

VENTURA VILLAGE NRP APPLICATION

Please submit the following documents:

- Application Form (attached)
- Government Monitoring Addendum (attached)
- Data Privacy Act Statement (attached)
- Authorization to Release (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
- Copy of your current mortgage statement
- Copy of bid proposals for the work to be performed (2nd 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

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:

**HousingResource Center
2148 44th Avenue North
Minneapolis, MN 55412
(612) 588-3033
Fax: 612 588 3028**

VENTURA VILLAGE

Homestead IV Matching Grant

Program Guidelines

Grant Pool: Approximately \$250,000 will be provided to neighborhood property owners for home improvements.

Program Overview: This program is designed to assist homeowners to address homes and garages with significant maintenance problems and to supplement existing home improvement loans or grant programs available from the City of Minneapolis, MHFA, private lenders and other similar sources. Eligible work shall include repairs, replacement or new construction that will:

1. Improve the exterior of the property
2. Improve handicap accessibility
3. Reduce long-term maintenance and energy costs
4. Improve major structural systems

Income Limit: There will be no income limit for this program

Eligible Properties: Properties must be homesteaded, located in the Ventura Village neighborhood, and contain no more than four dwelling units. Individual owners of condominiums and townhomes are eligible to participate in the Ventura Village Homestead IV Program to finance eligible interior improvements. Townhome and condominium exterior improvements may also be eligible if the owner can document that his/her ownership responsibilities extend to the exterior of the unit to be improved. Condominium, townhouse associations and Cooperative units or associations are not eligible for the program.

Minimum NRP Grant Amount: \$1,000 per property.

Maximum NRP Grant Amount: *Ventura Village is offering matching grants of up to \$14,000 for home improvements to qualified homeowners in the Ventura Village neighborhood. Participants in this matching grant program must own a homesteaded property in the Ventura Village neighborhood that does not exceed four dwelling units. Homeowners who have previously received Homestead I, II or III funds are eligible for a cumulative amount of grant funds not to exceed \$14,000. (For example if the homeowner previously received \$5,500 through Homestead I, II or III, the homeowner can only receive a maximum loan of \$8,500 through Homestead IV.*

Match Ratio: Applicants with an "annual adjusted family income" of equal to or less than 50% of the Minneapolis median income (as determined by the Department of Housing and Urban Development) will not be required to provide a match. To verify an applicant's income, a copy of the applicant household's most recent Federal Income

**VENTURA VILLAGE NEIGHBORHOOD
Homestead IV Matching Grant Program Guidelines (cont)**

Tax form (or equivalent information) must be provided to GMHC. "Adjusted gross income", as stated on that form, will be the basis for determining the applicant's annual income and the match. Applicants with an "annual adjusted family income" of more than 50.01% of the Minneapolis median income will be required to match the NRP funds on a 1-to-1 ratio.

Income for Determining Match Ratio:

<u>Family Size</u>	<u>50% of Median Family Income*</u>
1	\$30,050
2	\$34,350
3	\$38,650
4	\$42,900
5	\$46,350
6	\$49,800
7	\$53,200
8+	\$56,650

****Adjusted annually to comply with HUD income limits.***

Eligible Improvements: These grants can be used to finance exterior and/or interior rehabilitation of a home and/or an existing garage or repair/replacement of major structural systems. Eligible projects shall include, but not be limited to:

Exterior Improvements

- Painting: siding, garages, trim on home and/or garage
- Structural and foundation problems on home and/or garage
- Stucco: repair or replace existing or install new on home and/or garage
- Siding: repair or replace existing or install new on home and/or garage
- Doors: repair or replace existing or install new on home and/or garage
- Roof: repair or replace existing or install new on home and/or garage
- Decks/Porches: repair or replace existing or install new
- Windows/Skylights: repair or replace existing or install new
- Sidewalks: repair or replace existing or install new
- Driveways: repair or replace existing or install new
- Fences: repair or replace existing or install new
- Garages: repair or replace existing (including cost to demolish, but garage must be replaced)
- Retaining Walls: repair or replace existing or install new
- Permanent Landscaping/Tree removal (up to 20% of the NRP grant)
- Handicapped Accessibility Improvements: repair, replace or install new

Interior Improvements

- Heating: repair or replace existing or install new
- Plumbing: repair or replace existing or install new
- Electrical: repair or replace existing or install new
- Structural/Foundation: repair or replace existing or install new
- Energy Efficiency: repair or replace existing or install new

VENTURA VILLAGE NEIGHBORHOOD Homestead IV Matching Grant Program Guidelines (cont)

- Insulation: repair or replace existing or install new
- Sewer or water lines: repair or replace existing or install new
- Other code required improvements if cited by the City of MPLS

Ineligible Improvements: recreation or luxury projects (pools, lawn sprinkler systems, playground equipment, saunas, whirlpools, dog kennels, etc.), room additions or expansions, construction of a new garage, furniture, appliances, funds for working capital, debt service or refinancing existing debts. The decision of GMHC on eligible improvements shall be final.

Underwriting Decisions: The applicant for the grant funds must be current on mortgage payments and real estate tax payments for the property. GMHC will determine applicant eligibility for the program based on the criteria stated in these Guidelines. The decision of GMHC shall be final.

Work by Owner: Work can be performed on a “sweat equity” basis. Grant funds cannot be used to compensate for labor, only for materials. Grant funds cannot be used for the purchase or rental of tools or equipment. Materials must be purchased and installed prior to the disbursement of the grant proceeds. When applicable, a signed City Inspections Department permit must be obtained by the grantee.

Homeowners shall be permitted to hire non-licensed workers to perform certain work. (see attachment #1).

OTHER GENERAL CONDITIONS AND PROCEDURES

1. **Initial applications for funds will be submitted to GMHC.** GMHC will accept applications for the program and process them on a first-come, first-served basis starting October 12, 2006.
2. **Detailed applications** (including the following) must be submitted to GMHC after the random drawing has been completed:
 - a. A completed application form, including a description of the proposed work items and (if available) a cost estimate for that work.
 - b. A copy of the applicant household’s most recent Federal Income Tax form.
 - c. A signed “Data Privacy Act Statement and Consent Form” (provided by GMHC).
 - d. A statement from the mortgage company regarding status of mortgage payments
3. **Rehabilitation Consulting:** After the drawing and once the application has been filed with GMHC, consultants from GMHC will be available to the grantees to provide advice on proposed work, assist with the bidding process, and help select the successful bidder(s). Two bids are required for projects for which at least \$5,000 of NRP funds will be spent.

VENTURA VILLAGE NEIGHBORHOOD
Homestead IV Matching Grant Program Guidelines (cont)

4. **Match:** The grantee must provide evidence of the availability of the "match" funds at the grant closing. These funds, however, will remain in the custody of the grantee. Once work is completed, the owner must provide payment(s) to the contractor(s) from the owner's funds. NRP funds will then be paid to the contractor(s) once GMHC has been provided with proof of the owner's payment(s).
5. **Contractors/Permits:** Contractors contracting for work must be properly licensed by the City of Minneapolis (when required). Permits must be obtained when required by City ordinance.
6. **Total Project Cost:** It is the grantee's responsibility to obtain the amount of funds necessary to finance the entire cost of the work. If the final cost exceeds the grant amount, the grantee must obtain the additional funds.
7. **Grant Costs:** Grant origination fees will be paid by the NRP budget for this program.
8. **Application Timing:** Applicants have 30 days to respond to the application materials, 120 calendar days to close on the grant unless there are circumstances beyond the control of the owner (which will be determined by GMHC), and 180 calendar days from the grant closing to complete the work.
9. **Work Completion:** Weather permitting, all work items must be completed within 180 days of the grant closing. However, when warranted GMHC may authorize extensions on a case by case basis.
10. **Disbursement Process:**
 - a. At the grant closing, the grantee will sign a "participation agreement" which will summarize the conditions of the program, the amount and sources of financing for the project, and the disbursement procedures outlined above
 - b. Payment to the contractor (or owner) will be made after completion of the work. An inspection will be performed by the City (if a permit was required) and GMHC to verify the completion of the work.
 - c. The following items must be received by GMHC before the funds can be released:
 - 1.) final, original invoice from contractor (or materials list from supplier);
 - 2.) completion certificate(s) signed by the borrower and the contractor;
 - 3.) copies of all required city permits (also indicating final inspection by City);
 - 4.) final inspection (verification) by GMHC;
 - 5.) (if applicable) evidence that the owner's funds have been paid to the contractor(s); and
 - 6.) lien waiver(s).

**VENTURA VILLAGE NEIGHBORHOOD
Homestead IV Matching Grant Program Guidelines (cont)**

Items 1 through 5 must be provided to GMHC to begin the preparation of the check(s). Item 6. (lien waiver) must be provided before the funds will be released to the contractor(s).

NOTE: NRP funds will not be released to pay for the demolition of a garage until the new (replacement) garage construction has been completed.

11. Program Timeline:

Final Program Guidelines and Scope of Services approved	Oct. 11, 2006
Program Marketing begins	Oct. 12, 2006
GMHC begins accepting applications	Oct. 12, 2006

VENTURA VILLAGE NRP APPLICATION

Program: Homestead IV – Home improvement

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 improved: _____

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 *HousingResource* 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:

HousingResource Center, 2148 44th Avenue North, Minneapolis, MN 55412

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

ADDENDUM TO APPLICATION

Ventura Village Homestead IV Matching Grant Program

Information for Government Monitoring Purposes

The information being requested below is for determining compliance with federal equal credit opportunity, fair housing and home mortgage disclosure law. You are not required to furnish this information, but are encouraged to do so. The law provides that a Lender may not discriminate on the basis of this information, or on whether you choose to furnish the information. If you choose not to furnish this information and you have made the application in person, we are required to note ethnicity, race and sex on the basis of visual observation or surname. Please check below if you choose not to furnish the information.

DATE OF APPLICATION: _____

APPLICANT	CO-APPLICANT
APPLICANT NAME:	CO-APPLICANT NAME:
<input type="checkbox"/> I do not wish to furnish this information	<input type="checkbox"/> I do not wish to furnish this information
ETHNICITY: (select only one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	ETHNICITY: (select only one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male	GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male
RACE: (select one or more) <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaska Native & White <input type="checkbox"/> Asian & White <input type="checkbox"/> Black/African American & White <input type="checkbox"/> American Indian/Alaska Native & Black/African American <input type="checkbox"/> Other Multi Racial	RACE: (select one or more) <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaska Native & White <input type="checkbox"/> Asian & White <input type="checkbox"/> Black/African American & White <input type="checkbox"/> American Indian/Alaska Native & Black/African American <input type="checkbox"/> Other Multi Racial

APPLICANT SIGNATURE

CO-APPLICANT SIGNATURE

This Section For Lender Use
<u>Greater Metropolitan Housing Corporation</u>
Application received by: ___ mail ___ face-to-face interview ___ telephone
Staff Name: _____ Date _____

THIS FORM MUST BE SIGNED AND RETURNED WITH THE APPLICATION

DATA PRIVACY ACT

In accordance with Minnesota Government Data Practices Act the Greater Metropolitan Housing Corporation (GMHC) 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.

THIS FORM MUST BE SIGNED AND RETURNED WITH THE APPLICATION

AUTHORIZATION TO RELEASE INFORMATION

I have applied for a loan or grant through the Greater Metropolitan Housing Corporation (GMHC), at the HousingResource Center™. As part of the application process, employees of GMHC may verify information contained in my/our loan or grant application and in other documents required in connection with the loan. This verification process can be conducted either prior to closing or subsequent to closing, and may be performed either by employees of GMHC or by independent third parties, as a part of the origination, processing, underwriting, closing or quality control programs of GMHC.

I authorize you to provide to GMHC and to any investor to whom GMHC may sell my loan, to any servicer or any funder of the program for which I have applied, any and all information and documentation that they request. Such information includes, but is not limited to employment history, income; bank, money market and other financial account balances; credit history; copies of income tax returns and property information.

A copy of this authorization may be accepted as an original.

Your prompt reply is appreciated.

Thank you

Print Name

Social Security Number – 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.

Request for Transcript of Tax Return

OMB No. 1545-1872

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Request may be rejected if the form is incomplete or illegible.
- ▶ For more information about Form 4506-T, visit www.irs.gov/form4506t.

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use Form 4506, Request for Copy of Tax Return. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

Greater Metropolitan Housing Corporation, 2148 44th Avenue N., Minneapolis, MN 55412 Phone: (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 / 2014	12 / 31 / 2015	/ /	/ /
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Caution: Do not sign this form unless all applicable lines have been completed.

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

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

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

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

Future Developments

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

General Instructions

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

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

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

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

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:	Mail or fax to:
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888 559-456-7227
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Internal Revenue Service RAIVS Team Stop 6705 P-6 Kansas City, MO 64999 816-292-6102

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 801-620-6922
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 859-669-3592

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


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

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

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

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

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

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

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

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

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

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

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

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

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

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

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

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

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

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

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

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

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 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 all the items listed above.

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

Please contact the HousingResource Center for any questions on this matter.

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: _____