

**BEFORE THE ARKANSAS SECURITIES COMMISSIONER
CASE NO C-10-0150**

RECEIVED

11 FEB -3 AM 9:01

ARKANSAS SECURITIES DEPT.

**IN THE MATTER OF:
SELECT DEBT SOLUTIONS, INC.**

RESPONDENT

REQUEST FOR CEASE AND DESIST ORDER

The Staff of the Arkansas Securities Department (“Staff”) received information and has in its possession certain evidence that indicates Select Debt Solutions, Inc. (“Select Debt Solutions”) has violated provisions of the Arkansas Fair Mortgage Lending Act (“FMLA”), Ark. Code Ann. §§ 23-39-501 through 23-39-518 and the Rules of the FMLA (“Rules”).

Administrative Authority

1. This matter is brought in connection with violations of sections of the Arkansas FMLA and is therefore properly before the Arkansas Securities Commissioner (“Commissioner”) in accordance with Ark. Code Ann. § 23-39-514(d).

Respondent

2. Select Debt Solutions is a business entity organized under the law of the State of Florida with its main office in North Palm Beach, Florida. Select Debt Solutions has never been licensed under the FMLA in any capacity.

Facts Supporting Request for Cease and Desist Order

3. On July 16, 2010, Arkansas resident one (“AR1”) received a fax with attached documents from Steve Roberts of Select Debt Solutions. The fax and documents concerned a

modification of the existing mortgage loan for AR1's residential dwelling located in North Little Rock, Arkansas. The faxed documents included: a cover sheet (attached hereto as Exhibit 1); a letter from Angela Baum, a loan modifications processing assistant with Select Debt Solutions (attached hereto as Exhibit 2); an application form (attached hereto as Exhibit 3); a hardship form letter (attached hereto as Exhibit 4); a third party authorization form (attached hereto as Exhibit 5); a mortgage modification application agreement (attached hereto as Exhibit 6); a credit/debt card authorization form (attached hereto as Exhibit 7); a payment plan form (attached hereto as Exhibit 8); and an ACH debt authorization form (attached hereto as Exhibit 9). AR1 completed and returned these documents and forms to Select Debt Solutions.

4. Sometime after AR1 returned the documents and forms listed in paragraph three to Select Debt Solutions, AR1 received a second letter (attached hereto as Exhibit 10) with additional forms and instructions from Colleen Scott, a loan modifications processing assistant with Select Debt Solutions. The letter acknowledged that AR1 had been prompt and complete in AR1's response to the first request for documents from Select Debt Solutions. The letter also included three forms for AR1 to complete and return. These forms consisted of Form 4506-T (attached hereto as Exhibit 11), which is an United States Department of the Treasury/Internal Revenue Service form to request a transcript of a tax return, and two financial worksheets (attached hereto as Exhibits 12 and 13). The information required from AR1 to complete the forms provided by Select Debt Solutions is all the standard personal financial information required from a borrower, like AR1, by a mortgage broker or banker during the mortgage loan application process.

5. AR1 paid an advance fee of \$1,995.00 to Select Debt Solutions by electronic draft in three payments of \$665.00 each. The first payment of \$665.00 was automatically drafted by

Select Debt Solutions on or about July 26, 2010; the second payment of \$665.00 was automatically drafted by Select Debt Solutions on or about August 19, 2010; the third payment of \$665.00 was automatically drafted by Select Debt Solutions on or about September 16, 2010. Select Debt Solutions never successfully modified AR1's mortgage loan. In addition, Select Debt Solutions never refunded or returned any part or portion of the \$1,995.00 advance fee to AR1.

6. Select Debt Solutions conducted unsuccessful loan modification activities on behalf of AR1 and was compensated by AR1 without holding a license from the commissioner under the FMLA.

Applicable Law

7. Rule 5003-3(c) of the Rules states that a person offering or negotiating loan modification services is, at least at a minimum, indirectly acting as a loan officer. Therefore, any person who directly or indirectly solicits, accepts, or negotiates; or offers or attempts to solicit, accept, or negotiate loan modifications for a borrower; and receives compensation or gain is required to be licensed as a loan officer and mortgage broker.

8. Ark. Code Ann. § 23-39-503(b) states that it is unlawful for any person other than an exempt person to act or attempt to act, directly or indirectly, as a mortgage broker, mortgage banker, loan officer, or mortgage servicer with any person located in Arkansas without first obtaining a license from the commissioner under the Arkansas FMLA.

9. Ark. Code Ann. § 23-39-503(c) states that it is unlawful for any person other than an exempt person to employ, to compensate, or appoint as its agent any person to act as a loan officer unless the loan officer is licensed as a loan officer under the FMLA.

10. Ark. Code Ann. § 23-39-513(4) states that it is unlawful for any person other than an exempt person to pay, receive, or collect, in whole or in part, any commission, fee, or other compensation for brokering a mortgage loan in violation of this subchapter, including a mortgage loan brokered or solicited by any unlicensed person other than an exempt person.

11. Ark. Code Ann. § 23-39-514(d) states that upon finding that any action of a person is in violation of the Arkansas FMLA, the Commissioner may summarily order the person to cease and desist from the prohibited action.

Conclusions of Law

12. As detailed in paragraphs three and four, Select Debt Solutions violated Ark. Code Ann. § 23-39-503(b) when it acted as a mortgage broker with AR1 without first being licensed under the FMLA.

13. As detailed in paragraphs three and four, Select Debt Solutions violated Ark. Code Ann. § 23-39-503(c) when it employed or appointed Angela Baum and Colleen Scott to act as loan officers with AR1 without first being licensed under the FMLA.

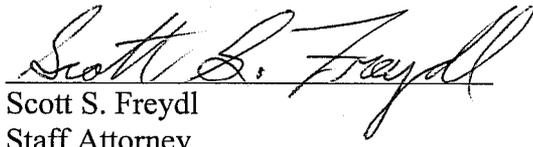
14. As detailed in paragraph five, Select Debt Solutions violated Ark. Code Ann. § 23-39-513(4) when it collected a commission or advanced fee in the amount of \$1,995.00 from AR1 for attempting to renegotiate or modify AR1's mortgage loan without first being licensed as a mortgage broker under the FMLA.

15. The conduct, acts, and practices of Select Debt Solutions and the employees of Select Debt Solutions threaten immediate and irreparable public harm. A cease and desist order is in the public interest and is appropriate pursuant to Ark. Code Ann. § 23-39-514(d).

Prayer for Relief

WHEREFORE, the Staff respectfully requests that the Commissioner order Select Debt Solutions to immediately CEASE AND DESIST from acting or attempting to act as a mortgage broker and allowing employees of Select Debt Solutions from acting or attempting to act as loan officers in the State of Arkansas until it and they are properly licensed under the FMLA; from collecting any commission or fee in violation of the FMLA; and, for all other relief to which the Staff may be entitled.

Respectfully submitted,



Scott S. Freydl
Staff Attorney
Arkansas Securities Department

2/3/11

Date

FAX

For: 

Fax number: **501-753-8358**

From: **Steve Roberts**

Fax number: **909-753-0358**

Date: **07/16/2010**

Regarding: **Loan Modification Documents**

Number of pages: **11**

Comments:

Please sign and fax back today...

Please call if you have any questions and thank you in advance. 877-805-0060 ext 222

EXHIBIT 2



701 US Hwy 1 Suite 101
North Palm Beach, FL 33408
www.selectds.com

Toll Free 877-805-0060
Fax 818-369-3212
E-Mail abaum@selectds.com



NORTH LITTLE ROCK, AR 72118

Enclosed please find the initial documents which we will need to begin your mortgage modification process:

- Mortgage Modification Services Agreement
- Third Party Authorization
- Application
- Hardship Letter
- Payment Plan

Please review these documents, sign and date each where indicated and return to us.

In addition to the above documents please return to us the following:

- Copies of all of your most recent mortgage statement(s).
- Copies of any prior modification agreements with your mortgage lender(s).
- Copies of any foreclosure notices you may have received.
- If you are paying by credit card, a signed credit card authorization form.
- If you are paying by check, the postdated checks. (not copies)

As soon as we receive all of the above documents, we will contact your lender and determine exactly what additional information will be needed for your specific case. We will then contact with you to advise you of the next step. To expedite the process you may fax the documents that cannot be emailed to 818-369-3212

*****THIS PROCESS IS EXTREMELY TIME SENSITIVE*****

PLEASE BE SURE TO RETURN A COMPLETE PACKAGE WITH ALL THE REQUESTED DOCUMENTS **

If you have any questions, please do not hesitate to contact us.

We look forward to working with you and appreciate the opportunity to be of service to you.

Thank you.

Angela Baum
Loan Modifications Processing Assistant
Phone: 877-805-0060 ext. 201
Fax: 818-369-3212
Email: abaum@selectds.com



18-10-10

EXHIBIT 3



701 US HWY ONE Suite 101
North Palm Beach, FL 33408
Phone: 561-472-9102
Fax: 818-369-3212
Email: info@selectds.com

Applicant Information

Date:

Representative: JILL SANTOS How Did You Hear About Us: 67.00

Applicant: [REDACTED] Co Applicant:

Current Address: [REDACTED]

Property Address: [REDACTED] NORTH LITTLE ROCK AR 72118

Cell Phone: 501-[REDACTED] Evening Phone: 501-[REDACTED]

Fax: Best Contact:

Bor E-Mail Address: Co-Bor E-Mail:

Primary Residence: YES Property Type: SINGLE FAMILY Docs Delivered by: 300.00

Purchase Price: Appraised Value: Interested In selling: NO

Name of 1st Mortgage Lender: GMA Loan Number: [REDACTED] Loan Have Mortgage Ins: YES

Property Value: Have you contacted bank: YES

Balance Owed: 103,273.74 Interest Rate: 9.990 Is Rate Adjustable: NO

Monthly Payment: 1,000.00 Is Mortgage Late: YES If yes, how Many Months: 2MONTH

Foreclosure Started: Foreclosure Sale Date:



701 US HWY ONE Suite 101
North Palm Beach, FL 33408
Phone: 561-472-9102
Fax: 818-369-3212
Email: Info@selectds.com

Name of 2nd Mortgage Lender: Loan Number:

Have You Contacted Bank: YES Balance Owed: Interest Rate:

Is Rate Adjustable: Monthly Payment :

Is Mortgage Late: Yes If Yes, How Many Months: 3 month

Applicant Occupation: Applicant Income: 2,300.00

Co Applicant Occupation: Co Applicant Income: 0.00

Total Monthly Liabilities: 0.00

Service Fee: 1,995.00

Method of Payment: ACH



07-21-10

Applicant _____ Date _____ Co Applicant _____ Date _____

EXHIBIT 4



701 US HWY ONE Suite 101
North Palm Beach, FL 33408
Phone: 561-472-9102
Fax: 818-369-3212
Email: Info@selectds.com

Have You Experienced a Financial Hardship: YES Has hardship been resolved: YES

Description of Hardship:

To Whom It May Concern:

This letter is to explain the unfortunate set of circumstances that have caused me to become delinquent on my mortgage or in imminent danger of doing so.

I am on a fixed income and my debts are extremely high. I have done everything in my power to make ends meet but unfortunately I am falling behind and unless I get immediate relief, I am sure I will continue to fall behind.

My goal is to keep my home and I would appreciate your consideration in working with me to modify my loan to make it affordable to me under my present circumstances. My number one goal is to keep my home and I would really appreciate the opportunity to do that. I truly hope that you will consider working with me and I am anxious to get this settled so we all can move on.

Sincerely,

[Redacted Signature]

07-21-10

Applicant

Date

COVALENT

Date

EXHIBIT 5



701 US Hwy 1 Suite 101
North Palm Beach, FL 33408

Toll Free 877-805-0060
Fax 818-369-3212
E-Mail abaum@selectds.com

Third Party Authorization

1st Mortgage Lender: GMAC Loan Number: [REDACTED]

2nd Mortgage Lender: _____ Loan Number: _____

Borrower's Name: [REDACTED]

Address: [REDACTED] NORTH LITTLE ROCK AR 72118

Contact Number: 501 [REDACTED]

- I/We authorize the above Mortgage Lender(s) to discuss my/our request and to release information for payment assistance with the Agent(s) identified below as my Designated Agent(s). I/We also authorize you to work out the terms of a payment agreement with my Designated Agent and/or their Assignees, to review, negotiate and approve any and all terms of any type of payment agreement including the approval of escrows for real estate property taxes and insurance with our mortgage lenders subject to Borrowers' final approval, and to deliver requested documents to my Designated Agent that concern a request for payment assistance. I/We understand that I/We am/are fully responsible to review any and all information sent by my/our Mortgage Lender(s) to my/our Designated Agent.

This authorization shall remain effective until I/We specifically notify my/our Mortgage Lender(s) in writing that this Authorization is no longer in force or effect.

I/We hereby release the above Mortgage Lender(s), its employees, officers, agents and directors from any claim(s) that might arise in connection with this authorization

Please make the appropriate notification in your system to reflect this authorization

My Designated Agent is: **Select Debt Solutions**

[REDACTED]
Borrower's Signature

[REDACTED]
Social Security #

DATE: 07-21-10

[REDACTED]
Borrower's Signature

DATE: _____
Social Security # _____



701 US Hwy 1 Suite 101
North Palm Beach, FL 33408

Toll Free 877-805-0060
Fax 561-491-6881
E-Mail info@selectds.com

EXHIBIT 6

AR

MORTGAGE MODIFICATION APPLICATION AGREEMENT

CLIENT IS A HOMEOWNER CURRENTLY EXPERIENCING A FINANCIAL HARDSHIP WHICH HAS AFFECTED OR WILL SOON AFFECT CLIENT'S ABILITY TO MAKE TIMELY PAYMENTS TO CLIENT'S MORTGAGE LENDER. CLIENT HEREBY ENGAGES SELECT DEBT SOLUTIONS, INC. ("SELECT") TO ACT AS CLIENT'S AGENT TO CREATE AND PRESENT TO THE LENDER A MORTGAGE MODIFICATION APPLICATION PACKAGE FOR THE 1st MORTGAGE REGARDING THE FOLLOWING PROPERTY ADDRESS:

[REDACTED] NORTH LITTLE ROCK AR 72118

1. WHAT SELECT WILL DO: SELECT WILL USE ITS BEST EFFORTS AND MORTGAGE MODIFICATION EXPERIENCE TO MAKE A COMPLETE AND ACCURATE APPLICATION TO CLIENT'S LENDER FOR A MORTGAGE MODIFICATION. IN ORDER TO DO SO, SELECT WILL PROVIDE THE FOLLOWING SERVICES:

- * CONDUCT AN IN-DEPTH INTERVIEW WITH CLIENT TO DETERMINE WHETHER CLIENT INITIALLY QUALIFIES FOR A MORTGAGE MODIFICATION;
- * DETERMINE THE NATURE, SEVERITY AND URGENCY OF CLIENT'S CURRENT OR IMMINENT FINANCIAL HARDSHIP;
- * CONDUCT A SECONDARY QUALITY CONTROL REVIEW TO VERIFY CLIENT'S MORTGAGE MODIFICATION POTENTIAL;
- * DETERMINE THE APPROXIMATE CURRENT MARKET VALUE OF CLIENT'S HOME;
- * ASSIST CLIENT WITH RESPONSES TO NOTIFICATIONS CLIENT HAS RECEIVED FROM THE LENDER;
- * PREPARE AN ACCURATE HARDSHIP AFFIDAVIT IN ACCORDANCE WITH THE LENDER'S SPECIFIC REQUIREMENTS;
- * PREPARE A "THIRD PARTY AUTHORIZATION" OR "LIMITED POWER OF ATTORNEY" TO ENABLE SELECT TO COMMUNICATE DIRECTLY WITH THE LENDER ON CLIENT'S BEHALF;
- * PREPARE A DETAILED FINANCIAL WORKSHEET INDICATING CLIENT'S INCOME AND EXPENSES IN ACCORDANCE WITH LENDER'S SPECIFIC REQUIREMENTS;
- * TRANSMIT THE DOCUMENTS PREPARED BY SELECT TO CLIENT FOR CLIENT'S SIGNATURE.
- * REVIEW THE DOCUMENTS RECEIVED FROM CLIENT AS REQUESTED BY SELECT.
- * TRANSMIT THE SIGNED DOCUMENTS TO LENDER AND CONFIRM THEIR RECEIPT BY LENDER.
- * DETERMINE WHICH FINANCIAL DOCUMENTS WILL BE REQUIRED BY THE LENDER TO SUPPORT THE APPLICATION FOR MORTGAGE MODIFICATION AND REQUEST THOSE DOCUMENTS FROM CLIENT;
- * REVIEW THE DOCUMENTS SUBMITTED BY CLIENT;
- * ASSEMBLE A MORTGAGE MODIFICATION PACKAGE AS SPECIFICALLY REQUIRED BY CLIENT'S LENDER AND TRANSMIT THE PACKAGE TO LENDER.

* CONFIRM LENDER'S RECEIPT OF THE MORTGAGE MODIFICATION PACKAGE.

2. WHAT SELECT WILL NOT DO:

* SELECT WILL NOT GUARANTY THAT ANY CLIENT WILL BE OFFERED ANY SPECIFIC MORTGAGE MODIFICATION BY THEIR LENDER OR THAT THERE WILL BE A RESOLUTION TO ANY OR ALL OF CLIENTS' ISSUES WITH THEIR LENDERS. SELECT DISCLAIMS AND CLIENT HEREBY WAIVES ALL WARRANTIES, WHETHER EXPRESSED OR IMPLIED.

* SELECT WILL NEVER ADVISE THAT ANY CLIENT NOT MAKE A MORTGAGE PAYMENT TO THEIR LENDER THAT THEY OTHERWISE HAVE THE ABILITY TO MAKE.

* SELECT WILL NEVER OFFER CLIENT ANY LEGAL OR TAX ADVICE. SELECT ENCOURAGES IT'S CLIENTS TO SEEK LEGAL COUNSEL AND/OR A QUALIFIED TAX PROFESSIONAL REGARDING ANY LEGAL OR TAX ISSUES RELATING TO THE MORTGAGE MODIFICATION PROCESS.

3. FEE FOR SERVICES: CLIENT WILL PAY SELECT A FEE OF \$1,995.00 UPON SELECT'S COMPLETION OF THE SERVICES SPECIFIED IN SECTION 1, ABOVE.

CLIENT UNDERSTANDS THIS FEE WILL NOT BE APPLIED TO ANY OF CLIENT'S PAST DUE MORTGAGE PAYMENTS OR OTHER DEBTS.

4. WHAT CLIENT WILL DO:

* CLIENT WILL PROVIDE CURRENT, COMPLETE AND ACURATE PERSONAL AND FINANCIAL INFORMATION TO SELECT UPON REQUEST.

* CLIENT WILL MAINTAIN A TELEPHONE NUMBER AND/OR E-MAIL ADDRESS WHERE CLIENT MAY BE CONTACTED DURING NORMAL BUSINESS HOURS.

* CLIENT WILL PROMPTLY RESPOND TO ANY WRITEN OR TELEPHONE REQUESTS MADE BY SELECT AND WILL FORWARD TO SELECT ALL CORRESPONDENCE THAT CLIENT MAY RECEIVE FROM ITS LENDER.

* CLIENT WILL NOT UNNECESSARILY CALL LENDER DURING THE MODIFICATION PROCESS BUT WILL ANSWER ALL TELEPHONE CALLS FROM LENDER AND **ADVISE** SELECT OF ALL CALLS RECEIVED FROM LENDER. IF LENDER RECEIVES CALLS FROM DIFFERENT PEOPLE REGARDING YOUR MODIFICATION THE RESULT IS GENERALLY CONFUSION AND DELAY.

5. LIABILITY: THE LIABILITY OF SELECT FOR DAMAGES FOR BREACH OF THIS AGREEMENT IS STRICTLY LIMITED TO THE RETURN TO THE CLIENT OF THE FEE PAID TO SELECT BY CLIENT.

6. DISCLOSURE OF INFORMATION: CLIENT MAY BE REQUIRED TO PROVIDE SELECT WITH FINANCIAL OR PERSONAL INFORMATION CLIENT MAY BELIEVE TO BE "CONFIDENTIAL". CLIENT AUTHORIZES SELECT TO DISCLOSE ALL INFORMATION PROVIDED BY CLIENT TO THE LENDER ONLY AND NOT TO ANY THIRD PARTIES.

7. DISPUTES: IN ANY LEGAL ACTION ENFORCING OR DEFENDING ANY PROVISION OF THIS AGREEMENT THE NON-PREVAILING PARTY SHALL PAY ALL COURT COSTS AND ATTORNEY'S FEES INCURRED BY THE PREVAILING PARTY

8. GOVERNING LAW: THE PARTIES AGREE THAT ANY DISPUTES IN THIS CONTRACT SHALL BE GOVERNED BY THE LAWS OF THE STATE OF FLORIDA AND THAT ANY LEGAL ACTIONS UNDER THIS AGREEMENT MAY ONLY BE BROUGHT IN PALM BEACH COUNTY, FLORIDA.

9. COMPLETE AGREEMENT: THIS AGREEMENT SETS FORTH THE ENTIRE UNDERSTANDING BETWEEN CLIENT AND SELECT AND SUPERSEDES ANY AND ALL PRIOR REPRESENTATIONS WHETHER WRITTEN OR ORAL BY EITHER PARTY.

HOMEOWNER'S RIGHT OF CANCELLATION

YOU MAY CANCEL THIS AGREEMENT FOR FORECLOSURE-RELATED RESCUE SERVICES WITHOUT ANY PENALTY OR OBLIGATION WITHIN 10 BUSINESS DAYS FOLLOWING THE DATE THIS AGREEMENT IS SIGNED BY YOU.

TO CANCEL THIS AGREEMENT, A SIGNED AND DATED COPY OF A STATEMENT THAT YOU ARE CANCELING THE AGREEMENT SHOULD BE MAILED (POSTMARKED) OR DELIVERED TO SELECT DEBT SOLUTIONS AT 701 US HIGHWAY 1, SUITE 101, NORTH PALM BEACH, FL 33408 NO LATER THAN MIDNIGHT OF THE THIRD (3RD) BUSINESS DAY FOLLOWING THE DATE BELOW.

Executed this _____ day of _____, 2010.

Homeowner signature: _____

Print name: _____

Homeowner signature: _____

Print name: _____

Select Debt Solutions by: _____



EXHIBIT 7

701 US Hwy 1 Suite 101
North Palm Beach, FL 33408

Toll Free 877-805-0060
Fax 818-369-3212
E-Mail abaum@selectds.com

Credit/Debit Card Authorization

I hereby authorize SELECT DEBT SOLUTIONS, Inc. to charge the amount of \$1,995.00 on the following Credit/Debit card:

Card Number:

Card Type:

Expiration Date:

Street Address:

City: North Little Rock State: AR, 72118 Zip:

CVV Code:

This amount will be paid in one payment of \$1,995.00 on 07/22/2010 or in the following amounts on the following dates:

Amount: \$665.00 Date: 07/22/2010 Date:

Amount: \$665.00 Date: 08/19/2010 Date:

Amount: \$665.00 Date: 09/16/2010 Date:

Amount: \$ Date:

Amount: \$ Date:

By signing this form, I agree with all terms and conditions of the sale, as specified in the SELECT DEBT SOLUTIONS Agreement, which I have made over the phone, by fax, or via the Internet. The billing information for my Credit/Debit card is:

Card Holder: _____ Phone #: 501- [REDACTED]

Street Address:

City: North Little Rock State: AR, 72118 Zip/Postal Code: Country: USA

I understand that this information will be used for purposes of verification with the Credit/Debit Card Issuer/processors to prevent fraudulent usage. This procedure is executed within strict Rules established in United States Code, Title 18, Part I, Chapter 63. *Please note:* If your Credit/Debit Card expiration date changes, and/or if you are issued new Credit/Debit Card numbers, and/or if you wish to utilize a Credit/Debit card other than the one presented on this form, and authorized by this form, you will need to complete and provide to SELECT DEBT SOLUTIONS a new Credit/Debit Card Authorization Form. I agree that if I have any problems or questions regarding my agreement with SELECT DEBT SOLUTIONS, I will contact SELECT DEBT SOLUTIONS for assistance, using the contact information on this authorization form. I agree that I will not dispute any charges made to my Credit/Debit card by SELECT DEBT SOLUTIONS unless I have already made an effort in good faith to rectify the situation directly with SELECT DEBT SOLUTIONS and those efforts have failed.

Printed Name:

Signature: [REDACTED] Date: 07/21/10

Please fax back to: (818) 369-3212 Or Send via Email to abaum@selectds.com

EXHIBIT 5

Payment Plan

Date:

Check Credit Card

Customer

Name: Address:

State/Province:

Zip Postal Code:

NORTH LITTLE ROCK, AR 72118

Phone:

501- [REDACTED]

Email Address:



701 US HWY 1 Suite 101
North Palm Beach, FL 33408

Phone 561-472-9102
Fax 561-491-6881
Email info@selectds.com

Credit Card	Card Number	Expiration Date	Security Code
VISA/MASTERCARD/AMEX			

1	[REDACTED]	[REDACTED]	07/22/2010	665.00
2	[REDACTED]	[REDACTED]	08/19/2010	665.00
3	[REDACTED]	[REDACTED]	09/16/2010	665.00
4	[REDACTED]	[REDACTED]		
5	[REDACTED]	[REDACTED]		

Confirmed Amount Due

Total Credit 1,995.00

Customer Signature:

[REDACTED] 7-21-10

ACH Debit | Authorization Form

EXHIBIT 9



SELECT DEBT SOLUTIONS INC. Payment Authorization

Name: [REDACTED] Work Phone: _____

Address: ___ Drivers License #: [REDACTED]

City/State/Zip: _____ Drivers License State: AR

Home Phone: 501 [REDACTED]

One-time payment/Payment Plan: <u>PAYMENT PLAN</u>	Transaction Fees: <u>0.00</u>
Payment Plan Scheduled Dates & Amount:	Total Payment: <u>1,995.00</u>
Date: <u>07/22/2010</u> Amount: <u>665.00</u>	
Date: <u>08/19/2010</u> Amount: <u>665.00</u>	
Date: <u>09/16/2010</u> Amount: <u>665.00</u>	
Date: _____ Amount: _____	

Customer Bank Account Information

Bank Name: METROPOLITAN NATIONAL BANK

Phone Number: _____

Routing Number: [REDACTED]

Account Number: [REDACTED]

Attach a voided check to this form

Payment Authorization

I authorize my bank to debit my account as identified above to the terms stated here. This authorization shall remain in effect until the Service Provider and bank receive written notification from me of intent to terminate at such time and in such manner as to afford the Service Provider and bank reasonable opportunity to act (Minimum 30 days).

I understand that if the total amount owed to the Service Provider is increased, I authorize this plan to continue as long as the payment amount remains unchanged until the amount owed the Service Provider is paid off, or unless the plan is terminated earlier by me as above. I understand any added amounts can be applied for with a new ACH Debit Authorization Form.

All other changes such as payment amount, frequency, bank account number change, will require a new ACH Debit Payment Authorization Form to be filled out and submitted to Merchant 15 days prior to any change being implemented. I understand that this payment plan may be cancelled by the Service Provider or Merchant due to NSF (Non-Sufficient Funds). I will be liable to pay an NSF fee of \$25.00 (or the amount allowable by law), which may be automatically debited for each NSF.

I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this payment plan. I indemnify and hold the Service Provider, the bank, and Merchant harmless from damage, loss or claim resulting from all authorized actions hereunder.

Customer Signature: [REDACTED]

Date: 07-21-10

Second Authorized Signature of Bank Account if Required: _____ Date: _____

A voided check from customer's bank account must accompany this authorization form.



EXHIBIT 10

701 US Hwy 1 Suite 101
North Palm Beach, FL 33408
www.selectds.com

Toll Free 561-472-9119
Fax 561-491-6881
E-Mail cscott@selectds.com

[REDACTED]
[REDACTED]
NORTH LITTLE ROCK AR 72118

Thank you for your prompt and complete response to our first request for documents.

In order to move forward and complete your mortgage modification please find enclosed the additional documents which we will require. Please review these documents. Sign and date each where indicated.

- o Form 4506T.
- o Your lender's forms.

In addition to the above documents please send us:

- o A copy of all of your most recent mortgage statement(s);
- o Copies of any prior modification agreements with your mortgage lender(s);
- o Two (2) Financial Worksheets (enclosed). Please fully and accurately complete one (1) only and sign and date both. This will allow us to discuss any questions we may have with your worksheet and make any changes as required, with your understanding and consent;
- o Copies of your 2008 & 2009 Federal Tax Returns **signed and dated including all schedules. If you have filed electronically, sign and date your copy of the return now;**
- o Copies of your most recent two (2) months checking account bank statements (all banks, all pages, including blank pages);
- o If you pay your own property taxes and / or homeowner's insurance (they are not escrowed by the bank), provide your most recent paid receipts;

- Copies of your most recent 4 weeks pay stubs or other proof of household income which may include:
 - Social Security Payments
 - Alimony and Child Support (include Court Order)
 - Retirement Benefits
 - Child Support
 - Annuities
 - Unemployment Benefits
 - Rental Income (include lease);
- If you do not receive pay stubs, copies of checks you received as income for your employment may be provided;
- If you are Self Employed provide a most recent 6 Month Profit and Loss Statement and 6 months of bank statements (all pages);
- If you own your own company provide the most recent 2 years income tax returns for the company and a year-to-date Profit and Loss Statement; and
- Proof of Occupancy –a recent utility bill (e.g. your most recent electric bill) in your name at the property address.

If you have any questions at all with regard to these requested documents, please call Colleen at 561-472-9119.

*******THIS PROCESS IS EXTREMELY TIME SENSITIVE *******

*******PLEASE BE SURE TO RETURN A COMPLETE PACKAGE CONTAINING ALL THE REQUESTED DOCUMENTS *******

If you have any questions, please do not hesitate to contact us. We look forward to working with you and appreciate the opportunity to be of service.

Thank you,

Colleen Scott
Loan Modifications Processing Assistant
Phone: 561-472-9119
Fax: 561-491-6881

Form 4506-T

Request for Transcript of Tax Return

(Rev. January 2008)

Department of the Treasury Internal Revenue Service

Do not sign this form unless all applicable lines have been completed. Read the instructions on page 2. Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.

OMB No. 1545-0072

Tip: Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use Form 4506, Request for Copy of Tax Return. There is a fee to get a copy of your return.

Form fields 1a-5: 1a Name shown on tax return, 1b First social security number, 2a Spouse's name, 2b Second social security number, 3 Current name and address, 4 Previous address, 5 Third party name and address.

Caution: DO NOT SIGN this form if a third party requires you to complete Form 4506-T, and lines 6 and 9 are blank.

Form fields 6-8: 6 Transcript requested (checkboxes for Return, Account, Record of Account, Verification of Nonfiling, Form W-2), 7 Verification of Nonfiling, 8 Form W-2.

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.

Form field 9: Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format.

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.

Signature and Date fields for taxpayer and spouse.

General Instructions

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

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

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

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

Note. You can also call 1-800-829-1040 to request a transcript or get more information.

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

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York, Vermont	RAVS Team Stop 679 Andover, MA 05501 978-247-9255
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 770-455-2335
Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	RAVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa, Kansas, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAVS Team Stop 37106 Fresno, CA 93888 559-456-5876
Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia	RAVS Team Stop 6705-B41 Kansas City, MO 64999 816-292-6102

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	RAVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 801-620-6922
Connecticut, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, Wisconsin	RAVS Team P.O. Box 145500 Stop 2800-F Cincinnati, OH 45250 859-669-3592

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

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

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

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

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

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

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

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

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

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, 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 4506-T will vary depending on individual circumstances. The estimated average time is: Learning about the law or the form, 10 min.; Preparing the form, 12 min.; and Copying, assembling, and sending the form to the IRS, 20 min.

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



701 US Hwy 1 Suite 101
North Palm Beach, FL 33408

Phone 561-472-9119
Fax 561-491-6881
E-Mail cscott@selectds.com

EXHIBIT 12

FINANCIAL WORKSHEET

NAME:

MONTHLY EXPENSES	MONTHLY AMT.
Mortgage Payment	1,000.00
Property Taxes	67.00
Homeowner's Insurance	83.00 952.49
Association Fees	0.00
Other Mortgages	0.00
Automobile Payment	0.00
Automobile Insurance	229.00
Gasoline	50.00
Telephone & Cable TV	150.00
Electric	286.00
Credit Cards	0.00
Med Bills/Prescriptions (not insured)	40.00
Child Care/Child Support	0.00
Food/Household	300.00
TOTAL EXPENSES & BALANCES	

year
year

Income	Monthly Amt
Gross Salary	2,300.00
Spouse's Gross Salary	0.00
Alimony/Child Support	
Other Income	
TOTAL GROSS INCOME	2,300.00

Available Cash	
Checking/ Savings	0.00
Available Credit	
401 K	0.00
Total Cash Available	

Total Gross Income	2,300.00
Total Expenses	
Difference	

I declare that this information is true to the best of my knowledge, information and belief and that I realize I waive the right to any return of fee from Select Debt Solutions, Inc. should any of this information prove inaccurate or incomplete.

07-29-10

Borrower Signature

Date

Print Name

Co-Borrower Signature

Date

Print Name

People living in Household 2



701 US Hwy 1 Suite 101
North Palm Beach, FL 33408

Phone 561-472-9119
Fax 561-491-6881
E-Mail cscott@selectds.com

EXHIBIT 13

FINANCIAL WORKSHEET

NAME: [REDACTED]

MONTHLY EXPENSES	MONTHLY AMT.	BALANCES
Mortgage Payment	964.52	103,582.87
Property Taxes	952.49	00
Homeowner's Insurance	year 952.49	00
Association Fees		
Other Mortgages	0	
Automobile Payment	0	
Other Automobile Loan Payment	0	
Automobile Insurance	220.00	
Gasoline	50.00	
Electricity	332.84	
Gas	15.00	
Water/Sewage	783.05	
Garbage		
Telephone	65.00	
Cell Phone	0	
Cable TV	74.00	
Credit Cards	0	
Furniture Loans	0	
Finance Companies	0	
Other Loans	0	
Health Insurance (not deducted)	176.35	
Life Insurance (not deducted)	69.04	
Taxes (not deducted)		
Donations	0	
Dues/Memberships	0	
Medical Bills (not insured)		
Prescription Medications	85.00	
Child Care	0	
Alimony/Child Support	0	
Tuitions	0	
Food/Household	300.00	
Dry Cleaning	0	
Uniforms	0	
Other Expenses		
TOTAL EXPENSES & BALANCES		

Income	Monthly Amt
Net Salary	2,300.00
Overtime	00
Spouse's Net Salary	0
Commissions/Tips	0
Bonuses	0
Interest/Dividends	0
Alimony/Child Support	0
Disability	0
Pension/Retirement	187.00
Rental Property	0
Other Income	0
TOTAL NET INCOME	2,484.00

Available Cash	
Checking	0
Savings	0
Available Credit	0
Additional + 30 Days	
401 K	0
Total Cash Available	

Total Net Income	2,484.00
Total Expenses	
Difference	

I declare that this information is true to the best of my knowledge, information and belief and that I realize I waive the right to any return of fee from Select Debt Solutions, Inc. should any of this information prove inaccurate or incomplete.

[REDACTED] 07-29-10
Borrower Signature Date

Co-Borrower Signature Date

People living in Household 2