEOWNER NAME: \_\_\_\_\_

SS Number- XXX-XX-\_\_\_\_\_

CO-BORROWER NAME: \_\_\_\_\_

SS Number- XXX-XX-\_\_\_\_\_

Property Address: \_\_\_\_\_

1<sup>st</sup> Mortgage Company and Loan #: \_\_\_\_\_

2<sup>nd</sup> Mortgage Company and Loan #: \_\_\_\_\_

**HOMEOWNER'S CERTIFICATION AND AUTHORIZATION**

I/(WE), AUTHORIZE THE FOLLOWING INDIVIDUALS FROM THE MILLENNIUM CONSULTING GROUP, INC (MCG) THE RIGHT TO COMMUNICATE WITH MY MORTGAGE LENDER(S).

KEN SARNA    SHAUN HERMANSEN    GARY HAVENS    KEITH SARNA  
JESSICA COX    KATHRYN RODRIGUEZ    TROY WHEELER    ANH JUNG  
SCHARRA AGLIATA    SCOTT AUSTIN    NATHAN OVERBECK

WE(I) FURTHER REQUEST THAT MCG AND ITS AUTHORIZED AGENTS COMMUNICATE DIRECTLY WITH OUR/MY MORTGAGE LENDER AND RECEIVE ANY AND ALL INFORMATION ABOUT MY/OUR LOAN AND REQUEST ALL CORRESPONDANCE BE FORWARDED TO MCG IN DUPLICATE. MCG IS AUTHORIZED TO NEGOTIATE THE CURRENT TERMS, INTEREST RATE, AND LOAN AMOUNT IN THE EFFORT TO OBTAIN A SHORT PAYOFF, MODIFICATION, OR SHORT SALE. THEY ARE AUTHORIZED TO HAVE FULL ACCESS TO ALL OF MY/OUR ACCOUNT INFORMATION INCLUDING BUT NOT LIMITED TO, THE STATUS OF THE ACCOUNT, DELINQUENCY AMOUNT, PENDING FORECLOSURE PROCEEDINGS, PAYMENTS, INTEREST RATES, TERMS, NAME OF THE INVESTOR WHO OWNS THE NOTE, ETC. FURTHERMORE, MCG IS AUTHORIZED TO DISCLOSE ANY AND ALL PERTINENT INFORMATION TO THE LICENSED LISTING AGENT, POTENTIAL SHORT SALE BUYER AND/OR THEIR LICENSED AGENT.

I/WE HEREBY RELEASE MY/OUR MORTGAGE LENDER(S), ITS AFFILIATES, EMPLOYEES, OFFICERS, AGENTS AND DIRECTORS FROM ANY CLAIM THAT MIGHT ARISE IN CONNECTION WITH THIS AUTHORIZATION.

**THIS AUTHORIZATION SHALL REMAIN IN EFFECT FOR THE LIFE OF THE LOAN AND WILL EXPIRE ONLY IF REVOKED IN WRITING.**

\_\_\_\_\_  
Homeowner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-owner Signature

\_\_\_\_\_  
Date

# The Millennium Consulting Group, INC

Mortgage Negotiation Specialists

## Nevada Deficiency Judgment Disclosure

Homeowner Name: \_\_\_\_\_

Co-Borrower Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

The Millennium Consulting Group will be negotiating and processing the short sale of the above property. This disclosure is to advise you as the homeowner that in the state of Nevada the creditor or beneficiary of the deed of trust secured by your property has the right to pursue a deficiency judgment. The creditor or beneficiary of the deed of trust has the right to seek a judgment and pursue you for the losses they incur due to foreclosure or short sale. In the state of Nevada a creditor or beneficiary of the deed of trust has 6 months from the date of the foreclosure sale or 6 months from the date of a short sale to pursue a deficiency judgment. They also may waive their right to pursue a deficiency judgment and not pursue you. As part of our processing / negotiating service MCG will do everything in its power to negotiate with the bank to **NOT** pursue the homeowner for the remaining balance owed and waive their right to a deficiency judgment. Waiver of the deficiency judgment is negotiated but never guaranteed. **By signing this disclosure the homeowner acknowledges understanding of the potential for deficiency judgment and understands that MCG does not guarantee that it will be waived by the creditor or beneficiary of the deed of trust.**

MCG will notify the homeowner prior to the sale if the bank has agreed to waive their right to pursue a deficiency judgment.

\_\_\_\_\_  
Homeowner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Borrower Signature

\_\_\_\_\_  
Date

# The Millennium Consulting Group, INC

Mortgage Negotiation Specialists

## Tax Liability Disclosure

Homeowner Name: \_\_\_\_\_

Co-Borrower Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

The Millennium Consulting Group will be negotiating and processing the short sale of the above property. The Millennium Consulting *Group* wants to ensure all homeowners are aware of the potential tax ramifications resulting from a short sale. Servicers and mortgage banks agreeing to accept less than the actual principal balance owed on the mortgage loan will issue the homeowner a 1099a or c. The amount on this tax form will represent the amount of loss incurred by the bank. The forgiven debt may or may not be taxable to the homeowner under the Mortgage Debt Relief Act of 2007. Most short sales and foreclosures of owner occupied properties will follow under the Mortgage Debt Relief Act of 2007 resulting in a tax liability of \$0.

**The homeowner acknowledges that the Millennium Consulting Group is not a tax advisor or certified public accountant. MCG recommends consulting with a licensed tax advisor or certified public accountant about any tax related issues that may result from a short sale or foreclosure sale.**

\_\_\_\_\_  
Homeowner Signature                      Date

\_\_\_\_\_  
Co-Borrower Signature                      Date

# The Millennium Consulting Group, INC

Mortgage Negotiation Specialists

## Short Sale Notice

**Homeowner Name:** \_\_\_\_\_

**Co-Borrower Name:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**By signing below the homeowner agrees and understands the following:**

When a bank is engaged to accept a short sale there are a number of actions that need to be considered. Realization of what is being requested of the bank is crucial. Banks are taking large losses on their current mortgage assets. The Millennium Consulting Group wants to make you aware that the bank may take numerous steps to try and offset these losses. The mortgage servicer or bank may require you to do one of the following in order to accept a short sale:

1. Require a cash contribution from the homeowner
2. Require the homeowner to sign a promissory note to repay a portion of the principal balance
3. Require a lien to be placed on other property or assets

These are three of the many potential requirements that a servicer may impose as a condition of accepting a short sale. This may or may not be a requirement or condition of every short sale. Cash contributions and promissory notes are generally small in comparison to the amount of debt that will be forgiven.

MCG desires that all homeowners be made aware of these possible requirements and disclosed up front in order to avoid surprises and to ensure that the short sale closes as quickly as possible.

\_\_\_\_\_  
**Homeowner Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Co-Borrower Signature**

\_\_\_\_\_  
**Date**

# The Millennium Consulting Group, INC

Mortgage Negotiation Specialists

## Homeowner Fee Disclosure

**Homeowner Name:** \_\_\_\_\_

**Co-Borrower Name:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

This agreement is between the Millennium Consulting Group (MCG) and homeowner/Co-borrower (client). MCG has been retained by client to negotiate and process the short sale of the above mentioned property. Client agrees that MCG will be compensated for their services in the following manner: A consultation fee of \$200 will be paid at the initial meeting between MCG and client. At the closing of the client's short sale transaction MCG will be compensated \$695 paid by the seller unless the purchase contract stipulates it is to be paid by another party. It is customary for your listing agent to request that the buyer of your short sale be responsible for this fee. The minimum amount that MCG will require as compensation will be a combination of the consultation fee and processing fee equal to \$895.

MCG will additionally attempt to negotiate compensation from the bank whose mortgage is being short sold. Although we are not always successful in receiving additional compensation from the bank this additional compensation allows us to keep our costs to a minimum for all parties involved in the transaction. Each investor/bank may allow for additional compensation but may require that it be paid in a variety of different ways. MCG requests that the client comply with any and all requests that may satisfy the bank's requirement when allowing additional compensation to be paid to MCG.

Despite any additional compensation MCG may receive from the lender all seller fees agreed to be paid per the retainer agreement still apply. If we are unsuccessful in negotiating additional compensation at the close of your short sale it is agreed that MCG will only receive the above flat \$895 plus any additional fees per the retainer agreement. No additional fees outside the retainer will be required by other parties.

\_\_\_\_\_  
**Homeowner Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Co-Borrower Signature**

\_\_\_\_\_  
**Date**

