CENTURY LAW GROUP LLP

5200 W. CENTURY BOULEVARD, STE 345, LOS ANGELES, CALIFORNIA 90045 •
TEL: (310) 642-6900 • FAX: (310) 642-6910

Client Intake Information

Borrower's Name: ______________________ Loan Number: ______________

Here is what we will need to get started. Please provide us with all of the following information and or documentation as quickly as possible. It is EXTREMELY important to submit a complete package. Any MISSING INFORMATION WILL DELAY THE PROCESSING OF YOUR FILE FOR THE LENDER'S SHORT SALE APPROVAL. Please check off each item as you complete it and/or gather it for your package.

Please attach this sheet with the front of information/documentation you provide to us:

□ FINANCIAL INFORMATION WORKSHEET – Information for both the borrower and co-borrower must be included and filled out completely.

□ ATTORNEY-CLIENT FEE CONTRACT – Please read and complete the Attorney-Client Fee Contract included with your package.

□ OWNERS AUTHORIZATION – Please complete the Owner's Authorization form included with your modification package. This form will give our legal staff the authority to speak with your lender and receive general correspondence in relation to/with your short sale request.

□ DETAILED HARDSHIP LETTER – This form allows you to explain in detail the reason(s) behind your financial situation. In addition to filling out this form, you will need to provide proof of your hardship claim such as medical bills, death certificate, unemployment letters, divorce decree, etcetera. If there is more than one borrower, each person needs to complete a separate form.

□ MORTGAGE STATEMENT or COUPON AND NOTE

□ COPIES OF MOST RECENT PAYROLL STUBS – Please provide copies of pay stubs for the month most recently worked. Payroll stubs are required for both the borrower and the co-borrower.

□ (If self-employed) COPIES OF MOST RECENT FEDERAL INCOME TAX RETURN Provide copies of original signed and dated tax returns, including all schedules for the most recent tax year for both borrowers.

□ COPIES OF YOUR 2 (6 if self-employed) MOST RECENT BANK STATEMENTS – Please provide copies of the bank statements for all accounts; please provide ALL pages. If you need help obtaining your statements either on-line or by phone, please contact your representative for help.

□ COPIES OF HOUSEHOLD BILLS – Please provide copies of any and all household bills, utility bills (electric, gas, water, etcetera), insurance bills (car, home, health, etcetera), and any other outstanding liabilities which you pay.

□ HOMEOWNER'S INSURANCE INFORMATION (Declarations Page)

□ COPY OF DOCUMENTATION OF ANY ASSETS (including 401k, any free and clear property, vehicles owned free and clear)

REALTOR CHECKLIST:

□ COPY OF LISTING AGREEMENT with Real Estate Agent information (legible & fully executed/signed)

□ COPY OF SHORT SALE ADDENDUM with real estate agent information (legible & fully executed/signed)

□ REAL ESTATE AGENCY RELATIONSHIP

□ REAL ESTATE LISTING AGENT'S MARKETING PROPOSAL – MLS (Proof of Multiple Listing Service; will vary by lender)

□ COPY OF PURCHASE OR OFFER AGREEMENT with all 8 pages (including real estate agents' names; listing and selling agents)

□ COPY OF SHORT SALE ADDENDUM FROM PROSPECTIVE PURCHASER

□ COPY OF PROSPECTIVE BUYER LOAN APPROVAL

□ COPIES OF FUNDS TO CLOSE ESCROW: must reflect estimated HUD-1 (bank statement or any assets statement)

□ ESTIMATED SETTLEMENT STATEMENT or HUD-1

Financial Information Form & Worksheet

Loan Number: ____________________________ Today's Date:

Borrower's Name:	Borrower's Social Security Number:
Co-Borrower's Name:	Co-Borrower's Social Security Number:
Borrower's Work Number: Co-Borrower's Work Number: ( ) ( )	Residence Telephone Number: ( )
Name of Employer: How Long: Years: Months:	Name of Employer: How Long: Years: Months:

Property Address: Please Circle One: Primary Residence or Rental Property

Street Address:		
City:	State:	Zip Code:
How long have you lived in the property:	Years:	Months:
Mailing Address (if different):		
City:	State:	Zip Code:

Current Loan Detail 1^{st} T.D.

Mortgage Company: ____________________________ Current Balance: $______________________________

Customer Service: ____________________________ Account Number: ______________________________

Mortgage Payment: _______________ Impounds: Yes No Tax per Month:____________ Insurance: _________________

Current Rate of Interest:______ Fixed or ARM Recast Date: ______ Recast Rate: _____ Payment:_______________

Delinquent Amount: _____________ Last Payment Accepted:_____________ NOD: Yes / No / Don't Know

2nd T.D. (if applicable)

Mortgage Company: ______________________ Current Balance: ______________________

Customer Service: ______________________ Account Number: ______________________

Mortgage Payment: ____________ Impounds: Yes No Tax per Month: __________ Insurance: _________

Current Rate of Interest: _____ Fixed or ARM Recast Date: _____Recast Rate: ___ Payment: _________

Delinquent Amount:____________ Last Payment Accepted:__________ NOD: Y/ N / Don't Know

3rd T.D. (if applicable)

Mortgage Company: ______________________ Current Balance: ______________________

Customer Service : ______________________ Acct # ______________________

Mortgage Payment: ____________ Impounds: Y N Tax per Month: __________ INS: ___________

Current Rate of Interest: _____ Fixed or ARM Recast Date: _____Recast Rate: ___ Pmt: ___________

Delinquent Amount:____________ Last Payment Accepted:__________ NOD: Y/ N / Don't Know

Financial Information Form
& Worksheet (continued)

Monthly Income Information: (Note please provide two recent pay stubs)			
Description	Income (Borrower)	Income (Co-Borrower)	Total
Net Salary / Wages			
Commissions / Bonuses			
Other Income (Explain)			
Total Net Income			

Assets	Estimated Value	Comments
Financial Secured Property:		
Other Real Estate (Explain)		
Automobile (Make and Model)		
Automobile (Make and Model)		
Checking Accounts		
Savings / Money Market Accounts		
IRA / Keogh Accounts		
401K / ESOP Accounts		
Stocks/ Bonds, CD's		
Life Insurance (Cash Value)		
Other		

Financial Information Form & Worksheet (continued)

Liabilities :	Monthly Payment	Balance Due	Company Name
First Mortgage Payment			
Second Mortgage Payment			
Other Mortgage or Rent			
Payment			
Property Taxes			
Homeowner's Insurance			
Automobile Payment			
Automobile Payment			
Credit Card Payments			
Personal Loan Payment			
Utilities			

Liabilities:	Monthly Payment	Balance Due	Company Name
Health Insurance			
Child Care Expenses			
Alimony / Child Support			
Student Loan Payment			
Medical Expenses			
Transportation Expenses			
Miscellaneous Expense			

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Financial Information Form
& Worksheet (continued)

Additional Information Required

Please List any Liens Currently Held Against the Property (HOA, or TAX, Mechanic Liens, etcetera)

____

Also Please List All Real Estate You Have An Interest In, Besides This Primary Residence____

____

Authorization to Release Credit Information

I authorize Century Law Group LLP and/or its authorized agent, to obtain a credit profile through a credit bureau. The undersigned, jointly and severally, represent and warrant to the above mentioned companies that the information submitted in this personal financial statement, questionnaire and financial statement scheduled is true, correct and complete in all material respects. The information and documentation provided does not omit any material fact or matter that makes the information or documentation presented misleading.

______________________________ Date: ______________, _____
Borrowers Signature:

______________________________ Date: ______________, _____
Co-Borrower Signature

Detailed Hardship Letter

Account Number: ______________________ Date: __________________

Borrower's Name: ____________________________ Borrower's Residence: __________________________________

Borrower's Home Phone #:_____________________ Borrower's Cell Phone #:________________________________

Please explain your reasons for your current hardship. Be very specific in the events that have happened as this will be included in the decision of the hardship program. If you have documentation that supports your explanation, please include it with this form when you return it to us.

Please be sure to put specific dates for each hardship occurrence

1) What caused you to get behind on your mortgage payments?

____

____

____

____

2) Approximately, when did this hardship occur? ____

3) Is this an ongoing hardship, and if so, are there any additional monthly expenses associated with the problem?

____

____

____

____

4) Was there any change in your employment situation, such as pay reduction or termination of employment due to company wide layoffs?

____

____

5) Do you have any excessive financial responsibilities that have added to your hardship?

____

____

6) Has there been any illness or death in your family that has added to your hardship?

____

____

7) I believe that my situation is: ↑Temporary ↑Permanent

8) Please include any additional comments you feel are relevant to your situation.

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Rev. 05/28/10

Borrowers Signature: ______________________________ Date:

Co-Borrower Signature ____________________________ Date:

Once completed please Mail/Email or Fax all of the above documents to Century Law Group LLP at:

Century Law Group LLP

[illegible]

[illegible]

submission@centurylawgroup.com

[illegible]

CENTURY LAW GROUP LLP

5200 West Century Blvd., Suite 345
Los Angeles, California 90045
(310) 642-6900

1754 Technology Drive, Suite 236
San Jose, California 95110
(866) 522-2642

_______________, 2010

ATTORNEY-CLIENT FEE CONTRACT

This ATTORNEY-CLIENT FEE CONTRACT ("Contract") is entered into by and between _____________________ ("Client") and Century Law Group LLP ("Attorney).

1. **CONDITIONS**. This Contract will not take effect, and Attorney will have no obligation to provide legal services, until Client returns a signed copy of this Contract and pays the fixed fee and deposit called for under paragraph 3.

2. **SCOPE AND DUTIES**. Client hires Attorney to provide legal services in connection with negotiating with _________________________, Client's Lender(s), for Lender's consent to a short sale of Client's property located at ____. Attorney's legal services herein will **not** include filing and/or handling any court proceedings, including the filing of any pleadings to stay foreclosure proceedings; to the extent that Client desires to engage Attorney for the handling of any such court proceedings, such services must be the subject of a separate contract. Attorney shall take reasonable steps to keep Client informed of progress and to respond to Client's inquiries. Client shall be truthful with Attorney, cooperate with Attorney, keep Attorney informed of developments, abide by this Contract, pay Attorney's bills on time and keep Attorney advised of Client's address, telephone number and whereabouts.

3. **FIXED FEE**. Client's broker/ agent agrees to pay a fixed fee of 1% of the gross short sale amount (or $2,500.00, whichever is higher) for Attorney's services under this Contract less any attorney fees paid by the lender pursuant to HUD1. Attached as Ex. A is the escrow instruction to escrow company instructing escrow company to pay to Attorney the 1% (or $2,500.00, whichever is higher) less any attorney fees paid by the lender pursuant to HUD1 through escrow, which the Client shall sign as part of this Contract.

Unless the fee retained would be unconscionable and except as provided in paragraph 7, the fixed fee will be earned in full and no portion of it will be refunded once any substantial services have been performed.

4. **COSTS AND EXPENSES**. In addition to the fixed fee, Client shall reimburse Attorney for all costs and expenses incurred by Attorney as a result of overnight mail and/ or messengering.

5. **DISCHARGE AND WITHDRAWAL**. Client may discharge Attorney at any time. Attorney may withdraw with Client's consent or for good cause. Good cause includes Client's breach of this Contract, Client's refusal to cooperate with Attorney or to follow Attorney's advice on a material matter of any other fact or circumstance that would render Attorney's continuing representation unlawful or unethical. If Attorney withdraws before completing Attorney's duties under this Contract, Client may be entitled to a refund of some or all of the fixed fee, depending on the facts and circumstances.

6. **CONCLUSION OF SERVICES**. When Attorney's services conclude, all unpaid charges shall immediately become due and payable. After Attorney's services conclude, Attorney will, upon Client's request, deliver Client's file to Client, along with any Client funds or property in Attorney's possession.

7. **DISCLAIMER OF GUARANTEE**. Nothing in this Contract and nothing in Attorney's statements to Client will be construed as a promise or guarantee about the outcome of Client's matter. Attorney makes no such promised or guarantees. Attorney's comments about the outcome of Client's matter are expressions of opinion only.

8. EFFECTIVE DATE. This Contract will take effect when Client has performed the conditions stated in paragraph 1, but its effective date will be retroactive to the date Attorney first provided services. The date at the beginning of this Contract is for reference only. Even if this Contract does not take effect, Client will be obligated to pay Attorney the reasonable value of any services Attorney may have performed for Client.

CENTURY LAW GROUP LLP

By:______________________________
Edward O. Lear

____
Client

____
Federal Tax I.D. # or Soc. Security #

____
Broker/ Agent

____
Federal Tax I.D. # or Soc. Security #

EXHIBIT "A"

I, ________________________________, hereby instruct

____________________________ (Escrow Company), to pay 1% of the gross sale amount (or $2,500.00, whichever is higher) of the property located at

__________________________________ for Attorney's services under this Contract less any attorney fees paid by the lender pursuant to HUD1 from escrow proceeds. The check shall be made payable to "Century Law Group LLP" and shall be mailed to the following address: Attn: Edward O. Lear, Esq., Century Law Group LLP, 5200 W. Century Blvd., Ste. 345, Los Angeles, California 90045.

Date: ______________, 2010 ____________________________________

Broker/ Agent

I, ____________________________ (Client), acknowledge Broker/ Agent's escrow instruction above, and provide this instruction to the escrow company accordingly.

Date: ______________, 2010 ____________________________________

Client

Date: ______________, 2010 ____________________________________

Client

SHORT SALE SUBMISSION FORM

Listing Agent Info:

Agent Name: ______________________ Date Submitted: ______________

Best Contact no.: ______________________ Agent Email: ______________

Office no.: ______________________ Fax no.: ______________

Selling / Buyer's Agent Info:

Buyers Agent Name: ______________________

Best Contact no.: ______________________ Agent Email: ______________

Office no.: ______________________ Fax no.: ______________

Escrow Title Info:

Escrow Title Company:

____

Address:

____

Escrow/Title Officer: ______________________ Officer Email: ______________

Officer Best Contact: ______________________ Fax no.:______________

Offer Price: $______________________ Est. Closing Date:______________

Seller Info:

Seller(s) Name:

____

SS no.:______________________ DOB:______________

Co-Seller(s) Name:

____

SS no.: ______________________ DOB: ______________

Subject Property Address:

____

Seller Best Contact no.: ______________________________ Seller Email: ______________________

Subject Property Address: ____

Date Submitted: ________

Docs Submission Checklist

Date Initial

_____ _____ Legible Lender/Mortgage approval letter

_____ _____ Legible signed copy of third party authorization

_____ _____ Legible Sign Copies of Purchase Agreement

_____ _____ Legible Sign Copies of Short Sale Addendum (Buyer)

_____ _____ Legible Sign Copy of the Purchaser Lender Loan Pre-Approval
(Disclosing: Rate, Term, Loan Amount, Down Payment, Loan Program)

_____ _____ Legible Copy of Earnest Deposit Receipt or Check to Escrow Company

_____ _____ Legible Copies of the Purchaser Funds to Close Escrow
(Bank Statement with all pages front & back, Assets Statements, etc)

_____ _____ Legible Copy of the Estimated Settlement Statement or Estimated HUD – 1

_____ _____ Legible Sign Copies of any Addendum or Counter Offer

_____ _____ Legible Sign Copies of the Listing Agreement

_____ _____ Legible Sign Copies of the Short Sale Addendum (Seller)

_____ _____ Legible complete copy of Mortgage Lender Form and 4506-TEZ or 4506 T Form

_____ _____ Legible Sign Copy of the Financial Hardship Letter

_____ _____ Legible Copies of all Sellers Pay Check Stubs within the 30 Days Calendar of Submission.
(During this process must provide pay check stubs upon receiving one).

______ ______ Legible Copies of 2009 Federal Tax Return with all pages, schedules and page: 2 of the 1040 must be sign by all "Tax Clients"

______ ______ Legible Copies with all pages front & back Personal Bank Statement and any Assets within the 60 Days Calendar of Submission
(During this process must provide Bank Statements upon receiving one.)

_____ _____ Legible most recent all mortgage statements, property tax bill, hazard insurance declaration page and homeowner's association dues if not escrow impound

______ _______ Legible Copies of monthly bills; utility bills, Electric/Power, Gas/Energy, Water, Sewer,Garbage, Sanitation, Cell Phone, Internet, Cable or Satellite, Home Phone, Auto Loan, Auto Insurance, List of Creditors Name, Minimum payment and current balance

_____ _______ Legible Copies of Rental / Lease Agreement if applicable

_____ _______ Legible Signed Copies of the Complete CLG Intake Package

Authorization Form

This form will serve to acknowledge that the captioned mortgagor has authorized our firm, Century Law Group LLP, to act in his/her/their behalf to resolve their mortgage problems. This is in accordance with Title 24 of the CFR 203.500 (HUD). Century Law Group LLP (310) 642–6900

Loan #: ______________________

Mortgagor / Borrower(s)

Borrower Name: ____

Borrower Social Security #: ____

Co-Borrower Name: ____

Co-Borrower Social Security #: ____

Property Street Address: ____

City, State, Zip: ____

Mortgagee / Lender

Lender: ____

Street Address: ____

City, State, Zip: ____

Loan Number: ____

I / We authorize the agents and attorneys of Century Law Group LLP ("Authorized Party") listed below for ___________________________ ("Lender") to provide the following information/documentation regarding the above referenced loan to the Authorized Party listed.

The Authorized Party named above is authorized to discuss all information regarding my above – referenced loan, to receive written communication and/or copies of loan documents for my above referenced loan.

This is authorization is valid until __________/__________/ 20_____ and/or this authorization is valid until revoked by the undersigned or when the loan modification request been completed.

I / We hereby release ____ ("the lender"), its affiliates, employees, officers, agents, and directors from any claim that might arise in connection with this authorization. This authorization shall remain in effect until revoked in writing. To be very clear, let this document serve as an authorization to allow the third party, Century Law Group LLP, to begin work and speak on my behalf.

Mortgagor's Signatures

Borrower: ______________________________ Date: ______________

Co-Borrower: ___________________________ Date: ______________

Authorized Century Law Group LLP Agents and Attorneys:

Edward O. Lear   Daniel Woodford   Alfonso Florentino   Paul Alvarez

Marisol Ocampo   Rizza Gonzales   Gabriela Ocampo   Kathy Ferrera   Gabriel Lopez

Form **4506T-EZ**

(Rev. January 2010)

Department of the Treasury
Internal Revenue Service

Short Form Request for Individual Tax Return Transcript

▶ **Request may not be processed if the form is incomplete or illegible.**

OMB No. 1545-2154

Tip. Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge.

1a Name shown on tax return. If a joint return, enter the name shown first.	**1b First social security number on tax return**
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 is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

Third party name	Telephone number

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

6 **Year(s) requested.** Enter the year(s) of the return transcript you are requesting (for example, "2008"). Most requests will be processed within 10 business days.

__________ __________ __________ __________

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

Note. *If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS may notify you or the third party that it was unable to locate a return, or that a return was not filed, whichever is applicable.*

Signature of taxpayer(s). I declare that I am the taxpayer whose name is shown on either line 1a or 2a. If the request applies to a joint return, **either** husband or wife must sign. **Note.** *For transcripts being sent to a third party, this form must be received within 120 days of signature date.*

Sign Here			Telephone number of taxpayer on line 1a or 2a
▶	**Signature** (see instructions)	Date	
▶	**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.

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
Florida, Georgia, North Carolina, South Carolina	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 770-455-2335
Alabama, 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, 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
Arkansas, Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia	RAIVS Team Stop 6705 P-6 Kansas City, MO 64999 816-292-6102

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

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

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

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, 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.