# HALE, PAGE, DIAMOND LAKE (HPDL) NRP APPLICATION

#### Please submit the following documents:

- o Application Form (attached)
- 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 (2<sup>nd</sup> bid is required for all projects, 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
- o 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 offer advice and answer questions about the program and your project. For assistance call: (612) 588 3033

#### SUBMIT COMPLETED DOCUMENTS TO:

Housing Resource Center 2148 44<sup>th</sup> Avenue North Minneapolis, MN 55412 (612) 588-3033

Fax: (612) 588-3028

## Hale, Page, Diamond Lake NRP Home Improvement Program

### **Program Overview**

This program is designed to complement existing loan programs available from the City of Minneapolis, the Minnesota Housing Finance Agency (MHFA), private lenders and other housing resources. It is not intended to be the sole source of rehab funds available to the neighborhood. The HPDL program has three components:

- revolving loan funds for owner-occupied and absentee-owned properties
- Emergency deferred loan program for low-income homeowners, and a deferred loan program for homeowners needing to make accessibility related improvements.

### Terms of the Revolving Loan Program

Eligible Properties: Properties must be located in either the Hale, Page, or Diamond Lake neighborhood. Properties can be either owner-occupied or absentee-owned, and they must be either a single-family homes or duplexes. (See #10 below for match requirement for absentee-owned properties.) Owners of condominium, townhouse, or cooperative units are also eligible to participate in this program for improvements to the portions of the property that they own individually. Assessments for improvements issued by a "homeowners association" to the owners are not eligible. "Homeowner associations" are not eligible under this program.

**Income Limit:** There is no income limit to participate in this loan program.

**Interest Rate:** 3% simple interest.

Loan Amount: Minimum loan size of \$1,000 and maximum of \$10,000.

**Loan Term:** Generally, one year per \$1,000 borrowed. Maximum term will be 10 years.

**Prior Participation:** Households may apply for more than one loan, however the total amount owing of two or more loans cannot exceed the maximum loan amount of \$10,000.

**Eligible Improvements:** Loans may be used to finance a wide range of interior or exterior improvements. Examples of such improvements:

 Correction of any outstanding violations of the City of Minneapolis Housing Codes and correction of other hazardous codes, health or safety-related conditions as identified by GMHC.

Rev. March 31, 2016 Reviewed 1-11-17

- 2) Energy efficiency-related improvements that help lower on-going energy costs. Energy efficiency-related improvements include but are not limited to: windows, doors, heating and air conditioning systems, insulation, water heaters.
- 3) Sound insulation improvements for homeowners in the 60-64 dnl parameters not scheduled for sound abatement through any "public" program; and
- 4) Improvement of the physical condition of the property in order to enhance the livability, durability or appearance of the property.

<u>Ineligible Improvements:</u> Projects not eligible shall include: work initiated prior to the loan application being received by GMHC, recreation or luxury projects (pools, lawn sprinkler systems, playground equipment, saunas, whirlpools, etc.), furniture, non-built-in appliances, improvements of a non-capital nature, loans for working capital, debt service, or refinancing of existing debt. GMHC's determination of ineligible work items shall be final. Any questions about whether an improvement is NRP eligible must be resolved by the City of Minneapolis.

<u>Debt - to - Income Ratio:</u> Applicants must have the ability to repay the loan. Owner-occupant property owners who have a debt to income ratio in excess of 55% will be denied loan financing. Absentee-owned properties must have a positive cash flow.

<u>Loan - to Value Ratio:</u> The ratio of all loans secured by the property, including the new loan, must not exceed 120% of the property value.

Match Requirement: For absentee-owned properties, the NRP-funded loan must be matched by funds from the property owner on a 1:1 basis, up to the maximum NRP loan amount. (Example #1: If the total cost of the repairs to the property is \$8,000, the NRP loan shall be \$4,000, and the owner must also provide \$4,000. Example #2: If the total cost of the repairs to the property is \$14,000, the NRP loan shall be \$5,000, and the owner must also provide \$9,000.)

## Terms of the Emergency Deferred Loan Program

**<u>Definition of Emergency</u>**: An emergency is defined as an imminent condition that makes a house uninhabitable, extremely dangerous to the occupants, or is capable of causing severe health problems.

<u>Eligible Properties:</u> Properties must be located in either the Hale, Page, or Diamond Lake neighborhood. Properties must be owner-occupied and homesteaded, and they must be either a single-family homes or duplexes. Owners of condominium, townhouse, or cooperative units are also eligible to participate in this program for improvements to the portions of the property that

Rev. March 31, 2016

Reviewed 1-11-17

they own individually. Assessments for improvements issued by a "homeowners association" to the owners are not eligible. "Homeowner associations" are not eligible under this program.

**Income Limit:** 80% of the area median income. The 2016 HUD income schedule for household size is as follows:

One Person<br/>\$48,080Two Persons<br/>\$54,960Three Persons<br/>\$61,840Four Persons<br/>\$68,640Five Persons<br/>\$74,160Six Persons<br/>\$79,680The income schedule for this program will be revised as the HUD figures are revised.

**Interest Rate:** 0% interest.

**Loan Amount:** Minimum loan size of \$1,000 and maximum of \$7,500.

**Loan Term:** 5 years. Loans will be due and payable upon the borrower moving out of the property or transfer of title or sale of the property within five years of the loan closing date in accordance with the following schedule: within the first three years, 100%; within the fourth year, 50%; and within the fifth year, 25%. If the borrower retains ownership and continues to reside at the property for five years from the date of the loan closing, the loan will be 100% forgiven.

**Prior Participation:** Households are eligible to receive one loan through this emergency loan program.

<u>Eligible Improvements:</u> Loans will only be used to finance repairs to emergency conditions as defined above and verified by GMHC.

<u>Ineligible Improvements:</u> Generally – the same as item #7 for the revolving loan program. GMHC's determination of ineligible work items shall be final.

<u>Loan - to Value Ratio:</u> The ratio of all loans secured by the property, including the new loan, must not exceed 120% of the property value.

### Terms of the "Accessibility" Deferred Loan Program

<u>Program Purpose</u>: The intent of this program is to finance home improvements for seniors and other homeowners who have long-term accessibility needs (for themselves or members of the immediate family who live in the same property) and lack the resources to assess, evaluate and repair or remodel their home to make it more accessible and safe.

**Eligible Properties:** Properties must be located in either the Hale, Page, or Diamond Lake neighborhood. Properties must be owner-occupied and homesteaded, and they must be either a

Rev. March 31, 2016 Reviewed 1-11-17 single-family homes or duplexes. Owners of condominium, townhouse, or cooperative units are also eligible to participate in this program for improvements to the portions of the property that they own individually. Assessments for improvements issued by a "homeowners association" to the owners are not eligible. "Homeowner associations" are not eligible under this program.

**Income Limit:** There is no income limit to participate in this loan program.

Interest Rate: 0% interest.

**Loan Amount:** The minimum loan size is \$1,000, and the maximum loan is \$7,500. If an applicant's need for accessibility improvements is the result of a disability incurred while in the United States Armed Forces, the maximum loan amount shall be \$15,000.

**Loan Term:** Loans will be due and payable upon the borrower moving out of the property or transfer of title or sale of the property.

**Prior Participation:** Households are eligible to receive one loan through this loan program.

<u>Eligible Improvements:</u> Refer to page \_\_ of these Guidelines. Loans will only be used to finance Repairs to address conditions as defined above and approved by GMHC.

<u>Ineligible Improvements:</u> Generally the same as the ineligible improvements listed on page \_\_\_\_

<u>Loan - to Value Ratio:</u> The ratio of all loans secured by the property, including the new loan, must not exceed 120% of the property value.

## **General Program Conditions (All programs)**

## **Application Processing:**

Funding of all loans is contingent on the availability of funds and will be processed on a first-come first-served basis. All applications must include the following information:

- Completed application form, including a description of the proposed work items and cost estimate.
- Copy of applicant's most recent real estate tax statement.
- Proof of household income to verify repayment ability of loan.
- A "Data Privacy Act Statement and Authorization to Release Form (provided by GMHC).
- Applicants will need to supply GMHC with required bid(s) prior to time of loan closing.

**For the Emergency and Accessibility Loan Programs:** For the Emergency Loan Program, GMHC must visit the property to verify the emergency condition before a loan application will be received and processed. Funding of loans is contingent on the availability of funds.

Work by Owner: Work can be performed on a sweat equity basis. Loan funds cannot be used to compensate for labor, only for materials. GMHC must determine that the owner has the ability to complete the work within the program time requirement. The cost of purchasing tools and equipment and the delivery of materials are ineligible expenditures. Materials must be purchased and installed prior to the disbursement of the loan proceeds. When applicable, a signed City Inspections Department permit must be obtained by the borrower.

**Rehabilitation Consulting:** GMHC will offer a Comprehensive Building Analysis for any property owner desiring assistance in evaluating and prioritizing improvements to their property. GMHC will also be available to assist property owners in evaluating bids. Services include an informational visit and assistance with collection and evaluation of bids. Fees for these services will be paid from the HPDL/NRP Home Improvement Administrative Fund.

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

<u>Contractors/Permits:</u> Contractors contracting for work must be properly licensed by the City of Minneapolis when required. Permits must be obtained when required by city ordinance.

<u>Total Project Cost:</u> It is the borrower's responsibility to obtain the amount of funds necessary to finance the entire cost of the work. In the event the final bill exceeds the original loan amount or the required match amount (if any), the borrower must obtain the additional funds.

<u>Underwriting Criteria:</u> For all loan programs, applicants must be current on mortgage and Hennepin County property tax payments. For the revolving loan program (only), verify that applicants have the ability to repay the loan. GMHC's underwriting decisions shall be final.

Rev. March 31, 2016 Reviewed 1-11-17 **Work Completion:** All revolving loan and "accessibility" program work must be completed within 180 days of the loan closing. All emergency loan work must be completed within 30 days of the loan closing. However, when warranted, GMHC may authorize exceptions on a case by case basis.

<u>Custody of Funds:</u> Loan funds will remain in the custody of GMHC until payment for completed work.

<u>Disbursement Process:</u> Payment to the contractor (or owner in sweat equity situations) will be made upon completion of work. In the event a building permit is not required for the project, an inspection will be performed by GMHC to verify the completion of the work.

The following items must be received prior to final disbursement of funds:

- 1. Final proposal or invoice from contractor (or materials list from supplier).
- 2. Final inspection verification by GMHC (if necessary).
- 3. Completion certificate(s) signed by borrower and contractor.
- 4. Proof of payment to contractor for any required owner's funds ("match").
- 5. Lien waiver for entire cost of work.
- 6. Evidence of required city permit.

## HALE, PAGE, DIAMOND LAKE (HPDL) NRP APPLICATION

### Program: Home Improvement Loan Programs

BORROWER INFORMATION				NANTA -	
Applicant Name:		Soc. Sec. #	D.0	D.B//	
Marital Status: Married Unn	narried Se	eparated			
Home Phone:	Alternate P	hone:	Email:		
Co-Applicant Name:		Soc. Sec. #	D.	O.B/	
Marital Status: Married Unn	narried Se	eparated			
Home Phone:	Alternate P	hone:	Email:		
Home Address:					
City:	State:		Zip Code:		
Number of Residents: 18 and older	under 18				
PROPERTY INFORMATION	400000000000000000000000000000000000000				
Address to be improved:					
Property Type (check one): Sin	igle family	Duplex T	riplex		
For	urplex	Condo T	ownhome		
Owner -Occupied? Yes No	ı				
I/We have outstanding code violations	from the City of	f Minneapolis Inspec	tions Department.	Yes No	
CREDIT INFORMATION					
CREDIT HISTORY: These questions	s apply to all app	olicants. If you answe	er "yes", please provi	ide a separate written ex	planation.
Are there any outstanding judgments o	r liens against yo	ou?	Yes N	o	
Have you been declared bankrupt with	in the past 36 mo	onths?	Yes N	О	
Have you had any property foreclosed	upon or given ti	tle or deed in lieu the	reof? Yes N	О	
Are you a co-maker or endorser on a n	ote?		Yes N	0	
DEBTS:		1			T
To Whom Indebted (Named)	Date Incurred	Original Amount	Present Balance	Monthly Payments	Check If Business Related

To Whom Indebted (Named)	Date Incurred	Original Amount	Present Balance	Monthly Payments	Check If Business Related
Mortgage:					
Contract-for-Deed:		100			
Auto:					
Student Loans:					
Credit Cards:					

#### **INCOME & EMPLOYMENT VERIFICATION**

WAGE INCOME:	(Include bonus,	overtime, seasonal	and	sporadic income)
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Applicant Name	Applicant Name Employer Name, Address, and Phone Number		Position	Years Employed	Annual Gros	
OTHER SOURCES OF				sistance, alimony	y, pensions, milit	ary reserve,
Applicant Name	meome, anomprojn	Income Source	,		Annual Gro	ss Income
MPROVEMENTS  Briefly describe the prop	osed improvements:					
Estimated Loan Amount	: \$					
Who will be completing	the work? Borro	ower Cont	ractor			
SIGNATURES					r	
/We certify that the state /We have read and unde			e true and complete	to the best of my	y/our knowledge	and belief.
Applicant's Signature		 Date	Co-Applic	ant's Signature		Date

Return completed application and other required materials to:

Housing Resource Center, 2148 44th Ave 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

## Hale, Page, Diamond Lake NRP

#### 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 Maerican 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
Greater Metropolitan Housing Corporation  This Section	For Lender Use
	, telesbore
	nterviewtelephone
Staff Name: I	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	d and understand the above information	regarding my	y rights as a subject of government data.
	Print Name	<b>-</b>	Print Name
Date:	Signature	Date:	Signature
	Print Name	<del>-</del>	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<sup>TM</sup>. 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	n 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.

#### 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<sup>TM</sup>. 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

Signature

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 Minneapolis

105 5<sup>th</sup> 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		
F:\Common\CityofMinneapolis\MPLSMast	erFormsAllprograms	

## A VALID CONTRACT

The Housing Resource 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 options costs 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 closing at the HousingResource Center

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

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

Each contract you will actually use <u>must</u> be accompanied by a contractor signed acknowledgement. This "Contractor Acknowledgement" form is available at the Housing *Resource* Center. Competitive or 2<sup>nd</sup> Bids, when required, do not have to have a "Contractor Acknowledgement".

Please contact the Housing Resource Center for any questions on this matter.

#### Housing Resource Center 2148 44th Ave North, Minneapolis, MN 55412 - (612)588-3033, fax (612)588-3028

#### CONTRACTOR ACKNOWLEDGEMENT

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 <u>by the contractor</u> 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 <u>original</u> 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 <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 to 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 <u>per\_item #4</u> above; d) <u>Contractor's and Homeowner'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 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.

O	Danimana	Momen
Contractor's	Business	ivame:

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:

## 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.

► For more information about Form 4506-T, visit www.irs.gov/form4506t.

OMB No. 1545-1872

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "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.

	Name shown on tax return. If a joint return, enter the name	1b First social security number on tax	return, individual taxpayer identification	
;	shown first.	number, or employer identification	number (see instructions)	
2a 1	f a joint return, enter spouse's name shown on tax return.	2b Second social security number identification number if joint to	er or individual taxpayer ax return	
3 (	Current name, address (including apt., room, or suite no.), city, state	l , and ZIP code (see instructions)		
4 F	revious address shown on the last return filed if different from line 3	3 (see instructions)		
	the transcript or tax information is to be mailed to a third party (such telephone number.	ch as a mortgage company), enter the t	third party's name, address,	
	Greater Metropolitan Housing Corporation, 2148 44th Avenue N			
you hav	n: If the tax transcript is being mailed to a third party, ensure that your filled in these lines. Completing these steps helps to protect your 5, the IRS has no control over what the third party does with the infipt information, you can specify this limitation in your written agreer	r privacy. Once the IRS discloses your formation. If you would like to limit the t	tax transcript to the third party listed	
6	Transcript requested. Enter the tax form number here (1040, 100 number per request. ► 1040	65, 1120, etc.) and check the approprie	ate box below. Enter only one tax form	
а	Return Transcript, which includes most of the line items of a tachanges made to the account after the return is processed. Transcript 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-I and returns processed during the prior 3 processing years. Most returns processed to the prior 3 processing years.	nscripts are only available for the follo , and Form 1120S. Return transcripts	wing returns: Form 1040 series, are available for the current year	
b	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 .			
С	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 di after June 15th. There are no availability restrictions on prior year r	equests. Most requests will be process	sed within 10 business days ✓	
8	Form W-2, Form 1099 series, Form 1098 series, or Form 5498 set these information returns. State or local information is not include transcript information for up to 10 years. Information for the current yexample, W-2 information for 2011, filed in 2012, will likely not be averaged by the purposes, you should contact the Social Security Administration at 1-	d with the Form W-2 information. The year is generally not available until the ye railable from the IRS until 2013. If you no	IRS may be able to provide this ar after it is filed with the IRS. For sed W-2 information for retirement	
Cautio with yo	n: If you need a copy of Form W-2 or Form 1099, you should first c ur return, you must use Form 4506 and request a copy of your retu	ontact the payer. To get a copy of the I		
9	Year or period requested. Enter the ending date of the year or years or periods, you must attach another Form 4506-T. For re each quarter or tax period separately.    12 / 31 / 2014	period, using the mm/dd/yyyy format quests relating to quarterly tax returns	. If you are requesting more than four s, such as Form 941, you must enter	
Cautio	n: Do not sign this form unless all applicable lines have been comp		1	
informa shareho certify	ure of taxpayer(s). I declare that I am either the taxpayer whose ation requested. If the request applies to a joint return, at least colder, partner, managing member, guardian, tax matters partner, that I have the authority to execute Form 4506-T on behalf of the todd within 120 days of the signature date.	one spouse must sign. If signed by a executor, receiver, administrator, trust	corporate officer, 1 percent or more ee, or party other than the taxpayer, I	
☑ Sig	natory attests that he/she has read the attestation clause and upo s the authority to sign the Form 4506-T. See instructions.	n so reading declares that he/she	Phone number of taxpayer on line 1a or 2a	
Sign	Signature (see Instructions)	Date		
Here	Title (if line 1a above is a corporation, partnership, estate, or trust)			
	Co-mode almostrum	Dolo		
	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, 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.



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 entitles 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.