

CITY OF CRYSTAL

Last Resort Grant Program Application Process

The following documents must be received at the Housing *Resource* Center (HRC) in order for you to be eligible for consideration in this program:

1. Application Form (attached)
2. Government Monitoring Addendum (attached)
3. Data Privacy Act Statement (attached)
4. Authorization to Release Information (attached) to be signed by each applicant
5. Copy of two most recent pay stubs or other income verification
6. Copy of last 2 years Federal Income Tax Return including W2's and all schedules.
7. If self employed, please complete the attached interim financial statement for year to date amounts.
8. Copy of bid proposals for the work to be performed
9. Contractor Acknowledgement form signed by the contractor who will be performing the work
10. Copy of ID

The Crystal Last Resort Program is for the correction of code violations or to make health or safety repairs. Upon the receipt and approval of your application, the Housing *Resource* Center Construction Manager will call you to set up an appointment to inspect the items to be repaired. The Construction Manager will then write up a scope of work. The Scope of Work details the work to be done in accordance with the program guidelines.

CONTRACTS - (also called bids, proposals or estimates). It is the homeowner's responsibility to call licensed contractors, give them the Scope of Work and obtain written **Contracts** and a signed **Contractors Acknowledgement Form** as described below. If assistance is needed, please contact a Housing *Resource* Center Construction Manager. Contact the State at (651) 284-5005 or www.doli.state.mn.us/lookup/licensing to verify if your contractor is currently licensed. In order to approve a contract it must be written by a licensed contractor and contain the following items;

1. The contractor's name, address, telephone and fax numbers and the date.
2. The homeowner's name and project address.
3. A detailed description of the work to be done, including brand names, quantities and all costs.
4. The contractor's signature.
5. A space for the homeowner's dated signature. Do not sign the contract until the closing.

CONTRACTOR ACKNOWLEDGMENT FORM - If the homeowner is having the improvements done by a contractor, the contractor must complete the HRC Contractor Acknowledgement form. This form includes the contractor's name, business address, and license number. **Contractors must be licensed** according to the local City Ordinances and State Law. Make additional copies as needed, as one form per hired contractor is required.

PARTICIPATION AGREEMENT- The homeowner must sign a Last Resort Program Participation Agreement before the proposed work may begin. The homeowner is not officially a part of this program until the Participation Agreement is approved and signed with a HousingResource Center staff person. When all Contractor Acknowledgements' are completed, submit them to the HRC and arrange for an appointment.

DO NOT SIGN ANY CONTRACTS OR START YOUR PROJECT UNTIL A PARTICIPATION AGREEMENT SIGNING HAS TAKEN PLACE. ANY PROJECT BEGUN BEFORE A PARTICIPATION AGREEMENT HAS BEEN SIGNED WILL BE INELIGIBLE!

All program applications will be address on a first-come, first-served basis. The Housing *Resource* Center is the program administrator. Construction and loan consultants are available to advise and answer any questions about the program and your project. (612) 588-3033.

SUBMIT COMPLETED APPLICATION TO:
Housing *Resource* Center, 2148 44th Ave North. Minneapolis, MN 55412
612-588-3033



CITY OF CRYSTAL, MN

Last Resort Grant Program Guidelines

Overview: The Crystal Last Resort Grant Program is designed to provide financial assistance to homeowners that are in hardship financial circumstances, are unable to get funding from other sources, and have a serious health and safety home repair situation that needs to be addressed immediately. Emergency grant amounts will be no greater than \$3,000.

Eligible Applicants: Priority will be given to those homeowners:

1. Who are at 50% of the area median income based on their household income and family size;
2. Have code violations on their property;
3. Have immediate health and safety issues for household residents if the repairs are not corrected.

METRO AREA MEDIAN FAMILY INCOME (2016)
50% VERY LOW INCOME (1-8 PERSON HOUSEHOLD)

HH SIZE	1	2	3	4	5	6	7	8
INCOME	30,050	34,350	38,650	42,900	46,350	49,800	53,200	56,650

Eligible Properties: Any owner-occupied, detached single family dwelling, owner-occupied duplex (in which the owner resides in one of the units). Attached owner-occupied dwellings such as townhouses and condominiums are also eligible, but only costs related to interior repairs and improvements for the applicant's dwelling unit will be eligible for the Last Resort Grant. **Property occupied by someone other than the owner is not eligible for this program. Property taxes must be current on the property.**

Eligible Improvements: These grants can only be used for repairs or replacements that demand immediate attention and if not repaired will lead to further problems, hardships or hazardous conditions. Contractors must be licensed. Permits must be obtained when required by state law or local ordinance. Eligible projects include but are not limited to:

TYPE OF IMPROVEMENT	REPAIR	REPLACE
Basement water seepage	X	
Exterior steps or railing	X	X
Heating/Plumbing/Electrical	X	X
Dilapidated Porch	X	X
Retaining Wall	X	X
Roof	X	X
Stucco/Siding/painting	X	X

A Housing *Resource* Center Construction Manager **must** write up a scope of work detailing the extent and approximate expense associated with fixing the housing problem. Rehabilitation Counseling will include advice on the proposed work and assistance with the bidding process. Conditions that have been red tagged or flagged by a city inspector will be given priority

All work must be completed within 120 days.

Ineligible Improvements: Ineligible improvements include any upgrades or additions to the property. Also excluded are repairs that constitute "routine maintenance", as well as any repairs to decks or garages. Also excluded are recreational or luxury projects such as pools, sprinkler systems, playground equipment, saunas, whirlpool, etc. Improvements must be permanent and cannot include such things as furniture or easily detachable fixtures. Funds for working capital, debt servicing or refinancing are excluded. Final decisions on eligible work will be made by the Housing *Resource* Center.

Application Process: Applications will be taken on a first come-first serve basis at the Housing *Resource* Center and include:

1. A completed application form;
2. Proof of home ownership;
3. Proof of income;
4. Proof of the hazard, red tags, written housing orders etc.;
5. A hardship letter, which includes a description of the work that needs to be done.

Maximum Grant: \$3,000 per property, one time

Disbursement Process: Payment will be made to the contractor upon completion of the work. Contractors must be licensed when required by State and municipal ordinance. The following items must be received prior to final disbursement of funds:

1. Final invoice;
2. Completion certificate signed by the property owner;
3. Completion certificate signed by the contractor;
4. Signed copies of all required city permits or final verification permits have been closed;
5. Lien waiver



CITY OF CRYSTAL, MN

Rehab Incentive Program Guidelines

The Crystal Rehab Incentive Program is designed to assist homeowners in the City of Crystal maintain and improve their current housing in order to foster stabilization and revitalization by providing a rebate to homeowners after an improvement has been completed.

Important Note: Do not purchase any project materials or let your contractor(s) begin any work until you have signed a Participation Agreement in our office. We must review all of your documents, including contractor bids and/or Sweat Equity Application before we can schedule your Participation Agreement appointment.

Income Limits: gross annual income, from all sources incomes within the following categories:

Up to	\$42,900	= 20% rebate payment
\$42,901 -	\$68,640	= 15% rebate payment
\$68,641 -	\$102,960	= 10% rebate payment

Rebate Payment: The rebate payment will be 20%, 15%, or 10% of project cost depending upon household income (see above income limits) with a maximum payment of \$10,000 per household. **Project cost must be at least \$2,000 to be eligible for a rebate.** Home improvements done under a deferred loan or grant program will not be eligible for inclusion in the program.

Eligible Properties: Any owner-occupied, detached single family dwelling, owner-occupied duplex (in which the owner resides in one of the units), or multi family dwelling which upon completion of the project will become a single family dwelling. Attached owner-occupied dwellings such as townhouses and condominiums are also eligible, but only costs related to interior repairs and improvements for the applicant's dwelling unit will be eligible for the Rehab Incentive. **Property occupied by someone other than the owner is not eligible for this program. Eligible properties must be current on property taxes.**

Eligible Improvements: Materials and labor expenditures for mechanical, plumbing, electrical, exterior (roofing, siding, windows and doors), general remodeling and additions to the principal building are considered to be eligible expenditures, except for do-it-yourself projects in which case only materials costs are eligible expenditures for Rebates. Eligible site improvements are limited to detached accessory buildings, retaining walls, driveways, sidewalks and patios, decks, removal of diseased or otherwise hazardous trees, and treatment of trees to protect from Dutch Elm Disease or the Emerald Ash Borer.

Ineligible Improvements: This includes recreational or luxury improvements, projects not permanent in nature, working capital, payment for owner's labor, debt service or refinancing existing debts, and other expenses determined by the Housing *Resource* Center (HRC).

Contractors and Permits: Contractors must be currently licensed with the state of Minnesota. To verify their license, call (651) 296-2488. Permits must be obtained when required by city ordinance. Failure to comply with this regulation will disqualify the applicant from receiving program funds.

Work By Owner: Work can be performed on a "sweat equity" basis by the homeowner or immediate family. Program funds are to be used for materials only, not for labor or tools. The Housing *Resource* Center 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 program funds. When applicable, a City Inspection must be obtained by the owner.

GENERAL CONDITIONS AND PROCEDURES

Rehabilitation Counseling: A Housing *Resource* Center's Construction Manager is available, at no cost, to homeowners for advise about their proposed projects prior to obtaining bids and review bids for reasonableness.

Work Completion: Weather permitting, all work must be completed within 120 days of signing the Participation Agreement.

Rebate Payment Disbursement Process:

1. Payment to the homeowner / contractor will be made, **only**, after final inspection and approval of the work by the Housing *Resource* Center's Construction Manager. When the work is completed submit items 1 – 5, listed below. Upon receipt and approval of these items an inspection will be scheduled and preformed by the HRC Construction Manager.
2. The following items must be received in the HRC office before the funds can be released:
 - a) **Final Invoice** from each contractor showing all amounts paid.
 - b) **Lien Waiver**. Original from each contractor.
 - c) **Material Receipts** for sweat equity projects only.
 - d) **Completion Certificate** signed by each contractor and the homeowner.
 - e) **Permits Closed**. Confirmation must be received by the Housing *Resource* Center from the City Inspections Department.
 - f) **Final Inspection** and approval by the HRC Construction Manager.

Payment is only made for work completed and approved.

Crystal Last Resort Grant Program

Housing Resource Center -North
2148 44th Ave North
Minneapolis, MN 55412
Ph: 612-588-3033 Fax: 612-588-3028

IMPORTANT NOTE: Do not start any projects before you have signed a Participation Agreement with us in our office. Any projects started without prior approval from the HRC will be ineligible. PLEASE READ THE ATTACHED PROGRAM GUIDELINES.

1. Applicant's Information

Applicant Name:	Co-Applicant Name:
Social Security Number:	Social Security Number:
Marital Status: <input type="radio"/> Married <input type="radio"/> Single <input type="radio"/> Separated	Marital Status: <input type="radio"/> Married <input type="radio"/> Single <input type="radio"/> Separated
Address:	Address:
City: State:	City: State:
Zip Code: How Long: (yrs.)	Zip Code: How Long: (yrs.)
Phone Number: (H) () Alternate Phone Number () Email	Phone Number: (H) () Alternate Phone Number () Email
Type of Dwelling: Single Family <input type="radio"/> Duplex <input type="radio"/> Condominium/Townhouse <input type="radio"/> # of bedrooms: _____	Have you previously participated in this Grant Program? YES NO If yes, what amount did you receive? \$ _____
Are you receiving a deferred loan for this home	improvement project? YES NO

2. Income Information

Applicant's Employer:	Co-Applicant's Employer:
Address:	Address:
City: State:	City: State:
Business Phone: ()-	Business Phone: ()-
Type of Work or Position:	Type of Work or Position:
Number of Years Employed:	Number of Years Employed:
Amount per year: \$	Amount per year: \$

Other Sources of Income

Income Sources					Annual Total
Annual Amounts					

➤ You must enclose copies of all source of income that apply to your household:

- Employment:.....two recent consecutive pay stubs & Federal income tax return including W2's & schedules
- Self-employment:.....two years of Federal Income Tax Statements including Schedules C, E, or F and completed interim financial statement for year to date. Call the HRC if you have any question
- Social Security:.....current year's benefit statement,
- Pension & Annuity:.....award letter monthly pension or annuity amount
- Rental Income:.....two years of Federal Income Tax returns including Schedule E
- AFDC/MFIP:.....benefit statement
- Child Support:.....divorce decree and/or statement of benefits from applicable County.
- Foster Care:.....Statement of income from Hennepin County.

3. Scope of Work (Proposed Improvements)

Describe Proposed Projects	Cost (if known)

Circle the appropriate answers below to help us assist you.

1. How do you plan to do these projects? Yourself Hire a contractor Both
2. Would you like the Housing *Resource* Center' Construction Manager to contact you regarding this Scope of Work and/or other Construction Advice? Yes or No
3. Number of persons in household: _____ adults _____ children under the age of 18
4. Applicant date of birth _____ Co-applicant date of birth _____

√ I/We certify that all information contained in this application is true, accurate and complete to the best of my/our knowledge and belief.

√ I/We hereby authorize the release of any information necessary for the Housing *Resource* Center to process this application.

√ I/We have read and understand the Program Overview and Guidelines.

√ Contractors must be licensed. Do not start the work, sign contracts, purchase materials nor give down payments prior to closing.

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

➤ Both sides of this application must be filled out.

➤ Your application can not be processed ***without income verification and other supporting documentation.***

➤ Any work started prior to program approval is not eligible.

-Only - Office Use - Only -

Gross Income:	# of Sources:	Property Tax Stmtnt:	Rebate Percentage:
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ADDENDUM TO APPLICATION

Crystal Last Resort Grant 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: _____

APPLICANT	CO-APPLICANT
APPLICANT NAME:	CO-APPLICANT NAME:
<input type="checkbox"/> I do not wish to furnish this information	<input type="checkbox"/> I do not wish to furnish this information
ETHNICITY: (select only one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	ETHNICITY: (select only one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male	GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male
RACE: (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	RACE: (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

This Section For Lender Use
<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

Social Security Number

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 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

Social Security Number

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.

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)

Request for Transcript of Tax Return

OMB No. 1545-1872

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Request may be rejected if the form is incomplete or illegible.
- ▶ For more information about Form 4506-T, visit 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 and click on "Get a Tax Transcript..." 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.

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. Housing Resource 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 1120-A, Form 1120-H, Form 1120-L, 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 / 15	12 / 31 / 14	/ /	/ /
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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, 1 percent or more shareholder, partner, managing member, 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.

Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.

Signature (see instructions)	Date
Title (if line 1a above is a corporation, partnership, estate, or trust)	
Spouse's signature	Date

Phone number of taxpayer on line 1a or 2a

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 "Get a Tax Transcript..." 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 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 559-456-7227
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, 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 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 addresses 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.

 **CAUTION** You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

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. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

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.

Note: If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

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.