SHERIDAN NEIGHBORHOOD ORGANIZATION
HOMEBUYER ASSISTANCE NRP APPLICATION

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

- Application Form (attached)
- Government Monitoring Addendum (attached)
- Data Privacy Act Statement (attached)
- Authorization to Release (attached)
- Subordination Disclosure (attached)
- IRS Form 4506-T (attached)
- Copy of a current photo ID for all applicants
- Copy of 2 most recent paystubs
- Copy of last 2 years Federal Income Tax Returns including W-2's and all schedules
- Executed Purchase Agreement – most recent copy
- Uniform Residential Loan Application
- Loan Estimate

After all of the above documents have been received by the Housing*Resource* Center and your application has been processed, Sheridan Homebuyer Assistance Program funds will be reserved.

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

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

Loan consultants are available to offer advice and answer questions about the program. For assistance call: (612) 588-3033

SUBMIT COMPLETED DOCUMENTS TO:
Housing*Resource* Center
2148 44th Avenue North
Minneapolis, MN 55412
612-588-3033
Fax: (612) 588-3028

1-11-17

SHERIDAN NEIGHBORHOOD

Homebuyer Assistance Program

PROGRAM OVERVIEW: The purpose of SNO's Homebuyer Assistance Program is to encourage potential homebuyers to become owner-occupants by providing down-payment and closing cost assistance.

Homebuyer Assistance Program

1. **Loan Pool**: Approximately $200,000 in NRP funds is available.

2. **Income Limits**: Household incomes must be 80% of the area median income or less.

Family Size	80% of Median
1	$48,080
2	$54,960
3	$61,840
4	$68,640
5	$74,160
6	$79,680
7	$85,120
8	$90,640

Data obtained from Department of Housing and Urban Development in April 2016. Amounts will be updated annually.

3. **Loan Amounts**: Up to a maximum of $5,000.

4. **Mortgage Approval:** Applicants must show ability to obtain mortgage financing. Financing of purchase must be from a qualified financial institution. Contract-for-Deed purchasers are not eligible for funds from this program.

5. **Deferred Loan Interest Rate:** 0%

6. **Deferred Loan Repayment Terms**: No repayment is due to SNO or NRP if the property owner remains as an owner-occupant for a period of ten years following the date of the deferred loan closing.

7. **Eligible Uses of Funds:** The deferred loan money can only be used to assist as down payment and closing cost money.

8. **Application Processing:** All applications must be submitted to GMHC and processed on a first-come, first-served basis.

9. **Eligible Properties**: Owner occupied dwellings no larger than 4 units that will be homesteaded properties located in the Sheridan neighborhood. Properties with a condition of 8, 9 or 10 rating by the City of Minneapolis Inspection Department are not eligible to receive funds.

10. **Eligible participants:** Any one household can receive one homebuyer assistance loan over the life of the program. Even if the household moves to a different property in the Sheridan Neighborhood.

11. **Loan- to –Value Ratio:** Generally, applicants who have a potential "Loan-to-Value Ratio" in excess of 110% will be denied loan financing.

12. **Loan Security:** All deferred loans will be secured by a mortgage.

13. **Loan Costs**: SNO will pay the loan origination fee and servicing fees. The borrower will pay the mortgage filing fee and related closing costs. Borrowers will also pay a fee for the preparation of the Mortgage Satisfaction document – once requested by borrowers.

14. **Disbursement Process:** The following procedures shall apply:
    a.) The purchaser must notify GMHC of his/her intent to participate in the program. The purchaser must provide an executed copy of the purchase agreement at least 30 days prior to purchasing the property.
    b.) The purchaser must provide GMHC with a copy of the mortgage loan commitment letter, and written documentation relative to the loan closing date.
    c.) From funds made available to GMHC by the MCDA though the NRP and in accordance with the Sheridan Homebuyer Assistance Program, GMHC will send out a wire transfer (not to exceed $5,000) to the loan closing or title insurance company prior to the loan closing.
    d.) The purchaser must sign the deferred loan note and mortgage at the loan closing. The loan closing or title insurance company conducting the loan closing will be responsible for recording the mortgage. The purchaser will pay the filing fee.
    e.) After the loan closing, the purchaser must provide GMHC with written evidence from the loan closing or title insurance company of the use of the home ownership program funds. A copy of a fully executed Closing Disclosure, showing the use of these funds, is one example of an acceptable type of documentation.

15. Program Timelines

SNO adoption of Guidelines	February 27,2003
GMHC begins accepting applications	March 1, 2003

SHERIDAN NEIGHBORHOOD ORGANIZATION NRP APPLICATION

Program: Home Purchase

BORROWER INFORMATION

Applicant Name: _____ Soc. Sec. # ____-____-_____ D.O.B.____/____/_____

Marital Status: Married Unmarried Separated

Home Phone: _____ Alternate Phone: _____Email: _____

Co-Applicant Name: _____Soc. Sec. # ____-____-_____ D.O.B. ___ /____/_____

Marital Status: Married Unmarried Separated

Home Phone: _____ Alternate Phone: _____ Email: _____

Home Address: _____

City: _____State: _____ Zip Code: _____

Number of Residents: 18 and older_____ under 18_____

PROPERTY INFORMATION

Address to be purchased: _____

Property Type (check one): Single family Duplex Triplex

Fourplex Condo Townhome

Owner –Occupied? Yes No

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

CREDIT INFORMATION

CREDIT HISTORY: These questions apply to all applicants. If you answer "yes", please provide a separate written explanation.

Are there any outstanding judgments or liens against you? Yes No

Have you been declared bankrupt within the past 36 months? Yes No

Have you had any property foreclosed upon or given title or deed in lieu thereof? Yes No

Are you a co-maker or endorser on a note? Yes No

DEBTS:

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

INCOME & EMPLOYMENT VERIFICATION

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

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

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

Applicant Name	Income Source	Annual Gross Income

If you own your own business, please contact the Housing*Resource* Center for further instructions.

IMPROVEMENTS

Briefly describe the proposed improvements: _____

_____

_____

_____

Estimated Loan Amount: $ _____

Who will be completing the work? Borrower Contractor

SIGNATURES

I/We certify that the statements contained in this application are true and complete to the best of my/our knowledge and belief.
I/We have read and understand the Program Guidelines.

_____ _____

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

Return completed application and other required materials to: 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

Sheridan Homebuyer 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 □ 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 □ 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

_____ _____

APPLICANT SIGNATURE **CO-APPLICANT SIGNATURE**

This Section For Lender Use
Greater Metropolitan Housing Corporation 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 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 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™. 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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A copy of this authorization may be accepted as an original.

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_____	XXX-XX-_____	_____
Print Name	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.

EXHIBIT D, Revised 1/04

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 either pay off the City's lien or request and obtain the City's approval to have its loan subordinated. Subordinated means that the City signs an agreement that says it will let its lien move to a lower lien position behind the new mortgage, which allows your new mortgage to move to a higher lien position.

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

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

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

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

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

Borrower _____

Co-Borrower _____

Date _____

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.

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.

Greater Metropolitan Housing Corp., 2148 44th Ave North, Minneapolis, MN 55412 ph:(612) 588-3033 fax: (612) 588-3028

Caution: If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ 1040

a **Return Transcript,** which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . . ☑

b **Account Transcript,** which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days . ☐

c **Record of Account,** which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days . . . . . ☐

7 **Verification of Nonfiling,** which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days . . ☑

8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days . ☐

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

12 / 31 / 2015	12 / 31 / 2014	/ /	/ /

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

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

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

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 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 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.