First Time Homeowner Program

Do You Want to Own a Home in

Arcata?

If you are a low-income prospective homebuyer, the City of Arcata may be able to assist YOU!

The City's Program: The **Home Ownership Program (HOP)** increases a borrower's buying power and reduces initial out of pocket expenses and monthly housing costs! Available programs are: **First Time Homebuyer (FTHB), Housing Rehabilitation (HR) and Manufactured Home Ownership (MHO)**.

Required Private Loan:

The City's HOP provides financing *to help pay the difference* between the loan amount you can afford to borrow from a private lender and the purchase price of a home. You *must* secure a loan from a private lender in an amount determined by the City, based upon your monthly income.

Share of Equity:

The City shall share in the appreciation (equity) of property purchased with HOP funds. The City's share of equity is recycled through the Program to continue funding affordable housing. The City Share of Equity is calculated as:

$$\frac{\text{Amount of City loan}}{\text{Total Purchase Price of House}} = \text{Percent Share of Equity}$$

Beginning on the 6th anniversary of the loan, the City's share of equity decreases by 1/25th annually. At the 30th year, the loan maturity date, the City *no longer* has a share of equity in your home.

Program Criteria:

The FTHB maximum purchase price under the Program is $227,000. All homes must be within Arcata city limits. Applicants must not exceed 33% debt to income for housing costs. Additional requirements apply, as outlined in the City's HOP Guidelines, available at the Community Development Department.

Income Qualification:

The Program is designed to assist low-income households. Applicants must meet the income criteria.

2014 Income Limits

Household Size	Low-Income Must Be Below
1	$32,200
2	$36,800
3	$41,400
4	$46,000

EQUAL HOUSING OPPORTUNITY

To Apply: Arcata Community Development Department
City Hall, 736 F Street, Arcata, CA 95521
Call **822-5955** for more information

City of Arcata

Housing Programs

Income Reporting Requirements
(Supplemental Guide)

The following information will help you identify the **income documentation**[1] that is required to participate in the City's Home Ownership Program. On review of your application and the documentation of income that you provide, the City will request a third party verification of your income and assets and may request other supplemental information.

- **If your employment is consistent throughout the year, submit copies of:**
  1. Paycheck stubs for the most recent **three months**,
  2. Statements documenting any **other sources of income**[2], and
  3. Signed and complete copies of the previous **three year's** Federal Tax Return.

- **If your employment income varies throughout the year, submit copies of:**
  1. Paycheck stubs for the most recent **Six months**,
  2. Signed and complete copies of previous **three year's** Federal Tax Returns,
  3. Statements documenting any **other sources of income**[2],
  4. A month-by-month projection of your income for a full calendar year.

- **If your income is non-employment derived[3], submit copies of:**
  1. Statements of any and all benefits[4] you receive,
  2. Statements documenting any **other sources of income**[2],
  3. A signed and complete copy of your previous year's Federal Tax Return[5].

- **If you are self-employed, submit copies of:**
  1. A letter describing your employment situation,
  2. Quarterly taxable income projections or Profit and Loss Statements,
  3. Previous **three year's** Federal Tax Returns, including Schedule C.

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[1] **Income information must be provided for all household members.**
[2] **e.g., Child Support, Alimony, Mutual Funds, Parental Contributions.**
[3] **e.g., SSI/SSA, TANF, Disability, Unemployment, private financial contribution or other.**
[4] **Please submit copies of benefit award letters with a signed permission to verify benefits.**
[5] **If you do not file a tax return, please submit a brief letter stating that you do not file and describe the reason you do not file.**

CITY OF ARCATA
HOUSING PROGRAMS
APPLICATION FORM

Type of program you are applying for (check one):

HOME OWNERSHIP LOAN _____	**HOUSING REHABILITATION LOAN**_____
Total number of people in household: _____ Current monthly rent: $_____ Have you or any household member owned any real property in the last three years? **Y / N** If yes, describe type and location of property.	____ **Owner Occupied** ____ **# of people in the Household** ____ **# of bedrooms** _____ **Rental Property** _____ **# of units** _____ **# of bedrooms** **Contact City for Rental Property Household Information and Prevailing Wage.**

CERTIFICATION/AUTHORIZATION FOR RELEASE OF INFORMATION

I certify that to the best of my knowledge the information provided in this application is true and complete. I intend it to be relied upon for the purposes of this application. I authorize the City of Arcata or its Program Operator to make any and all inquiries necessary and appropriate to verify this information. I understand that the City of Arcata or its Program Operator will keep this application whether or not this credit is approved. I hereby authorize the use of a photostatic copy of my/our signature(s) below, to obtain information regarding any of the following items:

* Credit Report
* Home Insurance
* Contact / Contract Management
* Beneficiary Statement
* Contractor Negotiation
* Change Order Negotiation and Approval
* Income Verification
* Bank Accounts
* Mortgage Verification
* Lot Book / Title Insurance Report

REPORT OF INCOME BENEFITS

Applicants for assistance under the HOME and CDBG Programs are required to provide verifiable evidence of annual household income. This includes related and unrelated household members and persons who will be living in the residence more than half time. Please list below the household members who are included in your application and submit copies of income verification. Documentation may vary depending on income source. Document gross annual household income by source, person, and amount. Attach income verification as specified by the Income Calculation and Determination Guide for Federal Programs First Edition July 2010. Contact the Program Operator for Housing Rehabilitation requirements and the City for First Time Homebuyer requirements.

Please fill in all questions. If a question does not pertain to you, write "N/A."

WARNING!!! The program you are applying for utilizes funds from the Department of Housing and Urban Development (HUD). Title 18, Section 1001 of the U.S. Code states that any person who knowingly and willingly makes false or fraudulent statements to any HUD program is guilty of a felony.

Date: _____ **Applicant Signature:** _____

Applicant Name: _____

Date: _____ **Co-applicant Signature:** _____

Co-applicant Name:

STAFF USE ONLY: INCOME VERIFICATION

ANNUAL HOUSEHOLD INCOME: $ _____ Date:_____ NO. OF PERSONS IN H.H. _____	HCD ALLOWABLE INCOME: $ _____ Year:_____ INCOME ELIGIBLE: YES ____ NO ____	Project in City limits? YES or NO Project in Redevelopment Area? YES or NO

APPLICANT INFORMATION

Name:

Street Address: City State Zip Phone

Home: Hm

Mailing: Wk

Date of Birth: SSN: Gender: ( ) M or ( ) F

Race (Check ALL that apply): ( ) White ( ) African American ( ) Asian ( ) American Indian ( ) Alaska Native ( ) Native Hawaiian/Pacific Islander ( ) Other

Ethnicity (Check One): ( ) Hispanic ( ) Non-hispanic | Marital Status: ( ) Married ( ) Unmarried ( ) Separated | Disabled: ( ) Y or ( ) N

Are you a Student? ( ) No if Yes, ( ) Full-time ( ) Part-time | School Name/Address:

Income type, source (e.g., Employment, Place of Work) **Amount: $** **Periodicity (How often payments are made)**

Add additional sheets if necessary. Attach documentation for each income source (e.g., check stubs, tax returns, profit/loss statement, benefits statement).

Assets: List all checking, savings, other bank accounts, stocks, bonds, CDs, trusts, real estate, cash, and other assests you own.

Account Type (checking, etc.) **Account Number** **Balance** **Rate** **Institution name and address**

Liablities: List all creditor's names, address, account numbers for all outstanding debts, including automobile loans, revolving charge accounts, real estate loans, allimony, child support, stock pledges, etc. Use continuation sheet, if necessary.

Company Name and Address **Monthly Payment** **Unpaid Balance**

LIST ALL RESIDENCES WITHIN THE LAST 18 MONTHS

Residence address If other household members did not live at these addresses, please list their history in the comments section. How Long?

If your household size is larger than 4, you will need to photocopy the following page and include information on all household members. Please indicate whether the household member is a coapplicant. Coapplicants will be equally responsible for loan repayment. All household members' incomes must be listed; include additional pages if necessary. If you require additional space for any answer, please continue to the comments section.

Instructions: Provide the following information for each household member. Photocopy this form and insert the extra pages after this page if your household has more than three members. Add additional sheets if necessary. Attach documentation for each income source.

CO-APPLICANT ( ) or **OTHER HOUSEHOLD MEMBER ( )** A coapplicant will be on title with the primary applicant.

(If current address or phone is different from Applicant's, check here ( ), and write in comments section.)

Name:

Date of Birth:	SSN:	Gender: ( ) M or ( ) F	

Race (Check ALL that apply): ( ) White ( ) African American ( ) Asian ( ) American Indian ( ) Alaska Native ( ) Native Hawaiian/Pacific Islander ( ) Other

Ethnicity (Check One): ( ) Hispanic ( ) Non-hispanic	Marital Status: ( ) Married ( ) Unmarried ( ) Separated	Disabled: ( ) Y or ( ) N
Are you a Student? ( ) No if Yes, ( ) Full-time ( ) Part-time	School Name/Address:	

Income type, source (e.g., Employment, Place of Work)	**Amount: $**	**Periodicity (How often payments are made)**
	$	( ) Weekly ( ) Biweekly ( ) Monthly ( ) Other, specify:
	$	( ) Weekly ( ) Biweekly ( ) Monthly ( ) Other, specify:

Assets: List all checking, savings, other bank accounts, stocks, bonds, CDs, trusts, real estate, cash, and other assests you own.

Account Type (checking, etc.)	**Account Number**	**Balance**	**Rate**	**Institution name and address**

Liabilities: List all creditor's names, addresses and account numbers for all outstanding debts, including auto loans, revolving charge accounts, real estate loans, allimony, child support, stock pledges, etc. Use continuation sheet, if necessary.

Company Name and Address	**Monthly Payment**	**Unpaid Balance**

CO-APPLICANT ( ) or **OTHER HOUSEHOLD MEMBER ( )** A coapplicant will be on title with the primary applicant.

(If current address or phone is different from Applicant's, check here ( ), and write in comments section.)

Name:

Date of Birth:	SSN:	Gender: ( ) M or ( ) F	

Race (Check ALL that apply): ( ) White ( ) African American ( ) Asian ( ) American Indian ( ) Alaska Native ( ) Native Hawaiian/Pacific Islander ( ) Other

Ethnicity (Check One): ( ) Hispanic ( ) Non-hispanic	Marital Status: ( ) Married ( ) Unmarried ( ) Separated	Disabled: ( ) Y or ( ) N
Are you a Student? ( ) No if Yes, ( ) Full-time ( ) Part-time	School Name/Address:	

Income type, source (e.g., Employment, Place of Work)	**Amount: $**	**Periodicity (How often payments are made)**
	$	( ) Weekly ( ) Biweekly ( ) Monthly ( ) Other, specify:
	$	( ) Weekly ( ) Biweekly ( ) Monthly ( ) Other, specify:

Add additional sheets if necessary. Attach documentation for each income source (e.g., check stubs, tax returns, profit/loss statement, benefits statement).

Assets: List all checking, savings, other bank accounts, stocks, bonds, CDs, trusts, real estate, cash, and other assests you own.

Account Type (checking, etc.)	**Account Number**	**Balance**	**Rate**	**Institution name and address**

Liabilities: List all creditor's names, addresses and account numbers for all outstanding debts, including auto loans, revolving charge accounts, real estate loans, allimony, child support, stock pledges, etc. Use continuation sheet, if necessary.

Company Name and Address	**Monthly Payment**	**Unpaid Balance**

COMMENTS SECTION:	Include any additional information or comments here. Housing Rehab applicants should use this section to list needed repairs

Staff Use - Do not write below this line.

CITY OF ARCATA
HOUSING PROGRAMS
REQUEST FOR VERIFICATION OF EMPLOYMENT

INSTRUCTIONS: Items ONE (1) AND THREE (3) should be completed by the applicant. Applicant should then return the form to the City of Arcata or its Program Manager.Listing the fax no. will result in faster processing

PLEASE USE **INK** AND PRINT **CLEARLY**

PART I-REQUEST

1. Employer Name: _____

Street Address: _____

P.O. Box: _____

City, State, Zip: _____

Fax Number: _____

2. Please reply to:

City of Arcata, Community Dev.
736 F Street, Arcata CA 95521
or return by fax:
(707) 825-2029

I have applied for a loan through the City of Arcata Housing Programs. To qualify for this loan the City must verify my sources of income. My signature below authorizes the release of any income information requested by the City or its Program Manager.

3. Applicant Name: _____

Street Address: _____

P.O. Box #: _____

City/State/Zip: _____

Signature of Applicant:

_____
Signature Date

DO NOT WRITE BELOW THIS LINE

4. Signature and Title of Requestor:

_____
Signature Date

_____
Title Phone Number

PART 2 VERIFICATION

Employment Data:

5. Is Applicant currently employed by you?( )Yes ( )No
If **Yes** go to **7**, if **No** complete **6.A**, **B** & **C**

6.A Duration of employment? _____

6.B Date employment ended? _____

6.C Reason for leaving: _____

7. Present position title: _____

8. Probability of continued employment: _____

Remarks:

Salary and Wage Data:

9. Past 12 month earnings
$ _____

Base salary/wage: $ _____

Overtime: $ _____

Commissions: $ _____

Bonus: $ _____

10. Anticipated earnings next 12 months?
$ _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

11. Signature and Title of Employer:

Signature _____ Date _____

Title Phone No

Revised 5/27/10

CITY OF ARCATA
HOUSING PROGRAMS
REQUEST FOR VERIFICATION OF BENEFITS

INSTRUCTIONS: Complete items ONE (1) AND THREE (3), then return the form to the City of Arcata or its Program Manager. Listing the agency's fax no. will result in faster processing

PLEASE USE **INK** AND PRINT **CLEARLY**

PART I-REQUEST

1. Agency Name: _____

Street Address: _____

P.O. Box: _____

City, State, Zip _____

Fax No.: _____

2. Please reply to:

City of Arcata, Community Dev.
736 F Street, Arcata CA 95521
or return by fax:
(707) 825-2029

I have applied for a loan through the City of Arcata Housing Programs. To qualify for this loan the City must verify my sources of income. My signature below authorizes the release of any income information requested by the City or its Program Manager.

3. Applicant Name: _____

Street Address: _____

P.O. Box #: _____

City/State/Zip: _____

Signature of Applicant:

Signature Date

DO NOT WRITE BELOW THIS LINE

4. Signature and Title of Requestor:

Signature Date

Title Phone Number

PART 2 VERIFICATION

5. Type of Income:

Monthly Amount: $ _____

Total Amount Rec'd Last 12 Months: $ _____

Anticipated Amount Next 12 Months: $ _____

6. Comments:

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

7. Signature and Title of Verifier:

Signature Date

Title Phone No

CITY OF ARCATA
HOUSING PROGRAMS
REQUEST FOR VERIFICATION OF ASSETS

INSTRUCTIONS: Complete items ONE (1) AND THREE (3), and return completed form to the City of Arcata or its Program Manager. Listing the institution's fax no. will result in faster processing.

PLEASE USE **INK** AND PRINT **CLEARLY**

PART I-REQUEST

1. Financial Institution: _____	2. Please reply to:
Street Address: _____	City of Arcata, Community Dev.
P.O. Box: _____	736 F Street, Arcata CA 95521
City, State, Zip: _____	**or return by fax:**
Fax No.:	**(707) 825-2029**

I have applied for a loan through the City of Arcata Housing Programs. To qualify for this loan the City must verify my assets. My signature below authorizes the release of any asset information requested by the City or its Program Manager.

3. Applicant Name: _____
Street Address: _____
P.O. Box #: _____
City/State/Zip: _____
Signature of Applicant:

Signature Date

DO NOT WRITE BELOW THIS LINE

4. Signature and Title of Requestor:

Signature Date

Title Phone Number

PART 2 VERIFICATION

Type of Account	Account #	6 mo. Avg. balance	Interest rate
Checking			
Savings			
Type of Account	**Account #**	**Current balance**	**Interest rate**
Checking			
Savings			
CD			
Trust Fund			
Other accounts:			

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

11. Signature and Title of Bank Official:

Signature Date

Title Phone No

CITY OF ARCATA
HOME OWNERSHIP PROGRAM

CERTIFICATION OF CURRENT AND/OR PREVIOUS PROPERTY OWNERSHIP

I. To be eligible, applicants must be first time homebuyers. "First time homebuyer" means an individual or individuals or an individual and his or her spouse who have not owned a home during the three-year period before the purchase of a home with City of Arcata Assistance, except that the following individual or individuals may not be excluded from consideration as a first-time homebuyer under this definition:

A. A displaced homemaker who, while a homemaker, owned a home with his or her spouse or resided in a home owned by the spouse. A displaced homemaker is an adult who has not, within the preceding two years, worked on a full-time basis as a member of the labor force for a consecutive twelve-month period and who has been unemployed or underemployed, experienced difficulty in obtaining or upgrading employment and worked primarily without remuneration to care for his or her home and family.

B. A single parent who, while married, owned a home with his or her spouse or resided in a home owned by the spouse. A single parent is an individual who is unmarried or legally separated from a spouse and has one or more minor children for whom the individual has custody or joint custody or is pregnant; and

C. An individual or indivuals who owns or owned, as a principal residence during the three year period before the purchase of a home with HOME or CDBG assistance, a dwelling unit whose structure is: (i) not permanently affixed to a permanent foundation in accordance with local or state regulations; or (ii) not in compliance with state, local or model building codes and cannot be brought into compliance with such codes for less than the cost of construction a permament structure.

By my signature below, I hereby certify that I am a First Time Homebuyer as defined in paragraph I, I.A, I.B or I.C above.

Applicant:_____ Date: _____

Co-Applicant:_____ Date: _____

City of Arcata

City Manager	Environmental Services	Police	Recreation
(707) 822·5953	822·8184	822·2428	822·7091
Community Development	Finance	Public Works	Transportation
822·5955	822·5951	822·5957	822·3775

736 F Street
Arcata, CA 95521

AUTHORIZATION FOR FILE DISCLOSURE

I hereby authorize City of Arcata to obtain a consumer credit and/or investigative report from Contemporary Information Corporation (CIC) on myself. I understand that such information may be derived in whole or in part from Experian, Equifax, and/or CIC.

Signature Date

Full Name (please print)

Home Address

City State Zip

Social Security Number Driver's License Date of Birth

*****IMPORTANT NOTE TO CIC SUBSCRIBER!*****

In Accordance with the Fair Credit Reporting Act, as well as other state and federal laws, this signed form is to be kept on file by CIC client ("subscriber") for no less than two years. CIC may request that subscriber supply a copy of the consumer signed Authorization for File Disclosure or application for rental, credit, or employment anytime within that two year period. Failure to comply may result in termination of subscriber's account as well as any criminal or civil penalties that may apply under current law.

Form **4506-T**
(Rev. January 2012)
Department of the Treasury
Internal Revenue Service

Request for Transcript of Tax Return

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

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 "Order a Transcript" 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.

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 IRS 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. ▶ _____

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

b **Account Transcript,** which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar 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 30 calendar 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 2010, filed in 2011, will not be available from the IRS until 2012. 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 45 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. _____ _____ _____ _____

Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved **identity theft** on your federal tax return . . . . . ☐

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, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** *For transcripts being sent to a third party, this form must be received within 120 days of the signature date.*

Phone number of taxpayer on line 1a or 2a

Sign Here

▶ **Signature** (see instructions) — Date

▶ **Title** (if line 1a above is a corporation, partnership, estate, or trust)

▶ **Spouse's signature** — Date

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

What's New

The IRS has created a page on IRS.gov for information about Form 4506-T at *www.irs.gov/form4506.* 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.

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.

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 "Order a Transcript" or call 1-800-908-9946.

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 the "Internal Revenue Service" at:
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	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	RAIVS Team Stop 37106 Fresno, CA 93888 559-456-5876
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	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 the "Internal Revenue Service" at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	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	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 859-669-3592

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

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

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

Note. If the address on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address.

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

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

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

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

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

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

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

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 Products Coordinating Committee
SE:W:CAR:MP:T:M:S
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.

Application Checklist (Preliminary)

The following checklist is used by City Staff to determine the completeness of your application. Though this list is not exhaustive, it does include the common steps you must complete to receive an eligibility determination. You should keep this form, and a copy of all materials you've submitted to the City for your records. You may use this form to track your progress.

	Form Name	Completion Date
1	City Housing Programs Application Form	
2	Employment Verification form - one for each wage earner and each job	
3	Asset Verification form - one for each institution and asset holder	
4	Benefits Verification form - one for each recipient and agency	
5	Filed and SIGNED federal tax forms for the last three years **OR**	
6	If you did not file, write a brief explanation why and identify each tax year	
7	If you own a business, include Profit and Loss Statements/Schedule C	
8	If you own a business, include quarterly gross and net earnings to date with projected earnigns for rest of calendar year.	
9	Three months' most recent pay stubs	
10	Three months' most recent bank and financial statements	
11	Current and/or Previous Property Ownership Certification	
12	Attend City's Homeownership Financing workshop (to be announced)	