



Greater Metropolitan Housing Corporation

**City of Richfield  
Fix-up Fund Home Improvement Loan Program  
Repair, Remodel or Install Energy Saving Improvements  
Secured and Unsecured Loan Options**

The Greater Metropolitan Housing Corporation (GMHC) is a Minnesota Housing Finance Agency (MHFA) lender offering the Fix-up Fund Loan Program in your community.

<u>Loan Options</u>	<u>Loan Amount</u>	<u>Rate</u>	<u>Term</u>
Home Improvement Loan Secured by a Mortgage	\$2,000 - \$50,000	3%	Up to 20 year term
Energy Conservation Loan Secured by a Mortgage	\$2,000 - \$15,000	4.99%	Up to 20 year term
Unsecured Home Improvement Loan	\$2,000 - \$15,000	6.99% (6.49% with Monthly Automatic payment)	Up to 10 year term

Fix-up Fund Guidelines

- Gross annual household income limit is \$96,500 for the secured and unsecured home improvement loans. The Energy Conservation Loan has no income limit.
- Owner-occupied homes only
- Single-family homes, duplexes, triplexes and fourplexes are eligible
- Hire a contractor or do it yourself
- Funding cannot be provided for work in progress. Do not begin work prior to the loan closing. Loan closings are conducted at the HRC office.
- MHFA reserves the right to change the interest rate without notice.

How to Apply

1. Decide on your project, such as roof replacement, siding, new windows, furnace replacement, kitchen remodel, an addition or other project.
2. Fill out the application for the Fix-up Fund Loan.
3. Submit all required documentation with the application form (*see reverse side for a list of documents*) to GMHC's HousingResource Center – South (*address listed below*).
4. The HousingResource Center staff will complete the loan process and notify you of your eligibility (*see reverse side for credit underwriting standards*).

Mail or drop off your application to the HousingResource Center – South:

**HousingResource Center – South  
3749 Cedar Avenue South  
Minneapolis, MN 55407  
(612) 722 – 7141**

Documentation Required for Fix-up Fund Application: If you have questions about any of the following, call the HRC for assistance:

- Minnesota Housing Credit Application and all of the enclosed attachments.
- 2 most recent Federal Income Tax Returns including all forms, schedules, W-2s and 1099s from all applicants on the credit application.
- Copy of current mortgage statement
- Copy of your current homeowner's insurance declaration page and the name and contact information of your insurance agent.
- Income verification from all household members who have an ownership interest in the property: applicant, applicant's spouse and any other resident with an ownership interest.
  - If you are employed as a wage-earner, provide two current and consecutive payroll statements from your employer.
  - If you receive Social Security income, provide the latest benefit/award letter from Social Security.
  - If you are self-employed, submit a year-to-date Income and Expense Statement for the current year. A separate Statement must be prepared for each business.
  - If you received other income (retirement, pension, child support, alimony), provide third party verification (bank statements cannot be used to verify).
- Copy of current Photo ID for all borrowers on the Credit Application. Minnesota Drivers License preferred. ID number must be legible.
- Divorce decree if applicable.
- Copy of bid from each contractor you intend to hire. If you are planning on doing some or all of the work yourself, call the HRC to discuss the sweat equity application process.
- Credit Report fee: \$15.00 per married couple; \$15.00 per non-married applicant. Please make check payable to Greater Metropolitan Housing Corporation.

#### Credit Underwriting Standards

- Minimum credit score for all borrowers: 620 for secured loans; 680 for unsecured loans. Borrowers with no credit score, contact the HRC to discuss alternative credit options.
- Loan-to-value on secured loans: up to 110% after improved value; not applicable on unsecured loans.
- Monthly debt-to-income ratio may not exceed 48% unless there is a guarantor, and:
  - borrower(s) monthly DTI does not exceed 55%; and
  - the combined monthly debt of the borrower and guarantor do not exceed 48%
- In the event of bankruptcy, a minimum 18 months following discharge of Chapter 7 or completion of repayment plan on Chapter 13.
- In the event of a foreclosure, a minimum of 18 months following the completion of the redemption period.

**Questions: Call for Assistance  
(612) 722 - 7141**



## Fix Up Loan Credit Application

**INSTRUCTIONS:** Complete all information on this application and submit to a participating Minnesota Housing Lending Partner. Direct any questions to your Minnesota Housing Lending Partner.

Eligibility includes the total gross annual income of all owners who reside in the property to be improved, regardless of whether the co-owner will be a co-borrower on the loan. The amount must not exceed \$96,500, except when box below is checked.

In the following loan types, there is no maximum household income limit:

<input type="checkbox"/>	Incentive Rate Energy Conservation and Accessibility Loan – Lender must qualify eligibility of improvements as listed on Minnesota Housing’s website.
<input type="checkbox"/>	Fix Up Accessibility Loan – Lender must qualify all improvements as directly related to the accessibility needs of the household resident and must request prior approval from Minnesota Housing.

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**Minnesota Housing Lending Partner Information:**

Minnesota Housing Lending Partner \_\_\_\_\_

Date of Application \_\_\_\_\_

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**Borrower Information:**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

MI

Yes  No

SSN \_\_\_\_\_

Date of Birth \_\_\_\_\_

Dependents  
under 18 \_\_\_\_\_

Other  
Dependents \_\_\_\_\_

Disabled Household

Household Size \_\_\_\_\_

Move in Date \_\_\_\_\_

Home Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Mailing Address 2 \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

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**Employment Information:**

Self Employed

Yes  No

Unemployed

Yes  No

Employer Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Business Phone \_\_\_\_\_

How Long? \_\_\_\_\_

**Co-Borrower Information: (Repeat for all Co-Borrowers)**

\_\_\_\_\_  
Last Name First Name MI

\_\_\_\_\_  
SSN Date of Birth

**Employment Information:**

Self Employed  Yes  No Unemployed  Yes  No

\_\_\_\_\_  
Employer Name Address

\_\_\_\_\_  
City State Zip Business Phone How Long?

**Guarantor Information:**

\_\_\_\_\_  
Last Name First Name MI

\_\_\_\_\_  
Mailing Address City State Zip Code

\_\_\_\_\_  
SSN Business Phone Extension Home Phone

**Employment Information:**

Self Employed  Yes  No Unemployed  Yes  No

\_\_\_\_\_  
Employer Name Address

\_\_\_\_\_  
City State Zip Business Phone How Long?

**Guarantor Signature:**

\_\_\_\_\_  
Guarantor Signature Date

\_\_\_\_\_  
Print Name

**Household Income:**

Provide income verification to the Lending Partner in the form of current pay stubs. If you are self-employed, have variable income, or other income, provide copies of at least the prior two years federal returns or other verification as requested by the Lending Partner.

Household income is one of the factors for determining eligibility for this loan. List all income, projected for the next 12 months, for all household residents who have an ownership interest in the property to be improved.

**Exception:** If the box for Incentive Rate Energy Conservation and Accessibility Loan or Fix Up Accessibility Loan is checked on page 1 of this application, there is not a household income limit. Only that income being relied upon for loan repayment must be disclosed

Name of Owner	Source	Annual Income
Borrower		\$ _____
Borrower		\$ _____
Borrower's Spouse		\$ _____
Borrower's Spouse		\$ _____
Other Owner(s) who are residents		\$ _____
Other Owner(s) who are residents		\$ _____
<b>Total Annual Household Income</b>		\$ 0.00

**Credit/Debt Information:**

Debts: For all Borrowers and Co-Borrowers, list all current fixed obligations (mortgage or contract for deed), alimony, child support, separate maintenance, installment accounts, revolving charge accounts, loans and debts to banks, finance companies and government agencies.

Creditor Names	Balance	Monthly Payment
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
If taxes and insurance are not included in payment, indicate monthly amount.		\$ _____
<b>Total Monthly Payment</b>		\$ 0.00

Is your property being purchased on a Contract for Deed or mortgage from a private individual?

Yes  No

Does the Contract for Deed or mortgage from a private individual have a balloon payment?

Yes  No

Date of Balloon Payment \_\_\_\_\_

Amount of Balloon Payment

\$ \_\_\_\_\_

Is your ownership of the property subject to a reverse mortgage? (If yes, loan is ineligible)

Yes  No

These questions apply to all Borrowers and Co-Borrowers. If any of you answer "yes", please provide a separate written explanation.

	Borrower	Co-Borrower
Are there any outstanding judgments or liens against any of you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have any of you been declared bankrupt within the last 36 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have any of you had any property foreclosed upon or given title or deed in lieu thereof?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you obligated to pay alimony, child support or separate maintenance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently have any outstanding Minnesota Housing indebtedness such as Fix Up Loan, Community Fix Up Loan, Home Energy or Revolving loans? If so, list under Credit/Debt Information on Page 3 or attach a separate sheet.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Property Information:**

- Your property must be owner occupied and a year-around permanent residence.
- Your dwelling unit must be permanently attached by way of a foundation to land that you own, and be taxed as real estate.

Address \_\_\_\_\_ Address 2 \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State MN Zip Code \_\_\_\_\_

Prior Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 (If at present address less than 2 years)

Building Type  Single Family  Duplex  Condo  
 Townhome  Fourplex  Manufactured Home Real Property  
 Twinhome  Triplex

Year Built \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_ Date of Purchase \_\_\_\_\_

\$ _____	\$ _____	
Property Value (Estimated Market Value from Property Tax Statement)	Amount (Alternate value information used by Lending Partner)	Valuation Source

**Improvements:**

Briefly describe the proposed improvements;	Materials Only Homeowner Labor	Or	Contractor Name	Amount
	<input type="checkbox"/>			\$
	<input type="checkbox"/>			\$
	<input type="checkbox"/>			\$
	<input type="checkbox"/>			\$
	<input type="checkbox"/>			\$
	<input type="checkbox"/>			\$
	<input type="checkbox"/>			\$
	<input type="checkbox"/>			\$
	<input type="checkbox"/>			\$
	<input type="checkbox"/>			\$
	<input type="checkbox"/>			\$
Pay off balance for existing Fix Up loan (if included in loan amount)	<input type="button" value="Clear"/>			\$

**A. Total Cost of Improvements** \$ 0.00

**Funding Information:**

Other Funding Sources: (Other Loans, Grants, Local Government Incentives)	
•	\$
•	\$
•	\$
•	\$
•	\$
• Borrower(s) Cash Investment (if applicable):	\$
<b>B. Total Other Funding Sources</b>	\$ 0.00
<b>C. Loan Amount Requested (A minus B)</b>	\$ 0.00

**Disclosures:**

- Minnesota Housing or an authorized representative shall have the right to inspect the property to be improved at any time from the date of the Note, upon giving due notice to the occupants.
- The information requested in this credit application is legally required to determine if you qualify for participation in this Minnesota Housing Program. A portion of the data requested is classified as "private data on individuals" under Minnesota Statutes Section 462A.065. Use of the data is limited to that necessary for the administration and management of this program by Minnesota Housing personnel, those under contract with Minnesota Housing, and other governmental agencies when authorized by state statute or federal law.
- The disclosure of your Social Security Number or Minnesota Tax Identification Number is required for participation in this Minnesota Housing Program, by virtue of the Minnesota Revenue Recapture Act of 1980 (Sections 270A.01 to 270A.12 of Minnesota Statutes) as well as Section 6050H of the Internal Revenue Code of 1986. Supplying these numbers could result in the application of your taxpayer refunds to the payment of any delinquent indebtedness you may owe to Minnesota Housing under this or any other Minnesota Housing programs. These numbers may be made available to state or federal tax authorities, and state personnel involved in the collection of state obligations.
- Under Minnesota law a person who obtains funds through false representation is guilty of theft and may be prosecuted and sentenced accordingly.
- If the property ceases to be your principal residence or is sold, title is transferred or conveyed, or the maturity date of the Note has been reached, then the full amount of the loan will be due and payable.

**Certifications:**

- I/We understand that numerous local participating lenders offer these loans and that I/We may select the lender of my/our choice.
- I/We understand that I/We may select the contractor of my/our choice.
- I/We understand that Minnesota Housing is not, and will not be responsible for any work performed by any contractor, any contractor's failure to perform any work, the quality of any work performed, or the general competency of any contractor.
- I/We certify that work will comply with all applicable building or housing code regulations and ordinances, and all necessary permits and licenses shall be obtained.
- I/We hereby authorize the release of any information necessary for the lending institution to process this application.
- I/We certify that the loan funds will be used only for the eligible improvements listed in this Credit Application and that the improvements will be completed within 9 months from the date of the Note. I/We understand if the loan funds are used for any other purpose, Minnesota Housing may pursue all legal remedies available, including civil actions and criminal prosecution.
- I/We certify that the statements contained in this application are true, accurate and complete to the best of my/our knowledge and belief.
- I/We understand that this loan may be selected by the Minnesota Housing for a quality control review. This review is designed to produce and maintain quality service for borrowers, and to confirm compliance with agency and investor guidelines. The quality control review may involve verification of the credit information (including employment history, income, bank accounts, and credit references) as well as the property valuation. I/We agree to cooperate to the extent necessary to accomplish this review.

Each of the undersigned hereby acknowledge that any owner of this loan, its servicers, successors and assigns, may verify or reverify any information contained in this application or obtain any information or data relating to the loan, for any legitimate business purpose through any source, including a source named in this application or a consumer reporting agency.

**Borrower Signatures:** All owners who reside in the property and whose income and credit history are relied upon for loan repayment must sign this application.

\_\_\_\_\_  
Borrower Signature

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Co-Borrower Signature

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Co-Borrower Signature

\_\_\_\_\_  
Date of Application



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**TIL and NMLSR ID**

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Loan Originator Company Name

Loan Originator Individual Name  
(as name appears on NMLSR)

Loan Originator Company NMLSR ID

Loan Originator Individual NMLSR ID  
(if applicable)

The following information is requested for all borrowers by the federal government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing, and home mortgage disclosure law. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may not discriminate on the basis of this information, or on whether you choose to furnish it. However, if you choose not to furnish the information and you have made this application in person, under federal regulations the lender is required to note ethnicity, race, and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check below.

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**Borrower:**

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Sex

 Male  
 Female

Ethnicity

 Hispanic or Latino  
 Not Hispanic or LatinoMarital  
Status Married  
 Not Married  
 SeparatedRace  
(select 1 or  
more) White     Asian      
 Black or African American  
 American Indian or Alaskan Native  
 Native Hawaiian or Other Pacific Islander I do not wish to furnish this information

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**Co-Borrower:**

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Sex

 Male  
 Female

Ethnicity

 Hispanic or Latino  
 Not Hispanic or LatinoMarital  
Status Married  
 Not Married  
 SeparatedRace  
(select 1 or  
more) White     Asian      
 Black or African American  
 American Indian or Alaskan Native  
 Native Hawaiian or Other Pacific Islander

Relationship to Borrower

 Co-Head of Household  
 Dependent Other Adult  
 Spouse I do not wish to furnish this information

**Required to be completed by Lending Partner:**

This application was taken:	<input type="checkbox"/> Face-to-face interview	<input type="checkbox"/> By mail	<input type="checkbox"/> By telephone
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Interviewer's Name	Interviewer's Signature	Date
Interviewer's Employer	Phone Number	

**Required to be completed by Lending Partner's Underwriter:**

	Eligibility Income*	Underwriting Income**
%	\$	\$
Debt-to-Income (DTI) Ratio	Borrower	Borrower
%	\$	\$
Combined Loan-to-Value (CLTV) Ratio	Co-Borrower	Co-Borrower
	\$	\$
	Additional Household Members	Guarantor
	\$ 0.00	\$ 0.00
	<b>Total Eligibility Income*</b>	<b>Total Underwriting Income**</b>

By signing below, I have reviewed and approved the content of this credit application and all supporting documentation and have approved the loan for compliance with the Fix Up Program Procedural Manual and our organization's underwriting guidelines:

Total Minnesota Housing outstanding Secured and unsecured debt for home improvement is less than or equal to \$50,000. Total Minnesota Housing outstanding Unsecured debt is less than or equal to \$15,000.
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<input type="checkbox"/> Clear	<input type="checkbox"/> Secured	<input type="checkbox"/> Unsecured	<input type="checkbox"/> Auto Debit
Borrower Credit Score (min 620)	Co-Borrower Credit Score (min 620)	Borrower Credit Score (min 680)	Co-Borrower Credit Score (min 680)
Additional Underwriting Comments:			

Underwriter's Name	Underwriter's Signature	Date
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\***Eligibility Income** is the gross annual projected household income from all sources for Borrower, Borrower's spouse if any, and any other household resident who has ownership interest in property to be improved. See Fix Up Program Procedural Manual, Section 2.08 or Fix Up Loan Income Calculation Worksheet.

**Note:** Eligibility Income does not apply to Incentive Rate Energy Conservation and Accessibility Loans as defined in Section 2.05 of Fix Up Program Procedural Manual. Such loans are only subject to the Underwriting, below.

\*\***Underwriting Income** is gross annual income that has been verified and documented as stable and likely to continue. This income is used to determine the debt-to-income ratio for the Borrower(s) and Guarantor if any and for establishing that the loan constitutes a prudent investment risk.

THIS FORM MUST BE SIGNED AND RETURNED WITH THE APPLICATION

### AUTHORIZATION TO RELEASE INFORMATION

I have applied for a loan or grant through the Greater Metropolitan Housing Corporation (GMHC), at the Housing Resource Center<sup>SM</sup>. As part of the application process, employees of GMHC may verify information contained in my/our loan or grant application and in other documents required in connection with the loan. This verification process can be conducted either prior to closing or subsequent to closing, and may be performed either by employees of GMHC or by independent third parties, as a part of the origination, processing, underwriting, closing or quality control programs of GMHC.

I authorize you to provide to GMHC and to any investor to whom GMHC may sell my loan, to any servicer or any funder of the program for which I have applied, any and all information and documentation that they request. Such information includes, but is not limited to employment history; income; bank, money market and other financial account balances; credit history; copies of income tax returns and property information.

A copy of this authorization may be accepted as an original.

Your prompt reply is appreciated.

Thank you

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number -- last 4 digits

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

NOTE: Use a separate form for each individual who is an applicant, guarantor or other individual whose information is considered in the application. Only one person signs each form.

THIS FORM MUST BE SIGNED AND RETURNED WITH THE APPLICATION

### AUTHORIZATION TO RELEASE INFORMATION

I have applied for a loan or grant through the Greater Metropolitan Housing Corporation (GMHC), at the Housing Resource Center™. As part of the application process, employees of GMHC may verify information contained in my/our loan or grant application and in other documents required in connection with the loan. This verification process can be conducted either prior to closing or subsequent to closing, and may be performed either by employees of GMHC or by independent third parties, as a part of the origination, processing, underwriting, closing or quality control programs of GMHC.

I authorize you to provide to GMHC and to any investor to whom GMHC may sell my loan, to any servicer or any lender of the program for which I have applied, any and all information and documentation that they request. Such information includes, but is not limited to employment history, income; bank, money market and other financial account balances; credit history; copies of income tax returns and property information.

A copy of this authorization may be accepted as an original.

Your prompt reply is appreciated.

Thank you

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number -- last 4 digits      Date

\_\_\_\_\_  
Signature

NOTE: Use a separate form for each individual who is an applicant, guarantor or other individual whose information is considered in the application.      Only one person signs each form.



**Community Homeownership Impact Fund (Impact Fund)  
Combined Privacy Act Notice and  
Tennessee Warning for Use with  
30-Year Deferred Loans Assigned to  
Minnesota Housing**

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**Impact Fund Administrator**

*We are committed to ensuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within the limitations of law. Please read the disclosures and acknowledgements carefully.*

Private data requested to enable processing of your application is legally required to determine if you qualify for participation in this Minnesota Housing Finance Agency (Minnesota Housing) program and to help Minnesota Housing manage the program.

Your name, address and the amount of assistance you apply for and receive are classified as public data under Minnesota Statutes section 13.462 subdivision 2. All other data we create or collect from you including, but not limited to, non-financial information and financial information, such as credit reports, financial statements and net worth calculations, are classified as private data on individuals by Minnesota Statutes sections 462A.065 and 13.462, subdivision 3. You are not required to provide this information, but if you refuse to provide it we will be unable to determine your eligibility for this program and approve your application. Both public and private data information will be shared with the Minnesota Housing staff whose jobs require them to see it. Where access to the data is authorized by state statute or federal law, it may be made available to others as so authorized.

Your Social Security Number (SSN) is classified as private data by Minnesota Statutes 13.355. However, disclosure of your SSN is mandatory, as provided by the following authorities: (1) Title 42 of the United States Code, Section 405(c)(2)(C)(i), which permits the state to require disclosure of your social security number to establish your identity for purposes of administering tax laws of the state; and, (2) Minnesota Statutes, Sections 270A.01 to 270A.12, which established the Revenue Recapture Act, enables the state to collect delinquent debts owed to it by capturing tax refunds and other payments that you may otherwise be entitled. Section 270A.04, subdivisions 3 and 4 require the disclosure of a debtor's social security number for this purpose.

If you disclose your SSN, Minnesota Housing may share it with the Commissioner of the Minnesota Department of Revenue and the Minnesota Attorney General for the purposes of debt collection under the Revenue Recapture Act. If you do not disclose your SSN, you will not be eligible for this assistance.

Disclosure of your SSN for the purposes of verifying your income and credit is voluntary. However, if adequate verification of your income and credit is impossible without your SSN, we may be unable to determine your eligibility.

If you agree to allow us to create, collect and share information as described above, please indicate approval with your signature below.

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**Print Borrower Name**

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**Borrower Signature**

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**Date**

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**Print Borrower Name**

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**Borrower Signature**

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**Date**

## Request for Transcript of Tax Return

OMB No. 1545-1872

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

**Tip.** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Return or Account 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.

<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, individual taxpayer identification number, or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number or individual taxpayer identification number if joint tax return

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

**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.

**Greater Metropolitan Housing Corp. - Housing Resource Center, 3749 Cedar Ave S, Minneapolis, MN 55407**

**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 tax 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. ▶ 1040

- 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 10 business 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 10 business 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 2011, filed in 2012, will likely not be available from the IRS until 2013. 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 10 business 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. 12/31/2011 12/31/2012 12/31/2013

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, at least one spouse 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.

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

**Sign Here**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future Developments**

For the latest information about Form 4506-T and its instructions, go to [www.irs.gov/form4506t](http://www.irs.gov/form4506t). Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

**General Instructions**

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

**Purpose of form.** Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

**Note.** If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

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

**Automated transcript request.** You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Order a Return or Account Transcript" or call 1-800-908-9946.

**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 addresses, send your request to the address based on the address of your most recent return.

**Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)**

If you filed an individual return and lived in:	Mail or fax to:
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301  512-460-2272
Alaska, Arizona, Arkansas, 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	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888  559-456-5876
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Internal Revenue Service RAIVS Team Stop 6705 P-6 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:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409  801-620-6922
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS 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) or your individual taxpayer identification number (TIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

**Line 3.** Enter your current address. If you use a P. O. box, include it on this line.

**Line 4.** Enter the address shown on the last return filed if different from the address entered on line 3.

**Note.** If the address on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party—Business.

**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 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

**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 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.

**Signature by a representative.** A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

**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. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations 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, the District of Columbia, and U.S. commonwealths and possessions 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:

Internal Revenue Service  
Tax Forms and Publications Division  
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.