



**PRICE LAW GROUP**  
A Professional Corporation

# SHORT SALE NEGOTIATION PACKET

15760 Ventura Blvd. Suite 1100 • Encino, CA 91436  
Toll-Free: (800) 884-6000 ext. 2000 • Fax: (866) 612-5700

Price Law Group has offices throughout California, Nevada, Arizona and New York



## **Price Law Group Short Sale Package**

For almost 20 years, Price Law Group has been helping clients resolve their issues with their distressed properties. Recently, with foreclosures at an all-time high, Price Law Group has decided to apply our expertise to the most practical alternative to foreclosure: Short Sales. As a firm sensitive to Realtors'® concerns, we have responded by marshalling our resources to service each of your listings while streamlining the often cumbersome Short Sale process.

In addition to our legal expertise, our principals have developed a far reaching network of contacts including property owners, mortgage companies, banks and Realtors, allowing us to deliver time-and-again where others fail. These relationships combined with our commitment to exceptional service benefits both our clients – and yours.

We also have the resources to call certain banks ever single day, when warranted.

To get started, we ask that you carefully review, complete and return this package to us at your earliest convenience. If at any point you have any comments, questions or concerns, please don't hesitate to contact us at (800) 884-6000 ext. 2000.

Sincerely,

**Price Law Group**

# Table of Contents

## **1. Homeowner Submission Checklist**

A checklist to make sure you have all the required items and documents necessary for us to begin the Short Sale process.

## **2. Property Profile**

This form provides us the necessary information regarding the property, your client's loan(s), and any outstanding liens.

## **3. Authorization Form(s) Use a separate one for each lender. Two (2) copies are provided.**

This form authorizes the lender(s) to discuss your client's loan with representatives of Price Law Group, allowing us to negotiate with the Lender on your behalf.

## **4. Hardship Letter**

## **5. Financial Statement**

This form provides the necessary financial information your client's lender requires to consider a short sale.

## **6. Client Agreement**

This document describes the services we provide and the terms of the agreement between Price Law Group and our clients.



# Homeowner Submission Checklist

## PLEASE USE AS FAX COVER SHEET

The following are some specific forms Price Law Group requires you to sign and return at your earliest convenience. We will need all parties on title of the property to sign. For the Financial Worksheet and Authorization to Release Information form, we will need the person(s) on the loan to fill out and sign those two forms.

Please quickly gather the following paperwork to ensure a smooth short sale process:

### **1. Initial Documents: Items needed immediately to begin dialogue with the bank.**

- Signed Client Agreement
- Signed Authorization to Release Form (one for each lender)
- Completed Property Profile

### **2. Short Sale Package Documents: Items required to submit the Short Sale Package to the Lender.**

- Most recent mortgage statements for all loans on the property and any correspondence from the lender(s) regarding your mortgage(s)
- Hardship Letter
- Completed Price Law Group Financial Statement (or lender specific form)
- Last two month's Paycheck Stubs
- Last four months of bank statements
- Last two years W2s/Tax Returns
- Recent Property Tax Bill
- FROM REALTOR: Agent Listing Agreement

**Fax to: (866) 612-5700 Email to: [ShortSales@PriceLawGroup.com](mailto:ShortSales@PriceLawGroup.com)**

**-or-**

**Mail to: 15760 Ventura Blvd. Suite 1100 • Encino, CA 91436**

Please don't hesitate to contact us should you have any comments, questions, or concerns as you gather your documents and complete your package. Once you send the initial three (3) items on the Price Law Group Item List, we can initialize communication with your bank. Once we receive all the required Short Sale Items, we will review them to insure we have all the necessary items and information in order to submit your complete Short Sale Package.

**Have Questions about submission documents? Call us at: (800) 884-6000 ext. 2000**



# Property Profile Form

**Owner(s)** \_\_\_\_\_

**Borrower(s) Name(s):** \_\_\_\_\_

(if different from above)

Primary Phone: \_\_\_\_\_ Soc Sec #(s): \_\_\_\_\_

Alt. Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Beds: \_\_\_\_\_ Bath: \_\_\_\_\_ Sq.Ft: \_\_\_\_\_ Stories: \_\_\_\_\_ Purchase Price: \$ \_\_\_\_\_

Home Address: \_\_\_\_\_

(if different from above)

**Vacant, Tenant or Owner Occupied?** \_\_\_\_\_

**Tenant/Management Co Name:** \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**1st Lender:** \_\_\_\_\_

Balance: \_\_\_\_\_

Monthly Payment: \_\_\_\_\_

Loan no: \_\_\_\_\_

Months Late: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**2nd Lender:** \_\_\_\_\_

Balance: \_\_\_\_\_

Months Late: \_\_\_\_\_

Loan no: \_\_\_\_\_

Monthly Payment: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**HOA Company:** \_\_\_\_\_

Monthly Dues: \$ \_\_\_\_\_

Phone Number: \_\_\_\_\_

Month(s) Late: \_\_\_\_\_

**Is Property Listed?** \_\_\_\_\_

Agents Name: \_\_\_\_\_

Listing Price: \_\_\_\_\_

Date of Listing: \_\_\_\_\_

Agents Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Trustee Sale Date scheduled?** \_\_\_\_\_

Property Taxes Current? \_\_\_\_\_

Any other Liens? Name: \_\_\_\_\_

When? \_\_\_\_\_

How much owed: \$ \_\_\_\_\_

Amount: \$ \_\_\_\_\_

**Any Repairs needed?** (General Condition of the home: outside, inside, carpet, paint, drapes, kitchen, bath etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated Amount of Repairs: \$ \_\_\_\_\_







**Making Home Affordable Program**  
**Request for Modification and Affidavit (RMA)**



REQUEST FOR MODIFICATION AND AFFIDAVIT (RMA) page 1

COMPLETE ALL THREE PAGES OF THIS FORM

▶ Loan I.D. Number \_\_\_\_\_ ▶ Servicer \_\_\_\_\_

BORROWER		CO-BORROWER	
Borrower's name		Co-borrower's name	
Social Security number	Date of birth	Social Security number	Date of birth
Home phone number with area code		Home phone number with area code	
Cell or work number with area code		Cell or work number with area code	

**I want to:**  Keep the Property  Sell the Property

**The property is my:**  Primary Residence  Second Home  Investment

**The property is:**  Owner Occupied  Renter Occupied  Vacant

Mailing address \_\_\_\_\_

Property address (if same as mailing address, just write same) \_\_\_\_\_ E-mail address \_\_\_\_\_

**Is the property listed for sale?**  Yes  No  
**Have you received an offer on the property?**  Yes  No  
 Date of offer \_\_\_\_\_ Amount of offer \$ \_\_\_\_\_  
 Agent's Name: \_\_\_\_\_  
 Agent's Phone Number: \_\_\_\_\_  
 For Sale by Owner?  Yes  No

**Have you contacted a credit-counseling agency for help?**  Yes  No  
 If yes, please complete the following:  
 Counselor's Name: \_\_\_\_\_  
 Agency Name: \_\_\_\_\_  
 Counselor's Phone Number: \_\_\_\_\_  
 Counselor's E-mail: \_\_\_\_\_

**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  
**Condominium or HOA Fees:**  Yes  No \$ \_\_\_\_\_  
 Paid to: \_\_\_\_\_

**Who pays the hazard insurance premium for your property?**  
 I do  Lender does  Paid by Condo or HOA  
**Is the policy current?**  Yes  No  
 Name of Insurance Co.: \_\_\_\_\_  
 Insurance Co. Tel #: \_\_\_\_\_

**Have you filed for bankruptcy?**  Yes  No If yes:  Chapter 7  Chapter 13 Filing Date: \_\_\_\_\_  
**Has your bankruptcy been discharged?**  Yes  No Bankruptcy case number \_\_\_\_\_

**Additional Liens/Mortgages or Judgments on this property:**

Lien Holder's Name/Servicer	Balance	Contact Number	Loan Number

**HARDSHIP AFFIDAVIT**

I (We) am/are requesting review under the Making Home Affordable program.  
 I am having difficulty making my monthly payment because of financial difficulties created by (check all that apply):

<input type="checkbox"/> 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.	<input type="checkbox"/> My monthly debt payments are excessive and I am overextended with my creditors. Debt includes credit cards, home equity or other debt.
<input type="checkbox"/> My expenses have increased. For example: monthly mortgage payment reset, high medical or health care costs, uninsured losses, increased utilities or property taxes.	<input type="checkbox"/> 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 (continue on back of page 3 if necessary): \_\_\_\_\_  
 \_\_\_\_\_



REQUEST FOR MODIFICATION AND AFFIDAVIT (RMA) page 2

COMPLETE ALL THREE PAGES OF THIS FORM

**INCOME/EXPENSES FOR HOUSEHOLD<sup>1</sup>**

Number of People in Household:

Monthly Household Income		Monthly Household Expenses/Debt		Household Assets	
Monthly Gross Wages	\$	First Mortgage Payment	\$	Checking Account(s)	\$
Overtime	\$	Second Mortgage Payment	\$	Checking Account(s)	\$
Child Support / Alimony / Separation <sup>2</sup>	\$	Insurance	\$	Savings/ Money Market	\$
Social Security/SSDI	\$	Property Taxes	\$	CDs	\$
Other monthly income from pensions, annuities or retirement plans	\$	Credit Cards / Installment Loan(s) (total minimum payment per month)	\$	Stocks / Bonds	\$
Tips, commissions, bonus and self-employed income	\$	Alimony, child support payments	\$	Other Cash on Hand	\$
Rents Received	\$	Net Rental Expenses	\$	Other Real Estate (estimated value)	\$
Unemployment Income	\$	HOA/Condo Fees/Property Maintenance	\$	Other _____	\$
Food Stamps/Welfare	\$	Car Payments	\$	Other _____	\$
Other (investment income, royalties, interest, dividends etc.)	\$	Other _____	\$	Do not include the value of life insurance or retirement plans when calculating assets (401k, pension funds, annuities, IRAs, Keogh plans, etc.)	
<b>Total (Gross Income)</b>	<b>\$</b>	<b>Total Debt/Expenses</b>	<b>\$</b>	<b>Total Assets</b>	<b>\$</b>

**INCOME MUST BE DOCUMENTED**

<sup>1</sup>Include combined income and expenses from the borrower and co-borrower (if any). If you include income and expenses from a household member who is not a borrower, please specify using the back of this form if necessary.

<sup>2</sup>You are not required to disclose Child Support, Alimony or Separation Maintenance income, unless you choose to have it considered by your servicer.

**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.**

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

**To be completed by interviewer**

<b>This request was taken by:</b> <input type="checkbox"/> Face-to-face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet	<b>Interviewer's Name (print or type) &amp; ID Number</b>	<b>Name/Address of Interviewer's Employer</b>
	<b>Interviewer's Signature</b> <b>Date</b>	
	<b>Interviewer's Phone Number (include area code)</b>	



**ACKNOWLEDGEMENT AND AGREEMENT**

*In making this request for consideration under the Making Home Affordable Program, I certify under penalty of perjury:*

1. That all of the 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, short sale or deed-in-lieu of foreclosure.
2. I understand that the Servicer, the U.S. Department of the Treasury, 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 the Servicer 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, the Servicer may cancel any Agreement under Making Home Affordable and may pursue foreclosure on my home.
5. That: my property is owner-occupied; I intend to reside in this property for the next twelve months; I have not received a condemnation notice; and there has been no change in the ownership of the Property since I signed the documents for the mortgage that I want to modify.
6. I am willing to provide all requested documents and to respond to all Servicer questions in a timely manner.
7. I understand that the Servicer will use the information in this document to evaluate my eligibility for a loan modification or short sale or deed-in-lieu of foreclosure, but the Servicer is not obligated to offer me assistance based solely on the statements in this document.
8. I am willing to commit to credit counseling if it is determined that my financial hardship is related to excessive debt.
9. I understand that the Servicer 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 account balances and activity. I understand and consent to the disclosure of my personal information and the terms of any Making Home Affordable Agreement by Servicer to (a) the U.S. Department of the Treasury, (b) Fannie Mae and Freddie Mac in connection with their responsibilities under the Homeowner Affordability and Stability Plan; (c) any investor, insurer, guarantor or servicer that owns, insures, guarantees or services my first lien or subordinate lien (if applicable) mortgage loan(s); (d) companies that perform support services in conjunction with Making Home Affordable; and (e) any HUD-certified housing counselor.

▶ \_\_\_\_\_ Date

Borrower Signature

▶ \_\_\_\_\_ Date

Co-Borrower Signature

**HOMEOWNER'S HOTLINE**

*If you have questions about this document or the modification process, please call your servicer.  
If you have questions about the program that your servicer cannot answer or need further counseling,  
you can call the Homeowner's HOPE™ Hotline at 1-888-995-HOPE (4673). The Hotline can help with questions about  
the program and offers free HUD-certified counseling services in English and Spanish.*



**NOTICE TO BORROWERS**

Be advised that by signing this document you understand that any documents and information you submit to your servicer in connection with the Making Home Affordable 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 Lender in connection with the Making Home Affordable Program, including the documents and information regarding my eligibility for the program, are true and correct."

If you are aware of fraud, waste, abuse, mismanagement or misrepresentations affiliated with the Troubled Asset Relief Program, please contact the SIGTARP Hotline by calling 1-877-SIG-2009 (toll-free), 202-622-4559 (fax), or www.sig tarp.gov. Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.





Form **4506T-EZ**  
(Rev. January 2010)

**Short Form Request for Individual Tax Return Transcript**

CMB No. 1545-2154

Department of the Treasury  
Internal Revenue Service

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

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

<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
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
<b>4</b> Previous address shown on the last return filed if different from line 3	
<b>5</b> 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	
<b>6</b> <b>Year(s) requested.</b> 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.

<b>Sign Here</b>	Signature (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a
	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 RAVS 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:**

Florida, Georgia, North Carolina, South Carolina

Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address

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

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

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

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

RAVS Team  
Stop 6716 AUSC  
Austin, TX 73301  
512-460-2272

RAVS Team  
Stop 37106  
Fresno, CA 93888  
559-456-5876

RAVS 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.



# Price Law Group Client Agreement

This agreement is made between \_\_\_\_\_ and \_\_\_\_\_  
*Agent Signature* *Homeowner Signature*  
(herein referred to as "Client") and \_\_\_\_\_ in regard to client's real property ("the property")  
*Price Law Group Representative*  
located at:

Street address

City State Zip Code

## 1. PARTIES' RESPONSIBILITIES

Upon entering into this agreement Price Law Group will undertake to negotiate with client's lender(s) for the purpose of negotiating a short sale of the property.

Client appoints PLG as its sole agent to negotiate with their lender(s) in regard to any short sale agreement. Client agrees to handle all future direct or indirect communications with its lender(s) through Price Law Group, including contact with any agents or attorneys of the lender(s), unless express consent otherwise is provided by Price Law Group. Client shall at no time provide any document to any lender(s), their agents or attorneys unless express consent therefore is given by Price Law Group. Accordingly, any information sought by client is to be requested of Price Law Group and any information to be provided by client is to be provided only through Price Law Group. Price Law Group shall render its services based upon information furnished and to be furnished by Client and information independently obtained by Price Law Group.

Client shall provide to Price Law Group such information as Price Law Group may request with respect to the property and with respect to client's personal financial information. Client warrants that all information provided to Price Law Group shall be true, complete and accurate to the best of client's knowledge. Price Law Group is authorized to disclose such information to third parties in the performance of Price Law Group's services hereunder. Client agrees to make the interior and exterior of the property available for inspection to Price Law Group and others, as requested by Price Law Group.

## 2. COMPENSATION

**Fee is 1% of the purchase price**

**a) Short Sale.** Price Law Group will be compensated for providing the short sale services set forth herein by means of a negotiation fee paid by the lender, if allowed, or by reduction in realtor commission. This fee may be paid directly from proceeds from the sale of the property and client agrees that such person, firm or entity shall pay to Price Law Group the negotiation fees agreed upon between Price Law Group and such person or entity. Price Law Group shall also retain all rights at law or in equity for the collection of its negotiation fee. Unless specifically agreed otherwise, Price Law Group will not bill client directly for services rendered.

**b) Workout Assistance. It is understood that by signing this contract, Price Law Group is only undertaking to pursue a short sale with client's lender(s).** Should client request any other form of assistance whereby Price Law Group would endeavor to renegotiate or modify client's loan(s) by means of securing lender(s) approval of a loan modification, reinstatement, forbearance, payment plan, deed-in-lieu, or other loss mitigation solution or workout assistance program, excluding short sale, a separate contract will be executed between client and Price Law Group.



**3. CONTRACT PERIOD**

This agreement shall begin on the date of acceptance hereof by Price Law Group and shall continue for a period of 180 days, unless renewed. At the end of said 180 day period the agreement shall automatically renew for an additional 90 day period, unless written notice of non-renewal is sent by either party no later than 15 days period prior to the expiration of the initial 180 day period. At the end of said 90 day renewal period the agreement shall continue to automatically renew for successive 90 day renewal periods, unless written notice of non-renewal is sent by either party no later than 15 days prior to expiration of then current 90 day renewal period. In addition, this agreement will terminate automatically upon completion by Mitigation of its services required herein. Price Law Group reserves the right to cease providing services hereunder and to terminate this agreement in the event of client’s failure to provide information required by Price Law Group to perform its services, client providing false information or any other breach by client of the provisions set forth herein.

**4. CLIENT TO SEEK ITS OWN LEGAL AND TAX ADVICE**

Price Law Group advises client to seek and client agrees to seek its own tax and legal advice.

**5. RISKS**

Price Law Group will use its best effort in the performance of its services under this agreement, but client acknowledges that a successful result from the services to be provided by Price Law Group must be contingent upon real estate market conditions and financial market conditions. Accordingly, even if a purchaser does make an offer for a short sale of the property there is no guarantee that client’s lender(s) will agree to such a sale and there is no guarantee that client’s lender(s) will agree to any loss mitigation solution.

**6. INDEMNIFICATION**

Client agrees to indemnify, defend and hold Price Law Group and its shareholders, directors, officers, partners, joint ventures, attorneys, insurers, contractors and employees free and harmless from any liability or expense that Price Law Group may incur as a result of incorrect or incomplete information supplied by a client or from any other action or omission by client. In no event shall the value of any claim arising out of the relationship between the parties, directly, indirectly, or consequently, exceed the fee paid, directly or indirectly, by client to Price Law Group, regardless of the nature, extent or legal theory of the claim.

Dated: \_\_\_\_\_

\_\_\_\_\_  
**Client** (Type/print full name)

\_\_\_\_\_  
Sign here

\_\_\_\_\_  
**Co-Client** (Type/print full name)

\_\_\_\_\_  
Sign here

\_\_\_\_\_  
**Agent** (Type/print full name)

\_\_\_\_\_  
Sign here

\_\_\_\_\_  
**Price Law Group Representative** (Type/print full name)

\_\_\_\_\_  
Sign here