

CITY OF ST. ANTHONY

Revolving Loan 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. Subordination Disclosure (attached)
5. Authorization to Release Information (attached) to be signed by each applicant
6. Copy of the most recent federal income tax return including all schedules for each applicant
7. Current Mortgage Statement
8. IRS Form 4506-T
9. Copy of bid proposals for the work to be performed (2nd bid is required for all projects over \$5,000)
10. Contractor Acknowledgement form signed by the contractor who will be performing the work
11. Copy of ID
12. Credit Report Fee: \$20.00 per married couple; \$15.00 per non-married borrower. Please make check payable to GMHC.

After the above documents are received and approved, the Housing *Resource* Center (HRC) will verify if the applicant meets the ownership and income requirements as established by the City of St. Anthony. The applicant will be notified of their eligibility (or ineligibility) for this program or if documents are missing, incomplete, or not approved.

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.

SWEAT EQUITY - If the homeowner proposes to do some or all of the work themselves, they must be approved first. Eligibility will be determined by the Housing *Resource* Center. Call for a **Sweat Equity Application Package**. Loans will be based on materials only, not on tools or labor.

LOAN CLOSING- The homeowner must sign a Note, Mortgage, and Program Participation Agreement before the proposed work may begin. ***The homeowner is not officially a part of this program until the Loan closing has taken place at the Housing Resource Center.*** When all Contractor Acknowledgements' are completed, submit them to the HRC and arrange for an appointment.

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!

All 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 DOCUMENTS TO:
Housing *Resource* Center, 2148 44th Ave North, Minneapolis, MN 55412
612-588-3033

CITY OF ST. ANTHONY OWNER OCCUPIED REVOLVING LOAN PROGRAM

PROGRAM GUIDELINES

Loan Pool: The City of St. Anthony is making funds available for exterior and interior home improvements in St. Anthony.

Program Overview: The loan program is designed to supplement existing loan programs available from MHFA, Ramsey and Hennepin County, 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.

Interest Rate: The loans will be at 3% interest.

Eligible Properties: All properties must be located within the City of St. Anthony. Owner-occupied single-family and duplex properties are eligible. Owner occupants of condominiums and townhouses will be eligible for this program.

Loan Amount: The maximum loan amount is \$10,000. A household may receive more than one loan as long as they are current on their existing loan and the sum of the two loans does not exceed the maximum loan amount of \$10,000.

Loan Term: The maximum loan term is 7 years. Generally the term will be one year for every one thousand dollars borrowed.

Loan Amortization: Fully amortized principal and interest payments will be due monthly based on the Interest Rate and Loan Term.

Loan Security: All loans will be secured by a mortgage in favor of the City.

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

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

Underwriting Decision: Loans are originated by the Greater Metropolitan Housing Corporation (GMHC) *HousingResource* Center™ – North. Loans will be approved or denied by the *HousingResource* Center (HRC) based upon review of a credit report and according to the following criteria which has been established by the City of St. Anthony.

1. No outstanding judgements or collections.
2. Real estate tax payments must be current.
3. No defaulted government loans.
4. Mortgage (or contract for deed) payments must be current.
5. Generally, no more than two 60-day late payments on credit report. Any 90-day late requires a document explanation and acceptable reasons; medical, unemployment, divorce.

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

Eligible Improvements: Interior and exterior repairs and improvements are all eligible. Decks, porches, retaining walls, skylights, garages, landscaping, and fences can be repaired, replaced or built as new construction. Contractors contracting for the work must be properly licensed by the City of St. Anthony. Permits must be obtained when required by ordinance.

Ineligible Improvements: 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 HRC to be ineligible.

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

Loan Closing: Loans are closed by GMHC. At closing the borrower receives:

- 1) Amortization Schedule that lists the monthly payments from closing until the date the loan is paid off. The Schedule shows the payment date, the payment amount, the interest rate, the amount of interest and principal and the remaining balance of the loan.
- 2) Loan Servicer Letter that provides:
 - a) contact information for Community Reinvestment Fund (CRF) the loan servicing agency
 - b) loan amount
 - c) closing date
 - d) monthly payment amount
 - e) date first payment is due
 - f) form for automatic withdrawal of monthly payment (optional).

Loan Servicing: Following the loan closing the mortgage is filed at the County and loan documents are sent to CRF. CRF sends the borrower a "Welcome Letter" and payment coupons.

OTHER GENERAL CONDITIONS AND PROCEDURES:

1. **Rehabilitation Consulting:** The HRC construction manager will be available to borrowers to advise them about proposed projects prior to obtaining bids and will review bids for reasonableness. Two bids **must** be obtained for all projects for which at least \$5,000 of funds will be spent.
2. **Loan Costs:** 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 fee if a payment is returned to the servicer for insufficient funds.
3. **Initial Applications for Funding:** Applications will be accepted by HRC on an ongoing basis and processed on a first-come, first-served basis, as funds are available until all program funds are committed.
4. **Contractors & Permits:** Contractors must be properly licensed by the state of Minnesota when required. Permits must be obtained when required by city code.
5. **Work Completion:** Weather permitting, all work must be completed within 120 days of the loan closing.
6. **Total Project Cost:** It is the borrower's responsibility to obtain the amount of funds necessary to finance the entire cost of the work. If the final cost exceeds the loan amount, the borrower must obtain the additional funds. HRC can direct borrowers to additional financing sources.

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

7. **Custody of Funds:** Loan funds will remain in the custody of HRC until payment for completed work.
8. **Disbursement Process:**
 - a. Payment to the contractor (or owner) will be made after completion of the work. An inspection will be performed by the City and/or HRC to verify the completion of the work.
 - b. The following items must be received before the funds can be released:
 - 1.) **Final Invoice** from each contractor showing all amounts paid and due.
 - 2.) **Lien Waiver.** Original from each contractor.
 - 3.) **Material Receipts** for sweat equity projects.
 - 4.) **Completion Certificate** signed by each contractor and the borrower.
 - 5.) **Permits Closed.** Have the inspector sign the permit card, or have the inspector leave a message at the HousingResource Center, (612)378-7985.
 - 6.) **Final Inspection** and approval by the Resource Center. The above items must be provided to HRC to begin the preparation of the check(s). Lien waivers must be provided before the funds will be released.

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

For additional information contact: Greater Metropolitan Housing Corporation
Housing *Resource* Center – North
2148 44th Avenue North
Minneapolis, MN 55412
(612) 588 - 3033

City of St. Anthony Revolving Loan 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 until the loan closing has commenced and the participation agreement has been signed 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:
Date of Birth:	Date of Birth:
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated
Address:	Address:
City: State:	City: State:
Zip Code:	Zip Code:
Phone Number: (H) () Alternate Phone Number: () Email:	Phone Number: (H) () Alternate Phone Number: () Email:
Type of Dwelling: <input type="checkbox"/> Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> Condominium/Townhouse	Have you previously received a St. Anthony Revolving Loan? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what amount did you receive? \$ _____
How long have you lived in the property? _____ years Number of Bedrooms: _____	Number of persons in household: Adults: _____ Children under the age of 18: _____

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: \$

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's Construction Manager to contact you regarding this Scope of Work and/or other Construction Advice? Yes or No

√ 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

➤ All pages 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.

ADDENDUM TO APPLICATION

City of St. Anthony Revolving Loan 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

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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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.

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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.

Subordination Disclosure

City of St. Anthony

3301 Silver Lake Road

St. Anthony, MN 55418

You are receiving or have received a loan from the City of St. Anthony which is in a subordinate lien position.

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 St. Anthony Revolving loan that may guide and influence your decision.

Most, if not all, lenders will want their new mortgage to have as high a lien position as possible – preferably a first lien position. If your new loan is a refinance of your current first mortgage, when your first mortgage is paid off, by Minnesota state law, the City of St. Anthony loan (along with any other secured financing) automatically moves up in lien position. 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 include in your new mortgage loan some funds to pay off the existing (older) loans or for you and the new mortgage company to request and obtain CITY OF ST. ANTHONY 's approval to have the CITY OF ST. ANTHONY /NRP loan subordinated to your new mortgage. Subordinated means that the CITY OF ST. ANTHONY signs an agreement that says it will allow your new mortgage to move to a higher lien position, therefore the CITY OF ST. ANTHONY /NRP loan moves to a lower lien position (behind your new mortgage).

The CITY OF ST. ANTHONY will consider a subordination request subject to the *CITY OF ST. ANTHONY /NRP SUBORDINATION POLICY* in effect at the time of the request. A copy of the current policy is on the reverse side of this statement.

The CITY OF ST. ANTHONY will not approve a subordination request if any of the following conditions exist:

- ◆ The new financing is an open line-of credit
- ◆ There has been a violation of a loan's owner occupancy requirement
- ◆ A request to subordinate an CITY OF ST. ANTHONY /NRP revolving loan (loan requiring monthly payments) behind a transaction that includes additional debt being added into the new first mortgage (i.e. debt consolidation, cash out at closing, etc.)

Requests for approvals of subordinations must be submitted in writing to the organization from which the CITY OF ST. ANTHONY /NRP loan was obtained (GMMHC, CEE, NNHS, PPL, SNHS, etc.) at least 15 days prior to the expected closing date of the new mortgage. That organization will forward the appropriate documentation to the CITY OF ST. ANTHONY for a final determination.

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

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

Borrower _____

Borrower _____

Date _____

(19-Sept-00)

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

▶ **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 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.

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 Resurce 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.

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

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

Future Developments

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

General Instructions

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

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

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

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

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "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	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, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409	801-620-6922
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250	859-669-3592

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

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

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

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

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

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

Privacy Act and Paperwork Reduction Act

Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.

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 *Resource* Center (HRC) is the administrator of a housing program that may provide (if there is a Closing as defined below) some or all of the funds to pay for the construction work, in the form of a loan or grant or rebate to;
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 *Resource* 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 Contract for Construction and this Contractor Acknowledgement form, both properly filled out and signed.
7. The Contract (bid, proposal, estimate) must clearly and legibly contain each and every of the following six items;
 - a. 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 warranties.
 - 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 to release of any program funds the contractor must complete the work per the Contract and submit for HRC approval the following original items; a) Final Invoice showing the contractor's business name and address, the homeowner's name and project address, a brief description of the work for which payment is requested and all amounts paid and due; b) A valid Lien Waiver for the same amount as the invoice; c) Permits Closed with proof submitted per item #4 above; d) Contractor's and Homeowners's signatures on the HRC Completion Certificate 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 named 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. Payments from program funds are for completed work and installed materials only, no funds are available for down payments. Two party checks are made out to both the contractor and homeowner, are delivered to the homeowner who is to countersign it and deliver it to the contractor.

Contractor'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 HousingResource Center™ 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 all of the items listed above.

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