WEBBER-CAMDEN NEIGHBORHOOD ASSOCIATION NRP APPLICATION

Please submit the following documents:

- Application Form (attached)
- o Government Monitoring Addendum (attached)
- Data Privacy Act Statement (attached)
- Authorization to Release (attached)
- Subordination Disclosure (attached)
- o IRS Form 4506-T (attached)
- o Copy of a current photo ID for all applicants
- Copy of 2 most recent paystubs
- o Copy of last 2 years Federal Income Tax Returns including W-2's and all schedules
- Copy of your current mortgage statement
- Copy of bid proposals for the work to be performed (2nd bid is required for all projects over \$5,000, contractors must be licensed according to Minneapolis Ordinances or state law)
- Contractor Acknowledgement form (attached) signed by the contractor who will be performing the work
- Credit Report Fee: \$20.00 per married couple; \$15.00 per non-married borrower. Please make check or money order payable to GMHC. The fee is non-refundable.

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

Please note that there will be no down payments. Funds will be disbursed when projects are complete and permits (if applicable) are closed.

Construction and loan consultants are available to advise and answer questions about the program and your project. For assistance call: 612-588-3033

SUBMIT COMPLETED DOCUMENTS TO:

Housing Resource Center 2148 44th Avenue N Minneapolis, MN 55412 612-588-3033

Webber-Camden Neighborhood Association 2010 Revolving Loan

PROGRAM GUIDELINES

<u>Loan Pool</u>: The Webber-Camden Neighborhood Association is making available NRP funds for exterior and interior improvements to residential properties in Webber-Camden.

<u>Program Overview</u>: The loan program is designed to supplement existing loan programs available from CITY OF MINNEAPOLIS, MHFA, private lenders and other similar sources. 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.

<u>Interest Rate</u>: 3 %. The first loan payments will be delayed up to 60 days from the closing date with no interest charge.

<u>Income Limits:</u> There is no annual household income limit for revolving loan recipients.

<u>Eligible Properties</u>: All properties must be located within the Webber-Camden neighborhood boundaries as follows; north of Lowry Ave., south of Dowling Ave. No., west of Dupont Ave. No. and east of Penn Ave. No. Owner-occupied single and duplex properties are eligible. Owner ccupants of condominiums and townhouses are eligible for the program to make repairs not covered under the responsibility of the association.

<u>Loan Amount</u>: The minimum loan amount is \$2,000. The maximum loan amount is \$15,000 per household.

<u>Loan Term</u>: Generally, the term of the Revolving loan will be one year per \$1,500 borrowed. Thus the term will be flexible depending on the size of the loan. The maximum term will be ten (10) years.

<u>Loan Security</u>: All loans will be secured by a mortgage in favor of the CITY OF MINNEAPOLIS.

<u>Debt - to - Income Ratio:</u> Applicants must have the ability to repay the loan. Applicants who have a potential "debt - to - income ratio" in excess of 55 % will be denied loan financing.

<u>Loan - to - Value Ratio:</u> There is no loan-to-value limit for revolving loan recipients.

<u>Underwriting Process</u>: If the borrower does not agree with the decision of GMHC, an appeal can be filed by the borrower to the Webber-Camden Comprehensive Plan Implementation Committee and then to the FNA Board of Directors for a final decision.

<u>Underwriting Decision</u>: Loans will be approved or denied by the GMHC based upon review of a credit report and according to the following criteria which has been established by the neighborhood association.

- 1. No outstanding judgments 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. Generally, no more than two 90-day lates on credit report. Any 90-day late requires a documented explanation and acceptable reasons; medical, unemployment, divorce.

<u>Eligible Improvements:</u> Loans may be used to finance either interior or exterior improvements to a home and/or an existing garage. Eligible projects include:

- Painting: Siding, garages, trim on home and/or garage
- Structural and foundation problems in home and/or garage
- Electrical: repair, replace or install new
- Plumbing: repair, replace or install new
- Furnace and/or Air conditioning: repair, replace or install new
- Stucco: repair or replace existing or install new on home and/or garage
- Siding: repair or replace existing or install new on home and/or garage
- Doors: repair or replace existing or install new on home and/or garage
- Roof: repair or replace existing or install new on home and/or garage
- Decks: repair or replace existing
- Porches: repair or replace existing or install new
- Patios: repair or replace existing
- Sidewalks: repair or replace existing or install new
- Driveways: repair or replace existing or install new
- Garages: repair or replace existing or build new
- Retaining Walls: repair or replace existing or install new
- Windows: repair or replace existing or install new
- Fences: repair or replace existing or install new
- Landscaping of a permanent nature: repair or replace existing or install new (up to 20% of the total loan.)
- Accessibility Improvements: repair or replace existing or install new

<u>Ineligible Improvements</u>: This includes recreational or luxury improvements, working capital, payment for owner's labor, debt service or refinancing existing debts and other work items determined by GMHC to be ineligible.

<u>Work by Owner</u>: Work can be performed on a "sweat equity" basis. Loan funds are for materials only, not for labor or tools. GMHC will determine if the owner has the ability to properly complete the work within the program time requirement. No materials may be purchased prior to the loan closing without the approval of the GMHC Construction Manager. 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 Minneapolis Inspection Department permit must be obtained by the borrower.

OTHER GENERAL CONDITIONS AND PROCEDURES:

- 1. Rehabilitation Consulting: GMHC Construction Manager will be available free of charge to borrowers to advise them about proposed projects prior to obtaining bids and will be available to review bids for reasonableness. Two Bids must be obtained for all projects for which at least \$5,000 of NRP funds will be spent.
- 2. Loan Costs: Loan origination fees will be paid by the Webber-Camden NRP budget. Mortgage filing fees, other closing costs, if any, and mortgage satisfaction preparation fees will be paid by the borrowers. Borrowers, if necessary, will be assessed a 5% fee for submitting a late payment and/or a \$20.00 fee if a payment is returned to the servicer for insufficient funds.
- 3. Initial Applications for Funding: Applications will be accepted by GMHC on an on-going basis and processed on a first-come, first-served basis, as funds are available until all program funds are committed.
- 4. **Detailed Applications:** (including the following) must be submitted to GMHC. Please see application process sheet for full details.
 - a. A completed application form, including a work item and a cost estimate;
 - b. A copy of applicant's most recent mortgage statement;
 - c. A copy of the applicant's two most current federal income tax returns including all schedules and W2's
 - d. A signed "Data Privacy Act Statement and Consent Form" (provided by GMHC).
 - e. A signed "Subordination Disclosure Form" (provided by GMHC).
- 5. Contractors & Permits: Contractors contracting for work must be properly licensed by the City of Minneapolis when required by city ordinance. Permits must be obtained when required by city ordinance.
- 6. **Work Completion**: Weather permitting; all work must be completed within 120 days of the loan closing.
- 7. **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 provide proof of additional funds. Borrower's funds must be paid prior to any loan payments for work completed.
- 8. **Custody of Funds**: Loan funds will remain in the custody of GMHC until payment for completed work.
- 9. 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 the rehabilitation counseling service 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. Lien waivers must be provided before the funds will be released.
 - 3.) Material Receipts for sweat equity projects.
 - 4.) Completion Certificate signed by each contractor and the borrower. Permits Closed. Permits must be signed by the City of Minneapolis housing or building inspector indicating the permit is closed meaning that the work is completed and meets standards. The permit may also be referenced as being closed on the City of Minneapolis web site under the property information look up tool.
 - 5.) Final Inspection. Upon receipt of the above items, the Housing Resource Center Construction Manager will verify that the work has been completed and all material listed have been installed.

Upon approval, a payment request will be made. Payment request may take up to 10 business days after the above items are received before checks are available. Payment checks to contractors must be countersigned by the borrower. A maximum of one draw per contractor or 2 draws for sweat equity projects per loan will be allowed. Payments will only be made for work completed and approved.

- 10. Sale of Loans: Based upon a written request from Webber-Camden, plus written approval from the CITY OF MINNEAPOLIS, GMHC will sell these loans on the secondary market and then originate additional loans from the net proceeds of the sale.
- 11. Program Timeline:

FNA Approval of Guidelines, Scope & Budget: July 5, 2010 Begin Marketing: July 12, 2010

GMHC begins accepting applications: ?

WEBBER-CAMDEN NEIGHBORHOOD ASSOCIATION NRP APPLICATION

Program: Webber-Camden	Revolving Loan				
Home Improvement	Home Purchase	•			.
BORROWER INFORMATION	ON				
Applicant Name:	. Savena	Soc. Sec. # _	D.	O.B//	
Marital Status: Married	Unmarried Se	parated			
Home Phone:	Alternate Pl	none:	Email:	<u>. </u>	
Co-Applicant Name:		Soc Sec #	n	OB / /	
	Unmarried Se			о.в	
		-			
Home Phone:	Alternate Pl	none:	Email:		
Home Address:					
City:					
Number of Residents: 18 and older					
Trumbur of Rebrasion to and order					
PROPERTY INFORMATION	N				
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 violation	ons from the City of	Minneanolis Inspe	ections Department	Yes No	
If we have outstanding code violation	ons from the City of	типпсаронз тізре	ctions Department.	103	
CREDIT INFORMATION					
CREDIT HISTORY: These quest	ions apply to all app	licants. If you ans	wer "yes", please provi	de a separate written ex	planation.
Are there any outstanding judgmen	ts or liens against yo	u?	Yes N	ō	
Have you been declared bankrupt within the past 36 months? Yes No			0		
Have you had any property foreclos					
Are you a co-maker or endorser on			Yes N		
	a note:		105	0	
To Whom Indebted (Named)	Date Incurred	Original Amount	Present Balance	Monthly Payments	Check If Business
Mortgage:					Related
Contract-for-Deed:					
Auto:					
Student Loans:					
Credit Cards:					

INCOME & EMPLOYMENT VERIFICATION

DTHER SOURCES OF INCOME: (ex. Social Security, child support, public assistance, contract-for-deed, rental income, unemployment compensation, etc.) Applicant Name Income Source Income Source If you own your own business, please contact the Housing Resource Center for further is strictly describe the proposed improvements: Estimated Loan Amount: \$	tion	Years Employed	Annual Gro
Applicant Name Income Source f you own your own business, please contact the Housing Resource Center for further in the proposed improvements: Estimated Loan Amount: \$			
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Applicant Name Income Source You own your own business, please contact the Housing Resource Center for further is MPROVEMENTS riefly describe the proposed improvements: stimated Loan Amount: \$ Tho will be completing the work? Borrower Contractor IGNATURES We certify that the statements contained in this application are true and complete to the best	limon	y, pensions, milit	ary reserve,
Tyou own your own business, please contact the HousingResource Center for further is MPROVEMENTS riefly describe the proposed improvements: stimated Loan Amount: \$ Who will be completing the work? Borrower Contractor HIGNATURES TWe certify that the statements contained in this application are true and complete to the best		Annual Gro	ss Income
MPROVEMENTS Briefly describe the proposed improvements: Estimated Loan Amount: \$			
MPROVEMENTS Priefly describe the proposed improvements: Stimated Loan Amount: \$			
MPROVEMENTS Briefly describe the proposed improvements: Estimated Loan Amount: \$ Who will be completing the work? Borrower Contractor SIGNATURES /We certify that the statements contained in this application are true and complete to the best			
mprovements:			
Who will be completing the work? Borrower Contractor SIGNATURES /We certify that the statements contained in this application are true and complete to the best			
SIGNATURES /We certify that the statements contained in this application are true and complete to the beautiful description.			
/We certify that the statements contained in this application are true and complete to the be-			
We certify that the statements contained in this application are true and complete to the be-			
/We certify that the statements contained in this application are true and complete to the be-			
We have read and understand the Program Guidelines.	t of m	y/our knowledge	and belief.
Applicant's Signature Date Co-Applicant's Sign			Date

Return completed application and other required materials to:

Housing Resource Center, 2148 44th Avenue North, Minneapolis, MN 55412

For information on additional programs offered in your community, please call 612-588-3033 or visit www.gmhchousing.org

ADDENDUM TO APPLICATION

Webber-Camden Revolving 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 Merican 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: mailface-to-face in	nterviewtelephone		
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 rea	ad 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 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 individu	nal who is an applicant guarantor or other individu	ual whose
NOTE: Use a separate form for each individu	al who is an applicant, guarantor or other individu	ual 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 CenterTM. 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

NOTE: Use a separate form for each individual who is an applicant, guarantor or other individual whose

Only one person signs each form.

information is considered in the application.

Subordination Disclosure

City of Minneapolis

105 5th Avenue South, Suite 200 Minneapolis, MN 55401

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 <u>prior to the closing</u> 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	

Business Name: Business Address:			
business Address.			
Date: through Date			
Interim Statemen	t		
Revenue:			
Gross Income		\$	
Expenses:		Ψ	
Advertising		\$	
Bank Charges, Cı	· Card Fees	<u> </u>	
Contract Labor	<u> </u>		
*Gross Wages to	Employees	<u> </u>	
*Gross Wages to		<u> </u>	
*Employer Social		\$	
Insurance-busines		\$	
Interest-loans	<u> </u>	\$	
Maintenance, Rep	airs	\$	
Office Expenses,		\$	
Office Equipment		\$	
Permits and Licer		\$	
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	d Expenses.	
Signature		Date	
Nama (print)			
Name (print)			

Form **4506-T**

(Rev. September 2015)
Department of the Treasury
Internal Revenue Service

Request for Transcript of Tax Return

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

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

Internal Revenue Service 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

OMB No. 1545-1872

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 1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions) shown first. 2a If a joint return, enter spouse's name shown on tax return. 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. 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 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 V 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 ~ 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 V 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 . . . V 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. 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 / 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 Phone number of taxpayer on line has the authority to sign the Form 4506-T. See instructions. 1a or 2a Signature (see instructions) Date Sign Here 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 "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,

Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888

Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming

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

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

F.P.O. address

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

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.



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

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, quardian, 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,

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.

Housing Resource Center — 2148 44th Ave N. Minneapolis, MN 55412 - (612) 588-3033, fax (612) 588-3028 C O N T R A C T O R A C K N O W L E D G E M E N T

1.	The Housing <i>Resource</i> Center (HRC) is the administrator of a housing program that <u>may</u> 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;
	Print Homeowner's Name:
	Print Project Address:
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 pull the permit. Such permits shall be properly closed-off with proof thereof submitted 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. b. Request the authorized inspector to call the Housing Resource Center (612) 588-3033 and leave a message as to the status of the permit. Note each inspector must be specifically requested to call. c. The closed permit appears on the local inspection department computer or in their files.
5.	The Housing <i>Resource</i> Center 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 is welcome to call the HRC to find out if there was a Closing.
6.	Prior to the Closing the contractor shall submit to the homeowner a <u>Contract for Construction</u> and this <u>Contractor Acknowledgement</u> 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. 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 and separate prices for options. 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 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. Also allow for the homeowners 3 day right to cancel the contract.
10.	Prior t o release of any program funds the contractor must complete the work per the Contract and submit for HRC approval the following <u>original</u> items; a) <u>Final Invoice</u> 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 <u>Lien</u> Waiver for the same amount as the invoice; c) <u>Permits Closed</u> with proof submitted_per_item #4 above; d) <u>Contractor's and Homeowners's signatures on the HRC Completion Certificate</u> form provided. In addition the release of funds is contingent on the HRC construction manager certifying that they have visited the site and observed the completed work.
11.	The contractor as na med below and any of its agents hereby states they have not and shall not collude, conspire or connive in any manner whatsoever to; a) Fix the price on the bid or 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.	Pay ments 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, are delivered to the homeowner who is to countersign it and deliver it to the contractor.
Cor	ntractor's Business Name: City/State License #:
	As the owner or duly authorized representative of the contractor, I hereby acknowledge and understand items 1 thru 12 above. Contractor's Signature: Date:
	Contractor to fill in all blanks and attach copy of license certificate.

A VALID CONTRACT

The Housing Resource CenterTM must have a valid written contract from the contractor(s) you choose to work on your home improvement project.

The contract must contain the following six items:

- 1. Contractor's business name, business address & telephone/fax numbers
- 2. Homeowner's name and project address
- 3. Complete and detailed explanation of work, labor and materials *If materials are supplied by the homeowner they must be noted in the contract*
- 4. Costs of total work with the costs of options separate
- 5. Signature of contractor and date signed
- 6. Blank space for homeowner to sign and date

 The homeowner should not sign the contract until signing the Participation Agreement for the Rehab Incentive Program at the Housing Resource Center

Contracts that do not contain all six items, or are not legible or do not contain enough information to determine the extent of the work and materials will not be approved. They will need to be revised and resubmitted.

A Bid, Proposal or Estimate will be considered a valid contract if it contains <u>all</u> of the items listed above.

Please contact the Housing Resource Center – North at (612) 588-3033 if you have any questions.