



Step Forward Michigan Third Party Authorization and Disclosure Agreement

The Michigan Homeowner Assistance Nonprofit Housing Corporation (MHA) is acting through the Michigan State Housing Development Authority (MSHDA) using Hardest Hit Funds® from the U.S. Department of the Treasury. MHA has implemented several programs for homeowners who have experienced an involuntary hardship affecting their ability to pay their mortgage. This form provides the necessary Third Party Authorization for MHA to interact with participating mortgage Servicer and provides important disclosures and agreements required for homeowner participation.

Fifth Third Bank	0407175454
Mortgage Servicer Name ("Servicer")	Mortgage Account Number
8607 Carlsbad Lane	Delta MI 48917
Property Address	
Authorized Third Parties: <i>Michigan Homeowner Assistance Nonprofit Housing Corporation (MHA)</i>	(866) 946-7432
Name	Telephone Number
Other Authorized Third Party	Other Third Party Telephone Number
Other Authorized Third Party	Other Third Party Telephone Number

1. I/we authorize the above Servicer and the Third Parties listed above to exchange, share, release, discuss, and provide to and with each other public and non-public personal information contained in my program application or related to the mortgage account listed above. This information may include (but is not limited to) my name, address, telephone number, social security number, credit information, income, government monitoring information, loss mitigation application status, account balances, program eligibility, and payment activity.
2. I/we understand that the Servicer will take reasonable steps to verify the identity of the Third Party, but has no responsibility or liability to verify the identity of the Third Party or what the Third Party does with such information. This Third Party Authorization is valid until the Servicer receives a written revocation signed by any borrower or co-borrower.
3. I/we understand this program receives funds through U.S. Department of the Treasury and the MHA is required to share some of my personal information with program administrators or their agents for purposes of program monitoring, compliance and evaluation.
4. I/we understand this program requires the MHA to continue reporting of program outcomes to program the U.S. Department of the Treasury following the end of assistance to me/us.
5. I/we understand that assistance from only one Hardest Hit Funds® program is available per household.
6. I/we understand that I/we may be referred to other services or another agency as appropriate that may be able to assist with particular identified concerns. I/we understand that I/we are not obligated to use any of the services offered to me.
7. I/we understand that MHA may provide answers and information to me/us, but I/we will not receive legal advice.
8. If Hardest Hit Funds® are used to pay delinquent property taxes, I/we agree to establish an escrow account with the Servicer for future payment of property taxes.
9. If I/we are awarded Hardest Hit Funds®, I/we agree to execute a mortgage and note in favor of the MHA. This note will contain a 0% interest rate, be non-amortizing, forgivable over a 5-year term at 20% per year. The remaining balance will be due upon sale or transfer of the property or if the property ceases to be my/our principal residence.
10. I/We hereby allow MHA and/or its agents, employees, or affiliates to request and obtain income and asset information, property information, mortgage, credit report and personal information pertinent to receipt of this assistance.
11. I/we certify that all information provided with our application is truthful and confirm that the hardship(s) identified has contributed to this request for Hardest Hit Funds®.

Michigan Homeowner Assistance Nonprofit Housing Corporation (MHA) is acting through the Michigan State Housing Development Authority



Michigan Homeowner Assistance Nonprofit Housing Corporation (MHA)
 Step Forward Michigan
 George W. Romney Building - 8th Floor • 111 S. Capitol Ave. • Lansing, MI 48933
 Phone (866)946-7432 • Fax (517) 335-9890
www.stepforwardmichigan.org





12. I/we understand that the Servicer, the MHA, MSHDA, the State of Michigan, the U.S. Department of the Treasury and/or their agents may investigate my statements and any submitted documents by performing routine background checks, including automated searches of Federal, State and County databases, to confirm the accuracy of information and statements I/we have submitted. I/we also knowingly understand that submitting false information may violate Federal or State law.
13. I/we further acknowledge that if MHA or the Servicer determines that I/we have made any misstatement of material fact in any document I/we have submitted in order to participate with this program, the MHA or the Servicer may terminate assistance.
14. A paper or electronic copy of this form may be deemed to be the equivalent of the original and may be used as a duplicate original.

Dodd-Frank Certification

*The following information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203). **You are required to furnish this information.** The law provides that no person shall be eligible to begin receiving assistance from the Making Home Affordable Program, authorized under the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 et seq.), or any other mortgage assistance program authorized or funded by that Act, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony larceny, theft, fraud, or forgery, (B) money laundering or (C) tax evasion.*

I/we certify under penalty of perjury that I/we have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:

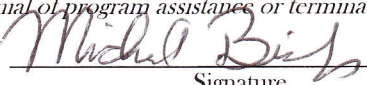

- (a) felony larceny, theft, fraud, or forgery,*
- (b) money laundering or*
- (c) tax evasion.*

I/we understand that the Servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/we also understand that knowingly submitting false information may violate Federal law. This Certificate is effective on the earlier of the date listed below or the date received by your servicer.

This Certificate is effective on the earlier of the date listed below or the date received by your servicer.

When you sign and date this form, you will make important certifications, representations and agreements listed above; certifying under penalty of perjury that all the information provided for the Hardest Hit Funds® program are accurate and truthful.

Failure to sign the consent form may result in denial of program assistance or termination of program benefits.

<u>Michael Bishop</u> Borrower Printed Name	 Signature	<u>08/03/2012</u> Date
<u>Celeste Bishop</u> Co-Borrower Printed Name	 Signature	<u>08/03/2012</u> Date
_____ Co-Borrower Printed Name	_____ Signature	_____ Date
_____ Co-Borrower Printed Name	_____ Signature	_____ Date

Mortgage Account # 0407175454



MHA Case # _____

Intake Form

Date: 08/03/2012

Name: First: Michael Last: Bishop County: Eaton

Street Address: 8607 Carlsbad Lane City: Delta State: MI Zip: 48917

Phone #: (517) 775-4916 Phone #2: _____ Social Security Number: 376-88-8095

Birthdate: 1/25/1965 Race: White Other: _____

Hispanic: ☒ Yes ☐ No Place of Birth: San Antonio, Texas

Marital Status: Married Gender: Male Disabled: No Veteran: No

Household Type: Married with dependents Head of Household: Yes

Received Foreclosure Notice: No Has your loan been modified in the past 6 months? No

Filed For Bankruptcy: No Bankruptcy Discharge Date: _____

Family Size: 3 How many dependents? 1 What ages are they? 18 _____

Disabled Dependent: No Total Co-Homeowners: 1 Education: Two-Year College

What is the primary reason for your hardship and/or loan default? _____

Unemployment

CO-HOMEOWNER

Name: First: Celeste M: _____ Last: Bishop

Phone #: (517) 974-1118 Phone #2: _____ Social Security Number: 383-92-7557

Birthdate: 4/17/1967 Race: White Other: _____

Hispanic: ☐ Yes ☒ No Place of Birth: Lansing, Michigan Education: Two-Year College

Marital Status: Married Gender: Female Disabled: No Veteran: No

Relationship to Homeowner: Spouse Other: _____

EMPLOYMENT

Primary Employer: Labor Law Poster Service Position: Operations Manager Self Employed: No

Net Income: \$ 1,250.60 Years in Profession: 13 Hire Date: 08/15/1999

This amount is paid: Monthly

Co-Homeowner Employment

Primary Employer: Labor Law Poster Service Position: Data Entry Supervisor Self Employed: No

Net Income: \$ 1,250.60 Years in Profession: 12 Hire Date: 01/15/2000

This amount is paid: Monthly

Mortgage Account # 0407175454

MHA Case # _____

Intake Form

PROPERTY INFORMATION

Property Type: 1 Unit (Single Family Residence) Purchase Price: \$ 270,000 Purchase Date: 05/22/2009Current Assessed Property Value: \$ _____ Owner Occupied: Yes Occupancy Type: PrimaryProperty For Sale: No Real Estate Agent Name: _____ Real Estate Agent Phone #: _____First Mortgage Lender: Fifth Third Bank Loan Number: 0407175454Current On Mortgage: No Interest Rate 4.875 % Adjustable Loan? No Type of Loan: Fixed RateDate of Adjustment: _____ Principal Balance \$ 256,000.00 Monthly Payment \$ 1,975.00

Second Mortgage Lender: _____ Loan Number: _____

Interest Rate _____ % Adjustable Loan? _____ Type of Loan: _____

Date of Adjustment: _____ Principal Balance \$ _____ Monthly Payment \$ _____

MISC

How Did you Hear About Us: Mortgage CompanyHow would you like to be contacted: Any

FINANCIAL INFO

Income	Monthly Gross	Monthly Net	Source
Homeowner Income	\$ 1,448.00	\$ 1,250.60	Unemployment benefits
Co-Homeowner Income	\$ 1,448.00	\$ 1,250.60	Unemployment benefits
Other Income 1	\$ 650.00	\$ 0.00	Rental Property Income
Other Income 2	\$	\$	
Other Income 3	\$	\$	

Total Gross Income	\$ 3,546.00
Total Net Income	\$ 2,501.20

Total Annual Income	\$42,552.00
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Assets	Estimated Value
Checking Accounts	\$ 200.00
Savings Accounts	\$ 0.00
IRA/401K/Keogh Accounts	\$ 4,000.00
Other	\$
Total Assets	\$ 4,200.00

Mortgage Account # 0407175454



MHA Case # _____

Intake Form

HARDSHIP

Explanation

To whom it may concern,

I am writing this letter to explain my hardship, and the reason we are requesting assistance from your program. We are requesting your assistance to ensure that we are able to stay in our home. Our number one goal is to keep our home and we would really appreciate the opportunity to do that.

The main reason that caused us hardship is I am presently receiving Michigan unemployment income and I am unable to make my full mortgage payment. We both were laid off from our jobs in June. We are currently receiving unemployment benefits but the funds only pay a portion of our current expenses. We are expected to return to work some time in September so we are hoping to receive help in paying our mortgage during this time that we are laid off. Thank you.

We sincerely seek your assistance in reducing our payment, relieving our past due balance, a reduction in principal balance, or defer some payments in order to maintain good standing with you. We greatly appreciate any help you may be able to provide.

Sincerely,

By signing below, I/We certify that the information and documentation provided is true and correct to the best of my/our knowledge. In the event a third party is designated to assist on my/our behalf, I have included written authorization to the designee to assist on my/our behalf (Third Party Authorization & Disclosure Agreement).

Michael Bishop

Signature

Michael Bishop

Print Name

08/03/2012

Date

Celeste Bishop

Co-Homeowner Signature

Celeste Bishop

Print Name

08/03/2012

Date

Co-Homeowner Signature

Print Name

Date

Co-Homeowner Signature

Print Name

Date



Form **4506-T**
(Rev. January 2012)
Department of the Treasury
Internal Revenue Service

Request for Transcript of Tax Return

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

OMB No. 1545-1872

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 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.

1a Name shown on tax return. If a joint return, enter the name shown first. <p style="text-align: center;">Michael Bishop</p>	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions) <p style="text-align: center;">376-88-8095</p>
2a If a joint return, enter spouse's name shown on tax return. <p style="text-align: center;">Celeste Bishop</p>	2b Second social security number or individual taxpayer identification number if joint tax return <p style="text-align: center;">383-92-1557</p>
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions) <p style="text-align: center;">Michael Bishop 8607 Carlsbad Lane Delta MI 48917</p>	
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.	

Caution. If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your IRS transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

- 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 provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. 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 2010, filed in 2011, will not be available from the IRS until 2012. 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 ☐

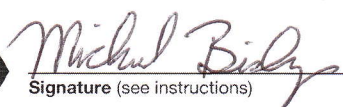
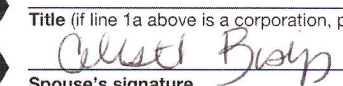
Caution. If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

- 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. _____

Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved **identity theft** on your federal tax return ☐

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

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 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 the signature date.

<p>Sign Here</p> <p>Signature (see instructions) </p>	<p>Date <u>8/3/12</u></p>	<p>Phone number of taxpayer on line 1a or 2a _____</p>
<p>Title (if line 1a above is a corporation, partnership, estate, or trust) _____</p> <p>Spouse's signature </p>	<p>Date <u>8/3/12</u></p>	

MESSAGE TO TAXPAYER

SUMMER TAXES ARE PAYABLE FROM JULY 1 THROUGH SEPTEMBER 14, 2012. OFFICE HOURS ARE 8:00 AM TO 5:00 PM. MONDAY THROUGH FRIDAY. DELTA TOWNSHIP OFFICES ARE CLOSED ON JULY 4TH AND SEPTEMBER 3RD. IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE TREASURER'S OFFICE AT (517) 323-8510. TAX AMOUNTS AND PAYMENTS ARE DISPLAYED ON DELTA TOWNSHIP'S WEBSITE - WWW.DELTAMI.GOV
THANK YOU. HOWARD PIZZO, TREASURER

INFORMATION ONLY COPY

A copy of this tax bill has been sent to the following mortgage company:

FIFTH THIRD BANK

If your lending institution is no longer responsible for paying these taxes, please use this bill for payment.

PROPERTY INFORMATION

Property Assessed To:
BISHOP, MICHAEL A & CELESTE A
8607 CARLSBAD LN
LANSING, MI 48917

Prop #: 23-040-072-860-200-00 School: 23060
Prop Addr: 8607 CARLSBAD LN

Legal Description:

LOT 20. SHADOW GLEN SUB T4N R3W, DELTA TOWNSHIP, SPLIT FROM PARCEL 23-040-009-100-071-00 FOR 2007

TAX DETAIL

Taxable Value: 129,000 Class: 401
State equalized Value: 129,000 Mortgage Code: 00556
Principal Residence Exemption %: 100

P.R.E. Exemption Has Reduced This Bill By: \$2,322.00

Taxes are based upon Taxable Value.
1 mill equals \$1.00 per \$1000 of Taxable Value.
Amounts with no millage are either Special Assessments or other charges added to this bill.

DESCRIPTION	MILLAGE	AMOUNT
STATE ED TAX	6.00000	774.00
EATON CO OPER	5.21490	672.72
GL SCH OPER	18.00000	0.00
GL SCH BLD&SITE	0.40000	51.60
GL SCH DEBT	2.70000	348.30
LANSING COMM COL	3.80720	491.12
EATN INT SCH OP	0.09210	11.88
EATN INT SPEC ED	1.38520	178.69
EATN INT VOC ED	0.46150	59.53
SCHOOL OPER FC	18.00000	0.00

OPERATING FISCAL YEARS

The taxes on bill will be used for governmental operations for the following fiscal years. Fiscal years do NOT affect when tax is due or its amount.

County:	10/01/2012	-	09/30/2013
Twn/Cty:	01/01/2013	-	12/31/2013
School:	07/01/2012	-	06/30/2013
State:	10/01/2012	-	09/30/2013

Total Tax	\$2,587.84
Administration Fee	\$25.87
TOTAL AMOUNT DUE	\$2,613.71

Pay this tax to:

DELTA CHARTER TOWNSHIP
TREASURER'S OFFICE
7710 W. SAGINAW HIGHWAY
LANSING, MI 48917
TEMP-RETURN SERVICE REQUESTED

Bill #: 09179

INFORMATION ONLY COPY

This tax is due by: 09/14/2012
After 09/14/2012 additional interest and fees apply

2012 Summer Tax for Prop #: 23-040-072-860-200-00

TAXPAYER NOTE: Are your name & mailing address correct?
If not, please make corrections below. Thank You.

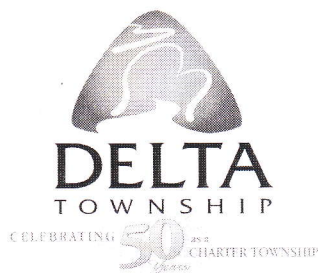
Property
Address: 8607 CARLSBAD LN

To:

BISHOP, MICHAEL A & CELESTE A
8607 CARLSBAD LN
LANSING, MI 48917-5807

01627

TOTAL AMOUNT DUE: \$2,613.71



WATER/SEWER BILL

Delta Charter Township

7710 WEST SAGINAW HIGHWAY
LANSING, MICHIGAN 48917-9712
(517) 323-8510
www.deltami.gov

OFFICE HOURS

8:00 A.M. -- 5:00 P.M.
MONDAY THROUGH FRIDAY

DRIVE UP NIGHT DEPOSIT BOX
AVAILABLE ON NORTH SIDE
OF ADMINISTRATION BUILDING

Service Emergencies and Repairs (517) 323-8570
Billing Questions (517) 323-8510

TEMP-RETURN SERVICE REQUESTED

4118 1 AV 0.350

4150 - 4118 - 13



BISHOP, MICHAEL
8607 CARLSBAD LN
LANSING MI 48917-5807

Paying by check authorizes Delta Charter Township to send the information from your check electronically to your bank for payment. Your account will be debited in the amount of your check and the transaction will appear on your bank statement. Your original check will be destroyed once processed, and you will not receive your cancelled check back.

Delinquent accounts with a balance forward are subject to discontinuation of service. Failure to receive bill does not entitle customer to discount.

ACCOUNT NUMBER	DATE BILL MAILED	SERVICE FROM	SERVICE TO		DUE DATE
00025400	07/26/2012	06/26/2012	07/25/2012		08/15/2012
PREVIOUS READING	PRESENT READING	UNITS USED (CUBIC FT)	DESCRIPTION		AMOUNT DUE
84600	A	89500	A	4900	
PAY YOUR BILL ONLINE FREE OF CHARGE AT WWW.DELTAMI.GOV CLICK ON THE BIG WATER DROP					Balance Forward
					WATER \$98.29
					SEWERS \$42.57
					CUSTOMER CHG \$10.25
					AFTER DUE DATE
					BY DUE DATE
					\$166.23
					\$151.11

SERVICE ADDRESS ► 8607 CARLSBAD LANE

KEEP THIS PORTION FOR YOUR RECORDS

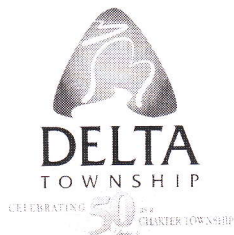
PLEASE DO NOT STAPLE

PLEASE RETURN THIS PORTION
WITH YOUR PAYMENT TO:

ALWAYS RETURN

THIS PORTION TO ASSURE

PROPER CREDIT WHEN REMITTING



Delta Charter Township

7710 WEST SAGINAW HIGHWAY
LANSING, MICHIGAN 48917-9712
(517) 323-8510

BISHOP, MICHAEL
8607 CARLSBAD LN
LANSING, MI 48917-5807

AMOUNT
DUE

DUE DATE	ACCOUNT NUMBER
08/15/2012	00025400
AFTER DUE DATE	BY DUE DATE
\$166.23	\$151.11

SERVICE ADDRESS ► 8607 CARLSBAD LANE



Copy B-To Be Filed With Employee's Federal Tax Return.		41-0852411 OMB No. 1545-0008	
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld	
376-88-8095	85460.59	9766.86	
b Employer ID number (EIN)	3 Social security wages	4 Social security tax withheld	
38-3468792	85460.59	3589.34	
	5 Medicare wages and tips	6 Medicare tax withheld	
	85460.59	1239.18	
c Employer's name, address, and ZIP code			
THE MANDATORY POSTER AGENCY INC 5859 WEST SAGINAW HWY SUITE 343 LANSING MI 48917			
d Control number 22			
e Employee's name, address, and ZIP code Suff.			
MICHAEL A. BISHOP 8607 CARLSBAD LANE LANSING MI 48917			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code	
13 Statutory employee	14 Other	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
MI	38-3468792	85460.59	3516.32
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement **2011** Dept. of the Treasury -- IRS
This information is being furnished to the Internal Revenue Service.
DAA

Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return.		41-0852411 OMB No. 1545-0008	
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld	
376-88-8095	85460.59	9766.86	
b Employer ID number (EIN)	3 Social security wages	4 Social security tax withheld	
38-3468792	85460.59	3589.34	
	5 Medicare wages and tips	6 Medicare tax withheld	
	85460.59	1239.18	
c Employer's name, address, and ZIP code			
THE MANDATORY POSTER AGENCY INC 5859 WEST SAGINAW HWY SUITE 343 LANSING MI 48917			
d Control number 22			
e Employee's name, address, and ZIP code Suff.			
MICHAEL A. BISHOP 8607 CARLSBAD LANE LANSING MI 48917			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code	
13 Statutory employee	14 Other	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
MI	38-3468792	85460.59	3516.32
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement **2011** Dept. of the Treasury -- IRS
DAA

Copy B-To Be Filed With Employee's Federal Tax Return.		41-0852411 OMB No. 1545-0008	
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld	
383-92-7557	77464.08	9619.49	
b Employer ID number (EIN)	3 Social security wages	4 Social security tax withheld	
38-3468792	77464.08	3253.49	
	5 Medicare wages and tips	6 Medicare tax withheld	
	77464.08	1123.23	
c Employer's name, address, and ZIP code			
THE MANDATORY POSTER AGENCY INC 5859 WEST SAGINAW HWY SUITE 343 LANSING MI 48917			
d Control number 20			
e Employee's name, address, and ZIP code Suff.			
CELESTE A. BISHOP 8607 CARLSBAD LANE LANSING MI 48917			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code	
13 Statutory employee	14 Other	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
MI	38-3468792	77464.08	3329.46
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement **2011** Dept. of the Treasury -- IRS
This information is being furnished to the Internal Revenue Service.
DAA

Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return.		41-0852411 OMB No. 1545-0008	
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld	
383-92-7557	77464.08	9619.49	
b Employer ID number (EIN)	3 Social security wages	4 Social security tax withheld	
38-3468792	77464.08	3253.49	
	5 Medicare wages and tips	6 Medicare tax withheld	
	77464.08	1123.23	
c Employer's name, address, and ZIP code			
THE MANDATORY POSTER AGENCY INC 5859 WEST SAGINAW HWY SUITE 343 LANSING MI 48917			
d Control number 20			
e Employee's name, address, and ZIP code Suff.			
CELESTE A. BISHOP 8607 CARLSBAD LANE LANSING MI 48917			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code	
13 Statutory employee	14 Other	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
MI	38-3468792	77464.08	3329.46
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement **2011** Dept. of the Treasury -- IRS
DAA



LETTER OF HARDSHIP

(Briefly explain your situation below)

My wife and I recently were laid off from our jobs. We are currently receiving unemployment benefits. Unfortunately the funds we are receiving will only pay for some of our expenses. We have gone from about \$2500/week to about \$2500/month. Our total expenses including utilities, credit cards, and living expenses far exceed our incoming funds. We are expected to return to work by the beginning of September. I am hoping that there is some program or offer available to help for the next few months to help pay for our mortgage. We are currently 1 payment behind because we do not have the funds. I can send over copies of all of our bills if necessary. I appreciate any help you may lend our family at this time. Thank you for your consideration.

Sincerely,

Michael Bishop

Michael Bishop

* Please call our Homeowner's Assistance Department at 1-800-375-1745, option 3 if you have any questions.

Michael and Celeste Bishop

8607 Carlsbad Lane

Lansing, MI 48917

July 13, 2012

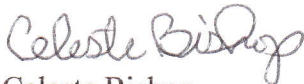
Fifth Third Bank
Homeowner's Assistance Dept.
MD1MOR19
5001 Kingsley Dr.
Cincinnati, OH 45227

Re: Hardship letter

To Whom It May Concern:

My husband and I were laid off from our jobs at the Labor Law Poster Service in June. We are currently both receiving unemployment benefits. Unfortunately the funds we are receiving will only pay for a portion of our current expenses. We were receiving about \$2500 per week to about \$2500 per month. Our total expenses including utilities, credit cards, and living expenses, far exceed our incoming moneys we receive. We are expected to return to work by the beginning of September. We are hoping that we may defer payment until return to work or if a program available that may assist us for the next few months. We are now 2 payments behind for our mortgage and just do not have any funds available to pay the amount due. We appreciate your willingness to work with us on this matter. Thank you for your consideration.

Sincerely,



Celeste Bishop

State of Michigan
Department of Licensing and Regulatory Affairs
Unemployment Insurance Agency
www.michigan.gov/uia

Monetary Redetermination

MICHAEL A BISHOP
8607 CARLSBAD LANE
LANSING, MI 48917-5807

UIA Office: 056

PO BOX 169
GRAND RAPIDS, MI 49501-0169
FAX: 1-517-636-0427

UIA Account No:

Mail Date: 06/11/2012

CLAIM INFORMATION

MICHAEL A BISHOP, 376-88-8095 FILED A CLAIM FOR UNEMPLOYMENT INSURANCE ON 06/08/2012.
YOU HAVE SUFFICIENT WAGES TO ESTABLISH A BENEFIT YEAR. YOU ARE ENTITLED TO RECEIVE BENEFIT PAYMENTS
UNLESS BENEFIT PAYMENT IS DELAYED OR DENIED FOR OTHER REASONS UNDER THE LAW. THIS REDETERMINATION IS
EFFECTIVE FOR WEEKS OF BENEFITS CLAIMED, BEGINNING 06/03/2012.

BENEFIT YEAR BEGINS:	06/03/2012	Reference Codes (See Back of Form)	DEPENDENTS CLAIMED	WEEKLY BENEFIT AMOUNT	BENEFIT WEEKS ALLOWED
BENEFIT YEAR ENDS:	06/01/2013				
HIGH QTR. WAGES USED TO CALCULATE BENEFITS	\$22,176.59	12	1	\$362.00	20.0

LAST EMPLOYER

<u>Employer</u>	<u>Reference Codes (See Back of Form)</u>	<u>Unemployed Worker's Separation Reason</u>	<u>Total Wages</u>	<u>Last Employer Charge for First 2 Benefit Weeks</u>	<u>Non-charge Amount</u>
THE MANDATORY POSTER AGENCY	22,25	LACK OF WORK	\$0.00	\$0.00	

BASE PERIOD EMPLOYER(S)

BASE PERIOD BEGINS: 01/01/2011 AND ENDS: 12/31/2011

<u>Employer</u>	<u>Reference Codes (See Back of Form)</u>	<u>Unemployed Worker's Separation Reason</u>	<u>Base Period Wages</u>	<u>Maximum Charge</u>	<u>Non-charge Amount</u>
THE MANDATORY POSTER AG	00	EMPLOYED	\$85460.59	\$7240.00	

UNEMPLOYED WORKERS & EMPLOYERS: IF YOU DISAGREE WITH THIS REDETERMINATION, YOUR APPEAL MUST BE
RECEIVED NOT LATER THAN **07/11/2012**

The due date is 30 calendar days from the mail date shown above.
Appeal rights are explained on the reverse side of this form.

0000141

(06/08/2012)

Monetary Determination

Uia Office: 056

CELESTE A BISHOP
 5607 CARLEAD LANE
 LANSING, MI 48917-5867

PO BOX 169
 GRAND RAPIDS, MI 49501-0169
 FAX: 1-517-636-0427

Mail Date: 06/11/2012

CLAIM INFORMATION

CELESTE A BISHOP, 383-92-7557 FILED A CLAIM FOR UNEMPLOYMENT INSURANCE ON 06/08/2012.
 YOU HAVE SUFFICIENT WAGES TO ESTABLISH A BENEFIT YEAR. YOU ARE ENTITLED TO RECEIVE BENEFIT PAYMENTS
 UNLESS BENEFIT PAYMENT IS DELAYED OR DENIED FOR OTHER REASONS UNDER THE LAW. THIS DETERMINATION IS
 EFFECTIVE FOR WEEKS OF BENEFITS CLAIMED, BEGINNING 06/03/2012.

BENEFIT YEAR BEGINS: 06/03/2012
 BENEFIT YEAR ENDS: 06/01/2013
 HIGH QTR. WAGES USED
 TO CALCULATE BENEFITS \$20,579.62

Reference Codes
 (See Back of Form)

DEPENDENTS
 CLAIMED
 1

WEEKLY BENEFIT AMOUNT	BENEFIT WEEKS ALLOWED
\$362.00	20.0

LAST EMPLOYER

Employee	Reference Codes (See Back of Form)	Unemployed Worker Separation Reason	Total Wages	Last Employer Charge for First 2 Benefit Weeks	Non-charge Amount
THE MANDATORY POSTER AGENCY	23,25	LACK OF WORK	\$1200.00	\$0.00	

BASE PERIOD EMPLOYER(S)

BASE PERIOD BEGINS: 01/01/2011 AND ENDS: 12/31/2011

Employer	Reference Codes (See Back of Form)	Separation Reason	Base Period Wages	Maximum Charge	Non-charge Amount
THE MANDATORY POSTER AG		LACK OF WORK	\$77464.08	\$7240.00	

UNEMPLOYED WORKER: IF YOU DISAGREE WITH THIS DETERMINATION, YOUR PROTEST MUST BE **RECEIVED** NOT LATER THAN
07/11/2012

The due date is 30 calendar days from the mail date shown above.
 Protest rights are explained on the reverse side of this form.

0000805

LARA is an equal opportunity employer/program.