



LOSS MITIGATION PROGRAM INFORMATION PACKET

Please complete this packet, sign in all required places and fax or mail it to Iberiabank with all required documentation. Be sure to keep a copy of everything you send to us for your own records.

This packet contains the following:

- **Required Documentation Checklist**

This is a detailed list of the documents you must send to us in addition to the packet, from you, the borrower and the co-borrower as well as your real estate agent.

- **Authorization to Provide and Release Information**

By signing this form you grant Iberiabank permission to obtain information pertaining to your mortgage to necessary agents

- **Request for Consideration of Loss Mitigation program**

This outlines information about your property, loans, income, etc., and details on the circumstances that have made it difficult for you to stay up-to-date with your mortgage payments

- **IRS Form 4506-T Request for Transcript of Tax Return**

This allows Iberiabank to receive a transcript of your tax return to verify income information
If you are an Iberiabank (or former CapSouth, Orion, Century, and Sterling Bank) customer and you need additional assistance completing this packet please contact us at 800.344.6889 ext. 633139

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

By Regular Mail: IBERIABANK
P.O. Box 783
Sarasota, FL 34236-0783

By Overnight Mail: IBERIABANK
1741 Main Street, Second Floor
Sarasota, FL 34236-0783

By Fax: 941.363.3198

Important Information

We are attempting to collect a debt, and any information obtained will be used for that purpose. We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report. If you are represented by an attorney, please refer this letter to your attorney and provide us with the attorney's name, address, and telephone number. If you are currently a debtor in bankruptcy proceedings and subject to the protections of the automatic stay, or if you have received a final discharge in a bankruptcy, this notice is for compliance and/or informational purposes only and not an attempt to impose personal liability for the debt in violation of the bankruptcy laws. However, Iberiabank still has the right under the mortgage to foreclose on the property.



REQUIRED DOCUMENTATION CHECKLIST

FROM YOU, THE BORROWER AND CO-BORROWER:

If you are a wage earner (i.e. you receive a W-2 from your employer) please provide:

- Two (2) most recent pay stubs for each borrower
- Length of service with current employer:
Borrower years: _____ months: _____
Co-borrower years: _____ months: _____
- Most recent complete bank statement (two months) for all deposit accounts (ie. checking, savings, CD's) as well as investment and retirement accounts, stocks, bonds and whole life policies

If you are self employed, please provide:

- P & L statement YTD Income Statement
(Note: the P&L statement is mandatory and expenses must be itemized)
- Most recent tax returns (two (2) years) completed (personal and business, signed with all pages) and 1099s. If most recent tax year has not been filed provide extension.
- Last twelve (12) months complete business and two (2) months 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 and provide twelve (12) months personal bank statements.

All applicants must provide the following:

- Most recent completed tax return (signed with all pages) or most recent filed and proof of extension (signed with all pages)
- Proof of occupancy (if owner occupied) and a recent utility bill in your name at property address
- REO form for all other properties
- If loan is non-escrowed:
 - Copy of the current insurance declaration page for all applicable coverage types (must show premium amount for homeowner's, flood, and wind)
 - Proof of payment of Homeowner's Association Fees (if applicable)
- If Non-Owner Occupied:
 - Rental income with copies of Rental Agreement, if a tenant resides in the property
 - Amount of principal, interest, taxes, insurance, and homeowner dues for all properties owned
 - Primary Residence Address
- Authorization to Provide and Release Information. This allows Realtor or designee to discuss the account with Iberiabank, if desired.
- Completed Request for Consideration of Loss mitigation program Form (enclosed).
Be sure to sign and date this form.
- Completed 4506-T -Request for Transcript of Tax Return (enclosed.) ***Be sure to sign and date this form.***



AUTHORIZATION TO PROVIDE AND RELEASE INFORMATION

To: Iberiabank
Date: _____
Borrower(s): _____
Property address: _____
Loan Number: _____

I/(We), _____
_____(borrower(s) name(s)) , currently residing at _____
_____ in the County of _____
_____, State of _____, hereby authorize Iberiabank to release, furnish, and provide any
information related to my mortgage under loan number _____ to
_____ (name of third party).

I/we understand that this authorization is valid until such time that Iberiabank confirms it has received written notice from me/we revoking this agreement.

Borrower Signature Co-borrower _____ Signature

Borrower Name (Printed) _____ Co-borrower Name (Printed)



REQUEST FOR CONSIDERATION OF LOSS MITIGATION PROGRAM FORM

Servicer: _____

Loan Number: _____

BORROWER	
Name:	_____
Social Security #	# ____ - ____ - ____
Date of Birth	____/____/____
Home phone:	(____) _____ - _____
Work phone:	(____) _____ - _____
Cell phone:	(____) _____ - _____

CO-BORROWER	
Name:	_____
Social Security #	# ____ - ____ - ____
Date of Birth	____/____/____
Home phone:	(____) _____ - _____
Work phone:	(____) _____ - _____
Cell phone:	(____) _____ - _____

I want to: Keep the property Sell the property

The property is Primary residence Second home Investment

The property is Owner occupied Renter occupied Vacant

Mailing address: _____

Property Address: _____

Email Address: _____

Is the property listed for sale? Yes No

Have you received an offer on the property? Yes No If yes, date of offer: ____/____/____

Amount of offer \$ _____ For sale by owner? Yes No

Agent's name: _____ Agent's phone number _____

Have you contacted a credit-counseling agency for help? Yes No If yes, please complete the following:

Credit counselor's name: _____ Agency name: _____

Credit counselor's email: _____ Credit counselor's phone: _____

Who pays the real estate tax bill on your property? I do Lender does Paid by condo or HOA

Are the taxes current? Yes No Condo or HOA fees? Yes No

If yes, how much? \$ _____ Paid to: _____

Who pays the real estate tax bill on your property? I do Lender does Paid by condo or HOA

Are the taxes current? Yes No Condo or HOA fees? Yes No

If yes, how much? \$ _____ Paid to: _____

Who pays the hazard insurance premium on your property? I do Lender does Paid by condo or HOA

Is the policy current? Yes No Name of insurance company: _____

Phone number of insurance company: _____

Have you filed for bankruptcy? Yes No If yes: Chapter 7 Chapter 11

Filing date: ____/____/____ Has your bankruptcy been discharged? Yes No

Bankruptcy case number _____

Additional liens, mortgages or judgements on this property:			
Lien Holder's Name/Servicer	Balance	Contact Number	Loan number



HARDSHIP AFFIDAVIT

This is a request for Loss mitigation program review. I/we are having difficulty making monthly payments because of financial difficulties created by (check all that apply):

- My household income has been reduced. For example: unemployment, underemployment, reduced pay or hours, decline in business earnings, death, disability or divorce of a borrower or co-borrower.
 - My monthly debt payments are excessive and I am overextended with my creditors. Debt includes credit cards, home equity or other debt.
 - My expenses have increased. For example: monthly mortgage payment reset, high medical or health care costs, uninsured losses, increased utilities or property taxes.
 - My cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payment and cover basic living expenses at the same time.
 - Other: _____
 - Explanation: _____
-



**LOSS MITIGATION PROGRAM ASSET/LIABILITY & INCOME/EXPENSE WORKSHEET
PART A**

Borrower loan number: _____

Date: ___/___/___

Assets	Total Estimated Value	Liabilites	Unpaid Balances
Subject Property		Subject Property	
Other Properties (Schedule A)		Subject Property (delinq. interest)	
Checking Accounts		Subject Property (other liens)	
Savings Account		Other properties	
Autos		Auto/Boats/RVs Loans	
Boat/RVs		Revolving credit lines	
IRA/401K retirement accts.		Installment loans	
Stocks/Bonds - Schedule B		Student Loans	
Life Insurance - Schedule C		Other	
Other			
Total			
Income	Monthly Gross Totals	Expenses	Monthly Payments
Borrower		Subject Prop: Total Monthly Payment (includes T&I)	
Co-Borrower		Subject monthly taxes & insurance (non escrowed)	
Bonus/Commssion		Condo/HOA Fees	
Dividends		Other Property Mortgages	
Unemployment		Other Condo/HOA fees	
Disability/SSI	Rent		
Child support/Alimony		Credit card payments	
Rents Received		Installment loans	
Social Security/Pension		Auto/boats/RVs	
Other Food/Clothing			
		Alimony / child support	
		Utilities/Electric/Water/Cable	
		Health and dental insurance	
		Transportation / Fuel	
		Household maintenance	
		Education / Tuition	
		Business /professional fees	
		Misc (explain)	
Total			



**LOSS MITIGATION PROGRAM ASSET/LIABILITY & INCOME/EXPENSE WORKSHEET
PART B**

Schedule A- Real Estate Owned	Property 1	Property 2	Property 3	Property 4
Type of property (Primary, second home, investment, commercial)				
Address:				
Name of mortgage holder				
Mortgage acct. number				
Mortgage balance				
Monthly mortgage amount				
Is mortgage current?				
Monthly Rental income				
Foreclosure Action?				
Currently listed for sale?				
Estimated Value				
Schedule B- Stocks & Bonds				
Description	In Name Of	Total Value	Pledged or Assigned To	
Schedule C- Life Insurance				
Name of Company	Face Amount	Cash Value	Policy Owner	Pledged or Assigned To



INFORMATION FOR GOVERNMENT MONITORING PURPOSES

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

BORROWER

I do not wish to furnish this information

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

Race

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

Sex:

- Male
- Female

CO-BORROWER

I do not wish to furnish this information

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

Race

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

Sex:

- Male
- Female



ACKNOWLEDGEMENT AND AGREEMENT

In making this request for consideration under the Loss Mitigation Program I certify under penalty of perjury:

1. That all information in this document is truthful and the event(s) identified on page 1 is/are the reason that I need to request a modification of the terms of my mortgage loan, loss mitigation program, or deed-in-lieu of foreclosure.
2. I understand that IBERIABANK, or their agents may investigate the accuracy of my statements and may require me to provide supporting documentation. I also understand that knowingly submitting false information may violate Federal law.
3. I understand IBERIABANK will pull a current credit report on all borrowers obligated on the Note.
4. I understand that if I have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this document, IBERIABANK may cancel any Agreement and may pursue foreclosure on my home.
5. I am willing to provide all requested documents and to respond to all IBERIABANK questions in a timely manner.
6. I understand that IBERIABANK will use the information in this document to evaluate my eligibility for a loan modification, short sale or deed-in-lieu of foreclosure, but IBERIABANK is not obliged to offer me assistance based solely on the statements in document.
7. I am willing to commit to credit counseling if it is determined that my financial hardship is related to excessive debt.
8. I understand that IBERIABANK will collect and record personal information, including, but not limited to, my name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about balances and activity. I understand and consent to the disclosure of my personal information and the terms of any loan modification or forbearance agreement by IBERIABANK to (a) the U.S. Department of the Treasury; (b) any investor, insurer, guarantor, or servicer that owns, insures, guarantees, or services my first or subordinate lien (if applicable) mortgage loan(s); (c) companies that perform support services in conjunction with a loan modification or forbearance; and (d) any HUD-certified housing counselor.

Loan Number: _____

Borrower Signature Date

Co-Borrower Signature Date

This communication is from a debt collector and any information obtained may be used for that purpose.

If you have questions about this document or the modification process, please contact IBERIABANK.

Be advised that by signing this document you understand that any documents and information you submit to IBERIABANK in connection with the request for a loss mitigation program are under penalty of perjury. Any misstatement of material fact made in the completion of these documents including but not limited to misstatement regarding your occupancy in your home, hardship circumstances and/or income, expenses, or assets will subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud, and wire fraud. The information contained in these documents is subject to examination and verification. Any potential misrepresentation will be referred to the appropriate law enforcement authority for investigation and prosecution. By signing this document you certify, represent and agree that: "Under penalty of perjury, all documents and information I have provided to IBERIABANK in connection with a request for a Loss mitigation program, including the documents and information regarding eligibility for the program, are true and correct."



Profit and Loss Statement

Company Name:	_____
For the <Month & Year> start and ending:	_____
Sales Revenue	_____
Total Sales Revenue (J)	_____
Cost of Sales	_____
Total Cost of Sales (K)	_____
Gross Profit (J-K=L)	_____
Operating Expenses	_____
Sales and Marketing	_____
Advertising	_____
Direct marketing	_____
Other expenses (specify)	_____
Total Sales & Marketing Expenses (M)	_____
Research and Development	_____
Technology licenses	_____
Patents	_____
Other expenses (specify)	_____
Total Research and Development (N)	_____
General and Administrative	_____
Wages and salaries	_____
Outside services	_____
Supplies	_____
Meals and entertainment	_____
Rent	_____
Telephone	_____
Utilities	_____
Depreciation	_____
Insurance	_____
Repairs and maintenance	_____
Other expenses (specify)	_____
Total General and Administrative Expenses (O)	_____
Total Operating Expenses (M+N+O=P)	_____
Income from Opertations (L-P=Q)	_____
Other income (R)	_____
Taxes	_____
Income taxes	_____
Payroll taxes	_____
Real estate taxes	_____
Other taxes (specify_	_____
Total Taxes (S)	_____
Net Profit (Q+R+S=T)	_____

Note: all sections of this Profit and Loss Statement must be completed for it to be valid.

Prepared by: _____

Date: _____



Form **4506-T**

Request for Transcript of Tax Return

OMB No. 1545-1872

(Rev. January 2010)

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 also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number if joint tax return

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code

4 Previous address shown on the last return filed if different from line 3

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.

Sign Here	Signature (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	Date	

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

Use Form 4506-T to request the following.

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

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

Automated transcript request. You can call 1-800-829-1040 to order a tax return transcript through the automated self-help system. You cannot have a transcript sent to a third party through the automated system.

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

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

Where to mail . . .

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 770-455-2335
Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
Alaska, Arizona, California, Colorado, District of Columbia, Hawaii, Idaho, Iowa, Kansas, Maine, Maryland, Massachusetts, Minnesota, Montana, New Hampshire, New Mexico, New York, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Vermont, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888 559-456-5876
Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia	RAIVS Team Stop 6705-B41 Kansas City, MO 64999 816-292-6102

Signature and date. Form 4506T-EZ must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506T-EZ within 60 days of the date signed by the taxpayer or it will be rejected.

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

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

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

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

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

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