

# **MCKINLEY NEIGHBORHOOD ASSOCIATION NRP APPLICATION**

**Please submit the following documents at least 30 days prior to your scheduled closing date:**

- Application Form (attached)
- Government Monitoring Addendum (attached)
- Data Privacy Act Statement (attached)
- Authorization to Release (attached)
- Subordination Disclosure (attached)
- IRS 4506T (attached) (*for FHA buyers only*)
- Copy of a current photo ID for all applicants
- Executed Purchase Agreement – most recent copy
- Uniform Residential Loan Application
- Good Faith Estimate
- **FOR FHA BUYERS** --copy of income documentation for all income sources for all household members:
  - Last 2 years Federal Income Tax Returns, including all forms and schedules
  - Wages: 2 current, consecutive pay stubs
  - Business or Rental Property Income: Year to Date signed income and expense form
  - Current award letter for Social Security, current statement for pensions or child support
  - Divorce decree if applicable
  - Any other documentation necessary related to income

**After all of the above documents have been received by the HousingResource Center and your application has been processed, McKinley Neighborhood funds will be reserved.**

**Once funds are reserved, the following documents must be received at least 10 days before closing:**

- Title Commitment
- Appraisal
- Lender Commitment Letter
- Home Stretch Class Certificate

**Loan consultants are available to advise and answer questions about the program. For assistance call: 612-588-3033**

**SUBMIT COMPLETED DOCUMENTS TO:  
HousingResource Center  
2148 44<sup>th</sup> Ave N, Minneapolis, MN 55412  
612-588-3033**

## NRP/FHAPROGRAM GUIDELINES

### McKinley: Home Buyer Assistance Program

**PROGRAM OVERVIEW:** The purpose of McKinley's Home Buyer Assistance Program is to encourage home ownership by providing down-payment assistance and/or closing cost assistance to buyers who purchase an eligible property in the McKinley neighborhood.

1. **Loan Pool:** \$80,000 in NRP funds is available. The NRP loan pool will be augmented by funds provided by the Family Housing Fund.
2. **Income Limits:** Borrowers receiving an FHA primary mortgage shall have household income at or below 115% of area median income as determined by the U. S. Department of Housing and Urban Development when adjusted for household size.
3. **Eligible Properties:** An owner-occupied single family home, duplex, townhouse, or condominium unit that will be the buyer's primary home; *a nonconforming build-able lot purchased by an adjacent owner-occupant of a single-family home or duplex* . Property must qualify for the homestead property tax classification and be located in the McKinley neighborhood.
4. **Loan Amount:** Maximum NRP loan amount is \$2,000. Maximum total loan amount is \$4,000 with matching funds provided by the Family Housing Fund.
5. **Mortgage Approval:** Applicants must show ability to obtain *fixed-rate* mortgage financing. Adjustable rate mortgages do not qualify for this program. Financing of purchase must be from a qualified financial institution. Rent-to-Own purchasers are not eligible for funds from this program.

The loan may also be offered in combination with a contract for deed financed and held by a nonprofit developer who has developed or renovated the property for resale, provided that the nonprofit developer does not sell the contract for deed without the written approval of the City.

6. **Deferred Loan Interest Rate:** 0%
7. **Deferred Loan Repayment Terms:** No repayment is due to McKinley or NRP if the property owner remains as an owner-occupant for a period of five years following the date of the deferred loan closing. If the purchaser sells the property in the first five years, the deferred loan will be repaid per the following guidelines:
  - 0-11 Months: 100%
  - 12-23 Months: 80%
  - 24-35 Months: 60%
  - 36-47 Months: 40%
  - 48 -59 Months: 20%

8. **Eligible Uses of Funds:** The deferred loan money can only be used to assist as down payment money and/or closing cost assistance.
9. **Application Processing:** All applications will be submitted to the Greater Metropolitan Housing Corporation (GMHC). Completed applications will be processed on a first-come, first-served basis.
10. **Loan-to-Value Ratio:** Generally, applicants who have a potential "Loan-to-Value Ratio" in excess of 110% will be denied loan financing.
11. **Loan Security:** All deferred loans will be secured by a mortgage in favor of the City of Minneapolis.
12. **Disbursement Process:** The following procedures shall apply:
  - a.) The purchaser must notify GMHC of his/her intent to participate in the program. The purchaser must provide an executed copy of the purchase agreement at least 30 days prior to purchasing the property.
  - b.) The purchaser must provide GMHC with a copy of the mortgage loan commitment letter, Good Faith Estimate, and written documentation relative to the loan closing date.
  - c.) From funds made available to GMHC by the City of Minneapolis through the NRP and in accordance with the McKinley Homebuyer Assistance Program, and matching funds from the Family Housing Fund, GMHC will provide a check (not to exceed \$4,000) to the loan closing or title insurance company prior to the loan closing.
  - d.) The purchaser must sign the deferred loan note and mortgage at the loan closing. The loan closing or title insurance company conducting the loan closing will be responsible for recording the mortgage. Documentation of the recording must be sent to GMHC. The purchaser will pay the filing fee.
  - e.) After the loan closing, the purchaser must provide GMHC with written evidence from the loan closing or title insurance company of the use of the home ownership program funds. A copy of a fully executed HUD-1 form, showing the use of these funds, is one example of an acceptable type of documentation.
13. **Post Purchase Counseling:** Participants in this program are encouraged to attend the post-purchase home maintenance class administered by Neighborhood Housing Services of Minneapolis.
14. **Subordination of Deferred Loan:** The McKinley home buyer assistance loan is considered a "Special Mortgage" per the terms of Minnesota Statute 988. The mortgage may be subordinated for the purpose of refinancing the first mortgage if the borrower has received mortgage refinance counseling from an approved counselor. Proof of completed counseling must be received by GMHC with any request for subordination.
15. **Program Timeline:**

• McKinley Community Approval of Guidelines, Scope & Budget:	March 2008
• Begin Marketing:	April 2008
• GMHC begins accepting applications:	April 2008

## PROGRAM GUIDELINES

### McKinley: Home Buyer Assistance Program

**PROGRAM OVERVIEW:** The purpose of McKinley's Home Buyer Assistance Program is to encourage home ownership by providing down-payment assistance and/or closing cost assistance to buyers who purchase an eligible property in the McKinley neighborhood.

1. **Loan Pool:** \$80,000 in NRP funds is available. The NRP loan pool will be augmented by funds provided by the Family Housing Fund.
2. **Income Limits:** There are no minimum or maximum income limits for participants.
3. **Eligible Properties:** An owner-occupied single family home, duplex, townhouse, or condominium unit that will be the buyer's primary home; *a nonconforming build-able lot purchased by an adjacent owner-occupant of a single-family home or duplex* . Property must qualify for the homestead property tax classification and be located in the McKinley neighborhood.
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15. **Program Timeline:**
- |  |            |
|--|------------|
| • McKinley Community Approval of Guidelines, Scope & Budget: | March 2008 |
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| • GMHC begins accepting applications:                        | April 2008 |

## MCKINLEY COMMUNITY NRP APPLICATION

Program: McKinley Homebuyer Assistance

☐ Home Improvement      ☒ Home Purchase

### **BORROWER INFORMATION**

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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: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Number of Residents: 18 and older \_\_\_\_\_ under 18 \_\_\_\_\_

### **PROPERTY INFORMATION**

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Address to be improved/purchased: \_\_\_\_\_

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

Owner -Occupied?      Yes      No

I/We have outstanding code violations from the City of Minneapolis Inspections Department.      Yes      No

### **CREDIT INFORMATION**

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**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 been declared bankrupt within the past 36 months?      Yes      No

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)	Date Incurred	Original Amount	Present Balance	Monthly Payments	Check If Business Related
Mortgage:					
Contract-for-Deed:					
Auto:					
Student Loans:					
Credit Cards:					

## **INCOME & EMPLOYMENT VERIFICATION**

**WAGE INCOME:** (Include bonus, overtime, seasonal and sporadic income)

Applicant Name	Employer Name, Address, and Phone Number	Position	Years Employed	Annual Gross Income

**OTHER SOURCES OF INCOME:** (ex. Social Security, child support, public assistance, alimony, pensions, military reserve, contract-for-deed, rental income, unemployment compensation, etc.)

Applicant Name	Income Source	Annual Gross Income

If you own your own business, please contact the HousingResource Center for further instructions.

## **IMPROVEMENTS**

Briefly describe the proposed improvements: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimated Loan Amount: \$ \_\_\_\_\_

Who will be completing the work? ☐ Borrower ☐ Contractor

## **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

Return completed application and other required materials to:

HousingResource Center, 2148 44<sup>th</sup> Avenue North, Minneapolis, MN 55412

For information on additional programs offered in your community, please call 612-588-3033 or visit [www.gmhchousing.org](http://www.gmhchousing.org)

**ADDENDUM TO APPLICATION**

**McKinley Homebuyer Assistance Program**

**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:** \_\_\_\_\_

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

\_\_\_\_\_  
**APPLICANT SIGNATURE**

\_\_\_\_\_  
**CO-APPLICANT SIGNATURE**

<b>This Section For Lender Use</b>	
<u>Greater Metropolitan Housing Corporation</u>	
Application received by:    _____ mail    _____ face-to-face interview    _____ telephone	
Staff Name: _____	Date _____



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 \_\_\_\_\_

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 HousingResource 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

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

\_\_\_\_\_  
XXX-XX-  
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.

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Print Name

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Social Security Number – last 4 digits      Date

\_\_\_\_\_  
Signature

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## Subordination Disclosure

## City of Minneapolis

105 5<sup>th</sup> Avenue South, Suite 200  
Minneapolis, MN 55401

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You are receiving or have received a loan from the City of Minneapolis. This loan is being closed in the name of the City of Minneapolis (City). If at some future date, you choose to obtain a new first mortgage or other financing that uses your home as security, there are some facts you should know about your City loan that may guide your decision.

The first fact you should know is that most, if not all, lenders will want their new mortgage to have as high a lien position as possible. If your new financing is a refinance of your current first mortgage, when your first mortgage is paid off, the City's loan along with any other financing automatically moves up in lien position and the new mortgage takes the lowest lien position on the title of your property. The only way for your new mortgage lender to obtain a first lien position is to either pay off the City's lien or request and obtain the City's approval to have its loan subordinated. Subordinated means that the City signs an agreement that says it will let its lien move to a lower lien position behind the new mortgage, which allows your new mortgage to move to a higher lien position.

The City will consider each subordination request subject to the *CITY'S SUBORDINATION POLICY* in effect at the time of the request.

The City will not consider a subordination request if any of the following conditions exist:

- ◆ New financing is an open-ended line-of credit
- ◆ Violation of Owner Occupancy requirement

**All loan subordinations should be approved by the City prior to the closing of the new financing. The City reserves the right to refuse any subordination request that does not meet the *CITY'S SUBORDINATION POLICY* in effect at the time of the request, or if the request is determined to not be in the City's best interest.**

There is a processing/review fee charged for each subordination request.

Borrower \_\_\_\_\_

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

Date \_\_\_\_\_

## Request for Transcript of Tax Return

OMB No. 1545-1872

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

► For more information about Form 4506-T, visit [www.irs.gov/form4506t](http://www.irs.gov/form4506t).

**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](http://IRS.gov) and click on "Get Transcript of Your Tax Records" under "Tools" 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
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
<b>4</b> Previous address shown on the last return filed if different from line 3 (see instructions)	
<b>5</b> 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.	

**Housing Resorce Center -North 2148 44th Ave N, Minneapolis MN 55412 612-588-3033**

**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/ 12/31/

**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.

<b>Sign Here</b>	Signature (see instructions)	Date	Phone number of taxpayer on line 1a or 2a
	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](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 "Get Transcript of Your Tax Records" under "Tools" 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
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
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	512-460-2272
	559-456-7227
	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
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	801-620-6922
	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.

Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ through Date: \_\_\_\_\_

### ***Interim Statement***

**Revenue:**

Gross Income \$ \_\_\_\_\_

**Expenses:**

Advertising	\$
Bank Charges, Cr Card Fees	\$
Contract Labor	\$
*Gross Wages to Employees	\$
*Gross Wages to Self	\$
*Employer Social Security Taxes	\$
Insurance-business	\$
Interest-loans	\$
Maintenance, Repairs	\$
Office Expenses, supplies, etc.	\$
Office Equipment	\$
Permits and Licenses	\$
Professional Fees	\$
Property Taxes	\$
Rent	\$
Travel	\$
Utilities	\$
Vehicle Expenses	\$
Depreciation	\$
Other:	\$
Other:	\$

Total Expenses: \$ \_\_\_\_\_

**Net Income (Loss):** \$ \_\_\_\_\_

This is an accurate summary of my YTD Income and Expenses.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (print)