LEXINGTON-HAMLINE COMMUNITY COUNCIL
Home Improvement Loan Program

APPLICATION INSTRUCTIONS

The following documents are attached to the application and must be completed, signed, and returned to the Housing*Resource* Center – North & East Metro:

- ☐ Loan Application
- ☐ Addendum to Application
- ☐ IRS Form 4506-T
- ☐ Authorization to Release Information
- ☐ Data Privacy Act

The following documents are required and must be submitted with the application:

- ☐ **Current Photo ID:** Copy a state-issued photo ID (i.e., Minnesota driver's license) from all adult household members. ID Number must be legible on the copy.
- ☐ **Proof of ownership:** For example: Deed, Warranty Deed, Quit Claim Deed, or Certificate of Title. If you have purchased your home on a Contract for Deed, submit a copy of the Contract for Deed.
- ☐ **Federal Income Tax Returns:** All adult household members must submit copies of the most recent Federal Income Tax Returns including all W-2's, 1099's and all other Forms and Schedules. Please re-sign the copy of each tax return for our records.
- ☐ **Property Tax Statement:** A copy of your most recent Ramsey County Property Tax Statement.
- ☐ **Mortgage Verification:** A copy of the most recent monthly statement from all mortgages, second mortgages, home equity loans and lines of credit - verifying the outstanding principal, monthly payment amount and that the mortgage payments are current (no unpaid late charges).
- ☐ **Homeowner's Insurance:** Copy of your current homeowner's insurance declaration page showing the dates of coverage and the contact information of your insurance agent.
- ☐ **Credit Report Fee:** $20.00 per married couple; $15.00 per non-married borrower. Please make check payable to GMHC. The fee is non-refundable.

Please mail the above documents to the Housing*Resource* Center – North & East Metro or call to set up an appointment to bring in your application. If you have any questions, please call the Housing*Resource* Center at (651) 486-7401. We are here to assist you!

GMHC

Greater Metropolitan Housing Corporation

Housing*Resource* Center – North & East Metro • 1170 Lepak Court • Shoreview, MN 55126

LEXINGTON-HAMLINE COMMUNITY COUNCIL
Home Improvement Loan Program

OTHER REQUIRED DOCUMENTS

The following documents must be submitted to the Housing*Resource* Center before you can be approved for the program:

☐ **Bids for work performed by contractor(s)**

Contractor bids, proposals or estimates are the homeowner's responsibility. Homeowners should call licensed contractors and obtain written bids. You must get TWO bids for work costing over $5,000. The bids must be written by a licensed contractor and contain the following items:

- Contractor's name, address, license number, telephone number, and the date;
- Homeowner's name and project address;
- Detailed description of the work to be done including brand names, quantities and all costs;
- Contractor's signature;
- A space for the homeowner's dated signature. Do not sign the bid until closing this loan.

☐ **Contractor Acknowledgement** (attached).

Each contractor you intend to hire must fill out and sign the Contractor Acknowledgement. You do not need this form signed by the other contractors who only gave you bids but will not be doing the work.

☐ **Sweat Equity Application for work performed by homeowner.**

Homeowners who will be purchasing materials and completing some or all of their home improvements themselves must submit the Sweat Equity Application and a list of materials and prices. You can get this application packet by calling the Housing*Resource* Center. If you propose to do some or all of the work yourself, you must be approved first. Eligibility will be determined by the Housing*Resource* Center.

DELIVER COMPLETED DOCUMENTS TO:

Housing*Resource* Center-North and East Metro
1170 Lepak Court
Shoreview, MN 55126
Phone: (651) 486-7401

LEXINGTON-HAMLINE COMMUNITY COUNCIL
Home Improvement Loan Program

PROGRAM GUIDELINES

Program Description: This loan program is designed to assist homeowners to maintain and improve their properties by offering flexible below-market rate financing.

Eligible Properties: All properties must be located within the Lexington-Hamline neighborhood. A neighborhood map listing addresses within the Lexington-Hamline neighborhood is attached. Owner-occupied single-family detached, duplex, triplex and fourplex properties are eligible.

Loan Amount: The minimum loan amount is $3,000. The maximum loan amount is $15,000. A household may receive more than one loan as long as they are current on their existing loan and the sum of the two loans does not exceed the maximum loan amount of $15,000.

Interest Rate: The loans will be at 4% interest.

Loan Term: The maximum loan term is 10 years. Generally the term will be one year for every $1,000 dollars borrowed.

Loan Security: All loans will be secured by a Promissory Note and a Mortgage in favor of the Lexington-Hamline Community Council.

Debt - to - Income Ratio: Applicants must have the ability to repay the loan. Applicants who have a potential debt-to-income ratio in excess of 48% will be denied loan financing.

Loan - to - Value Ratio: Applicants who have a potential loan-to-value ratio in excess of 100% will be denied loan financing.

Underwriting Decision: Loans are originated by the Greater Metropolitan Housing Corporation (GMHC) *HousingResource* Center™ – North & East Metro. Loans will be approved or denied by the Housing*Resource* Center (HRC) based upon review of a credit report and according to the following criteria which has been established by the Lexington-Hamline Community Council.

1. No outstanding judgements or collections.
2. Real estate tax payments must be current.
3. No defaulted government loans.
4. Mortgage (or contract for deed) payments must be current.
5. The homeowner must have proof of property insurance.
6. Minimum credit score of 580

GMHC will have the final determination on applicant's eligibility.

Eligible Improvements: Eligible work shall include repairs, replacement or new construction that will:

1. Improve the exterior and/or interior of the property
2. Correct local or state code deficiencies, health and safety items
3. Improve handicap accessibility
4. Reduce long-term maintenance and energy costs

Ineligible Improvements: Ineligible work shall include recreational or luxury improvements, such as a swimming pool or Jacuzzi, working capital, payment for owner's labor, debt service or refinancing existing debts and other work items determined by HRC to be ineligible.

Work by Owner: Work can be performed on a "sweat equity" basis. Loan funds are for materials only, not for labor or tools. The HRC construction manager will determine if the owner has the ability to properly complete the work within the program time requirement. Material must be purchased and installed prior to the disbursement of the loan proceeds. Under unusual circumstances, a partial advance will be provided to the borrower. In either situation, a two-party check will be issued payable to both the borrower and the materials provider. When applicable, a City of St. Paul Building Department permit must be obtained by the borrower.

OTHER GENERAL CONDITIONS AND PROCEDURES:

1. **Rehabilitation Consulting**: The HRC construction manager will be available to borrowers to advise them about proposed projects prior to obtaining bids and will review all bids for reasonableness. Two bids must be obtained for all projects for which at least $5,000 of funds will be spent.

2. **Loan Costs**: A non-refundable credit report fee is due at the time of application: $20.00 per married couple; $15.00 per non-married borrower. Mortgage filing fees and mortgage registration tax will be paid by the borrower at closing. An Owners and Encumbrance Report will be ordered to examine title. The cost is $100.00 and may be included in the loan amount. A $400.00 origination fee will also be included in the cost of the loan.

3. **Initial Applications for Funding:** Applications will be accepted by HRC on an ongoing basis and processed on a first-come, first-served basis, as funds are available until all program funds are committed.

4. **Contractors & Permits**: Contractors must be properly licensed by the state of Minnesota when required. Permits must be obtained when required by city code. **Do not sign a contract prior to the closing on your loan. Any work begun in advance of the loan closing will not be eligible to be paid for by the loan.**

5. **Work Completion**: Weather permitting, all work must be completed within 120 days of the loan closing.

6. **Total Project Cost**: It is the borrower's responsibility to obtain the amount of funds necessary to finance the entire cost of the work. If the final cost exceeds the loan amount, the borrower must obtain the additional funds. HRC can direct borrowers to additional financing sources.

   The additional funds needed to complete the project must either be escrowed with the Greater Metropolitan Housing Corporation (GMHC) or the funds must be paid into the project before loan funds are expended.

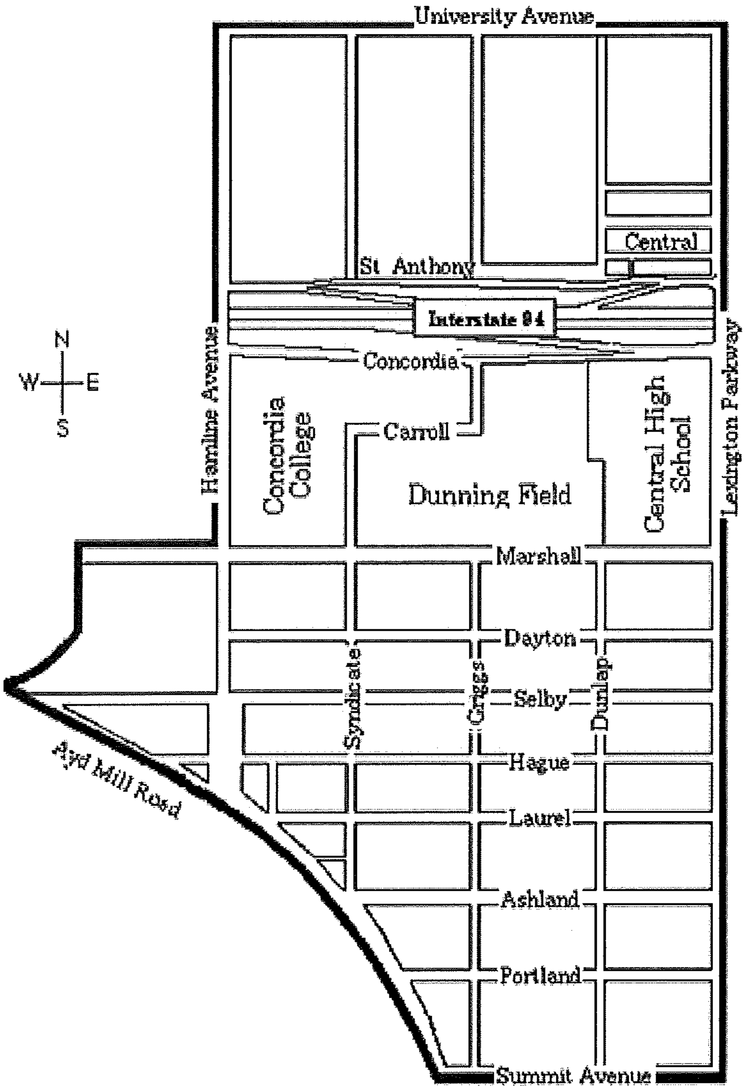
7. **Custody of Funds**: Loan funds will remain in the custody of GMHC until payment is made for completed work.

8. **Disbursement Process**:

   a. Payment to the contractor (or owner) will be made after completion of the work. An inspection will be performed by the City and/or HRC to verify the completion of the work.

   b. The following items must be received before the funds can be released:
      1.) **Final Invoice** from each contractor showing all amounts paid and due
      2.) **Lien Waiver.** Original from each contractor
      3.) **Material Receipts** for sweat equity projects
      4.) **Completion Certificate** signed by each contractor and the borrower
      5.) **Permits Closed**. Have the inspector sign the permit card, or have the inspector leave a message at the Housing*Resource* Center, (651) 486-7401
      6.) **Final Inspection** and approval by the Resource Center. The above items must be provided to HRC to begin the preparation of the check(s). Lien waivers must be provided before the funds will be released.

   Payment checks may take up to 10 business days after the above items are received to prepare. Payment checks to contractors must be countersigned by the borrower. Payments will only be made for work completed and approved.



Central 1116-1159

Marshall1118-1336

Dayton 1119- 1335
Syndicate 91-186
Selby 1114-1335
Griggs 3-186
Hague 1117-1353
Dunlap 218,224 and 380
Laurel 1106-1311

Ashland 1116-1277

Portland 1117-1257
Lexington. 35-237 West only
Summit North 1135-1213 ODD only

LEXINGTON-HAMLINE COMMUNITY COUNCIL
HOME IMPROVEMENT LOAN PROGRAM

LOAN APPLICATION

BORROWER INFORMATION

Applicant Name: ______________________________ Soc. Sec. # _____-____-______ D.O.B.____/____/_____

Marital Status: ☐ Married ☐ Unmarried ☐ Separated

Home Phone: ____________________ Alternate Phone: __________________ Email: ______________________________

Co-Applicant Name: ______________________________ Soc. Sec. # _____-____-______ D.O.B. ___/____/_____

Marital Status: ☐ Married ☐ Unmarried ☐ Separated

Home Phone: ____________________ Alternate Phone: __________________ Email: ______________________________

Home Address: ____

City: St. Paul ________ State: MN Zip Code: 55104.

PROPERTY INFORMATION

Property Type (check one): ☐ Single family ☐ Duplex ☐ Triplex ☐ Fourplex

Owner –Occupied: ☐ Yes ☐ No (Note: Property must be owner-occupied)

CREDIT INFORMATION

CREDIT HISTORY: These questions apply to all applicants. If you answer "yes", please provide a separate written explanation.

Are there any outstanding judgments or liens against you? ☐ Yes ☐ No

Have you declared bankruptcy within the past 36 months? ☐ Yes ☐ No If yes, date of discharge:________________________
(Date of discharge must be at least 18 months before date of application)

Have you had any property foreclosed upon or given title or deed in lieu thereof? ☐ Yes ☐ No

Are you a co-maker or endorser on a note? ☐ Yes ☐ No

DEBTS:

To Whom Indebted (Named)	**Present Balance**	**Monthly Payments**
Mortgage:		
Contract-for-Deed:		
Auto:		
Student Loans:		
Credit Cards:		

IMPROVEMENTS

Briefly describe the proposed improvements: ____

____

____

____

Requested Loan Amount: $ ____________________

Who will be completing the work? ☐ Borrower ☐ Contractor

If you will be doing the work yourself, please call the Housing*Resource* Center to discuss the sweat equity process.

Do not sign any contracts, purchase any sweat equity materials or start your project until a closing has taken place. Any project begun before the loan closing will be ineligible for participation in the program.

SIGNATURES

I/We certify that the statements contained in this application are true and complete to the best of my/our knowledge and belief.

I/We have read and understand the Program Guidelines.

____ ____

Applicant's Signature Date Co-Applicant's Signature Date

If you have questions, or need assistance completing the application, please call (651) 486–7401. We are here to assist you.

Return completed application and other required materials to:

Greater Metropolitan Housing Corporation
Housing*Resource* Center – North & East Metro
1170 Lepak Court
Shoreview, MN 55126

ADDENDUM TO APPLICATION

Lex-Ham Community Council Home Improvement Loan

Information for Government Monitoring Purposes

The information being requested below is for determining compliance with federal 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 the information. If you choose not to furnish this information and you have made the application in person, we are required to note ethnicity, race and sex on the basis of visual observation or surname. Please check below if you choose not to furnish the information.

DATE OF APPLICATION: ____________________

APPLICANT	**CO-APPLICANT**
APPLICANT NAME:	**CO-APPLICANT NAME:**
□ I do not wish to furnish this information	□ I do not wish to furnish this information
ETHNICITY: (select only one) □ Hispanic or Latino □ Not Hispanic or Latino	**ETHNICITY:** (select only one) □ Hispanic or Latino □ Not Hispanic or Latino
GENDER: □ Female □ Male	**GENDER:** □ Female □ Male
RACE: (select one or more) □ White □ Black/African American □ Asian □ American Indian/Alaska Native □ Native Hawaiian/Other Pacific Islander □ American Indian/Alaska Native & White □ Asian & White □ Black/African American & White □ American Indian/Alaska Native & Black/African American □ Other Multi Racial	**RACE:** (select one or more) □ White □ Black/African American □ Asian □ American Indian/Alaska Native □ Native Hawaiian/Other Pacific Islander □ American Indian/Alaska Native & White □ Asian & White □ Black/African American & White □ American Indian/Alaska Native & Black/African American □ Other Multi Racial

______________________________ **APPLICANT SIGNATURE**

______________________________ **CO-APPLICANT SIGNATURE**

This Section For Lender Use
Greater Metropolitan Housing Corporation
Application received by: ____ mail ____face-to-face interview ____telephone
Staff Name: ______________________ Date __________

Form **4506-T**
(Rev. September 2013)
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 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.

1a Name shown on tax return. If a joint return, enter the name shown first.

1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)

2a If a joint return, enter spouse's name shown on tax return.

2b 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, 1170 Lepak Court, Shoreview, MN 55126 ph: (651) 486-7401 fax: (651) 486-7424

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. 12/31/2013 12/31/2014

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

Sign Here

▶ **Signature** (see instructions) Date

▶ **Title** (if line 1a above is a corporation, partnership, estate, or trust)

▶ **Spouse's signature** Date

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.* 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 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 (ITIN) 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.

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 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

____________________	XXX-XX-______	________
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 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

______________________	XXX-XX-________	________
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

DATA PRIVACY ACT

In accordance with Minnesota Government Data Practices Act the Greater Metropolitan Housing Corporation (GHMC) is required to inform you of your rights regarding the private data collected from you.

Private data, collected from you or from other organizations authorized by you, is used to determine your eligibility for programs administered by GMHC. The use of private data we collect is limited to that necessary for administering programs and providing our services.

You may refuse to provide the requested information. If you do not provide the requested information, you may not be eligible for specific loans, grants or services.

Unless authorized by state or federal law, other government agencies using the reported private data must also treat the information as private. You may wish to exercise your rights as contained in the Minnesota Government Data Practices Act. These rights include:

1) The right to see and obtain copies of the data maintained on you
2) The right to be told the contents and meaning of data
3) The right to contest the accuracy and completeness of the data

I have read and understand the above information regarding my rights as a subject of government data.

Print Name______________________________ Print Name______________________________

Date:______ Signature ______________________________ Date: _______ Signature______________________________

Print Name______________________________ Print Name______________________________

Date:______ Signature ______________________________ Date: _______ Signature ______________________________

CONTRACTOR ACKNOWLEDGEMENT

1. The Greater Metropolitan Housing Corporation - Housing*Resource* Center (HRC) is the administrator of a housing program that may provide (if there is a Closing as defined below) some or all of the funds to pay for the construction work, in the form of a loan or grant or rebate to;

   Homeowner's Name (Print):____

   Project Address (Print):____

2. The contractor as named below (and subcontractors as applicable), are currently and shall be during the time of work, in full compliance with all State and local licensing and insurance laws, and a copy of the license certificate is attached hereto.

3. All work by the contractor as named below (and subcontractors as applicable) at the above project address shall be in full compliance with all current state and local building codes, zoning codes and any other applicable laws and regulations.

4. All necessary and required State and local construction permits shall be obtained and paid for by the contractor as named below. The contractor shall not direct or request the homeowner to obtain the permit. Such permits shall be properly closed-off with proof provided to the homeowner or HRC. Such proof shall be in the form of either;
   a. The original permit card or the inspector's business card signed/initialed and dated by the authorized inspector or;
   b. Specifically request each city inspector assigned to this project to call the Housing*Resource* Center (651) 486-7401 and leave a message as to the status of the permit.
   c. The closed permit appears on the local inspection department computer or in their files.

5. The HRC reviews all documents, as supplied by the homeowner and contractor, for conformance to the program guidelines. If all documents are in order the homeowner can Close on the funds by signing certain documents. Unless and until there is an official Closing the project is not approved for the program. The contractor may call the HRC to find out if and when there was a Closing.

6. Prior to the Closing the contractor shall submit to the homeowner a Construction Contract (the Contract) and this Contractor Acknowledgement form, both properly filled out and signed.

7. The Contract (bid, proposal, estimate) must clearly and legibly contain each and every of the following six items (a-f);
   a) Contractor's business name, address, phone and fax numbers. b) Homeowner's name and project address.
   c) Complete and detailed description of all proposed work including brand name materials/equipment with models, sizes, quantities, locations and warrantees. d) Total contract price, separate prices for options, and clearly state if cost of building permit is or isn't included. e) Dated signature of the contractor.
   f) Blank space for dated signature of the homeowner. Note the homeowner is advised not to sign the contract until Closing.

8. The Housing*Resource* Center is not a party to the Construction Contract nor subsequent changes if any, and the ultimate responsibility for payment of work completed is by and with the homeowner.

9. No work shall start prior to the Date of Closing. All work per the Contract, including close-off of all open permits and submittal of required paperwork, shall be completed within 120 consecutive days from the Date of Closing. The contractor should obtain a signed Contract from the homeowner and find out from the homeowner or HRC the Date of Closing, to assure all work is completed within 120 days. The contractor should also allow for the homeowner's three day Right of Rescission.

10. Prior to release of any program funds the contractor must complete the work per the Contract and submit for HRC approval the following original items;
    a. Final Invoice showing the contractor's business name and address, the homeowner's name and project address, a brief description of the work for which payment is requested and all amounts paid and due.
    b. A valid Lien Waiver, properly filled out and for the same amount as the invoice.
    c. Permits Closed with proof submitted per item #4 above.
    d. HRC Completion Certificate form filled out, signed and dated by both the Contractor and Homeowner.

    In addition, the release of funds is contingent on the HRC construction manager certifying that they have observed the work and it's completed and acceptable. The construction manager's site visit occurs after all items in #10 (above) are received.

11. The contractor as named below and any of its agents hereby acknowledges that they have not and shall not collude, conspire or connive in any manner whatsoever to; a) Fix the price on the contract or any element thereof. b) Submit a bogus or sham bid. c) Provide any unlawful incentive or advantage to any party of interest on this project.

12. Payments from program funds are for completed work and installed materials only, no funds are available for down payments. Two party checks are made out to both the contractor and homeowner, and are delivered to the homeowner who is to countersign it and deliver it to the contractor.

As the owner or duly authorized representative of the contractor, I hereby acknowledge and understand items 1 thru 12 above.
Contractor's Business Name (Print):_______________________City/State License #:_____________

Contractor's Signature:_______________________________________Date:_____________