FACT SHEET
AFFORDABLE HOMEOWNERSHIP UNIT

NORTH SUBURBAN CONSORTIUM
c/o Malden Redevelopment Authority
215 Pleasant Street, 3rd Floor, Malden MA 02148
Telephone: 781-324-5720 • Fax: 781-322-3734
To request accommodation or language assistance: 781-324-5720

About the Program

The North Suburban Consortium (NSC) utilizes federal grant funds from the HOME investment partnerships program to strengthen public-private partnerships to expand the supply of decent, safe, sanitary and affordable housing for low and moderate income homebuyers. The goals of the program are:

- Assistance is available to income-eligible applicants who are first time homebuyers (or one who has had no homeownership interest in a principal residence during the past 3 years OR a displaced homemaker or single parent who has only owned a home with a former spouse while married).
- Assistance will be provided on a first-come, first-served basis, upon receipt of completed application, supporting documentation and determination of eligibility and priority status, until funding is exhausted.

Eligible Property

To be eligible, a property must be:

- Located in one of the NSC communities: Arlington, Chelsea, Everett, Malden, Medford, Melrose, Revere, Winthrop;
- **Occupied** by income-eligible persons as described below; and
- Single-Family Home/Condominium/Townhouse.

Income-Eligibility

To be income-eligible, annual (gross) income of all persons in the household cannot exceed 80% of median for the area as determined by Housing and Urban Development (HUD). Annual income includes all income anticipated to be received by household members for the next 12 months. Income limits are listed below.

Effective 7-1-2020	**1 Person**	**2 Person**	**3 Person**	**4 Person**	**5 Person**	**6 Person**
80% Income Limit	**$67,400**	**$77,000**	**$86,650**	**$96,250**	**$103,950**	**$111,650**

Contact NSC for income limits for households with more than 6 persons.

In addition to meeting income limits, buyer:

- Must be approved for a mortgage with a lender **(no cash buyers)**;
- Total assets * cannot exceed $75,000

***Assets include**:

- CDs, savings, checking accounts,
- stocks and bonds,
- gifted money, including gifts of equity
- other forms of capital investments,
- Roth IRAs,
- real property (whole or partial interest).

Excluded assets:

- retirement accounts such as 401K, 403B, 457 and IRA accounts,
- government approved college savings plan,
- municipally funded buy-downs
- community, municipal or employer funded down payment or closing cost assistance that meets Fannie Mae's definition of a Community Seconds Program.

Other Requirements

- Properties located in a flood zone will be required to have flood insurance
- Homes constructed prior to 1978 are subject to HUD Lead-Based Paint Requirements in addition to passing Housing Quality Standards Inspection.

To Apply

Applications are available

- at MRA office located at 215 Pleasant Street, 3rd Floor, Malden MA 02148
- online at www.maldenredevelopment.com

Questions/Appointments

For questions or to schedule an appointment, please call 781-324-5720. If you wish to discuss in person, please call for an appointment.

The North Suburban Consortium & Malden Redevelopment Authority do not discriminate against any person in program or client services regardless of race, color, age, national origin, marital status, sex, disability, religion, or any other legally protected status.

EQUAL HOUSING OPPORTUNITY

APPLICATION CHECKLIST
AFFORDABLE HOMEOWNERSHIP UNIT
NORTH SUBURBAN CONSORTIUM

MAIL or DELIVER APPLICATION TO:
Malden Redevelopment Authority, 215 Pleasant Street, 3rd Floor, Malden, MA 02148

APPLICATIONS WILL NOT BE ACCEPTED BY EMAIL. **Application cannot be processed unless it is complete and all supporting documentation is provided.** ***If an item does not apply, write N/A beside the check box.*** For questions, call **781-324-5720 Ext. 5729**. If it is determined your household meets qualifications, you will be notified. **PLEASE ALLOW 10-14 DAYS FROM DATE OF SUBMISSION FOR PROCESSING.**

Applicant Name *(please print)*: _____

Co-applicant Name *(please print)*: _____

Property Address: _____

☐Completed Application signed and dated by applicant, co-applicant and all other household members age 18 or older

☐Authorization Form signed and dated by applicant, co-applicant and all other household members age 18 or older

☐Evidence of Permanent Resident Alien Status or legal Alien Status for applicant, co-applicant and all other household members age 18 or older, if applicable

☐Bank Statements: three most recent months' statements for ALL accounts, including stocks, bonds, CDs, savings, checking, trust funds and cash for applicant, co-applicant and all other household members age 18 or older

☐Most Recent Statements for ALL 401Ks, IRAs, Stocks/Bonds, Retirements/Pensions for applicant, co-applicant and all other household members age 18 or older, if applicable

☐Three most recent months' pay stubs for applicant, co-applicant and all other household members age 18 or older

☐Three most recent years' Federal tax returns (and ALL schedules) and three most recent years' W2s (from ALL employers) for applicant, co-applicant and all other household members age 18 or older

☐ If self-employed, current year-to-date profit and loss statement AND previous three years' Federal tax returns (including ALL schedules)

☐ Current Social security award letters (including disability income) for applicant, co-applicant and all other household members age 18 or older, if applicable

☐ Divorce Decree and proof of alimony payments, if applicable

☐ Current child support current printout, if applicable

☐ Zero Income Affidavit *(separate affidavit required for each household member age 18 or older who has no income)*

☐Unemployment statement for each household member age 18 or older, if applicable

☐Liquid Asset Certification

☐IRS Certification Form

☐IRS 4506-T Form

Upon receipt and review of application and information provided, additional documentation or information may be required.

The North Suburban Consortium & Malden Redevelopment Authority do not discriminate against any person in program or client services regardless of race, color, age, national origin, marital status, sex, disability, religion, or any other legally protected status.

AFFORDABLE HOMEOWNERSHIP UNIT APPLICATION
NORTH SUBURBAN CONSORTIUM

c/o Malden Redevelopment Authority
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Telephone: 781-324-5720 Fax: 781-322-3734
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PART 1 – GENERAL INFORMATION

Name of Applicant: (Last) (First) (MI)

Name of Co-Applicant: (Last) (First) (MI)

Address:

Applicant preferred phone #_____ **Co-Applicant preferred phone #**_____

Email Address:

Citizenship Status* (CIRCLE ONE):	**Applicant**		**Co-Applicant**	
Are you a US citizen?	Yes	No	Yes	N
Are you a permanent resident alien?	Yes	No	Yes	N
Other(Please Specify):				

*Each applicant and co-applicant must comply with all applicable restrictions on citizenship and legal immigration status pursuant to the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) and 8 U.S.C. 1611 et. seq, both of which are in effect as of the adoption of these policies; and further, must be eligible under any future statutes or regulations governing eligibility enacted subsequently. The residency status of a qualified alien must be continuous in nature required under 24 CFR 9.254.

PART 2 – HOUSEHOLD COMPOSITION: List all current household members. Indicate the relationship of each member to the applicant or co-applicant (spouse, sibling, etc.). List all wages, W2, Social Security, SSI, pensions, retirements, rents etc.

Household Member Name	Relationship to Applicant	Age	Source of Income	Estimated Monthly Amount	Employer

Is applicant, co-applicant or any other household member over the age of 18 a full-time student? ☐Yes ☐No

Do you anticipate an increase or decrease in household members in the next six months? ☐Yes ☐No

If yes, please explain:

PART 3 – EMPLOYMENT INFORMATION: Provide information for Applicant and Co-Applicant, as applicable

Applicant:

Employer Name:_____**Position:**_____

Address:_____**Phone#:**_____

Date of Hire: _____**Monthly Salary: $**_____

Co-Applicant:

Employer Name:_____**Position:**_____

Address:_____**Phone#:**_____

Date of Hire: _____**Monthly Salary: $**_____

PART 4 – ANNUAL HOUSEHOLD INCOME: Include wages, salaries and tips, alimony, child support, military income, part-time income, temporary income, TANF, Social Security, pensions, retirements, other benefits **for all household members age 18 or older**. List gross income. Failure to disclose complete earnings can render an applicant disqualified from consideration. Attach additional pages if needed.

Source	Applicant	Co-applicant	Other Household Member 18 or Older	Total Annual Income
Salary				
Overtime, Commission, Tips, Bonuses				
Alimony, Child Support				
Social Security /Disability Income				
Pensions, Retirement Funds, etc.				
Unemployment, Workers' Compensation				
Net Income from Business				
Net Income from Rental Property				
Welfare Payments				
Interest and/or Dividends				
Other				
Other				

PART 5 – ASSET INFORMATION: Attach bank statements (most recent three months of checking **or** recent three month average checking balance as listed on financial institution's letterhead; current savings account balance) and other proof of asset information. Attach additional pages if needed.

Type	Cash Value	Name of Account	Bank Name	Account Number
Checking Account *(list six-month average balance)*				
Savings Account *(current balance)*				
Stocks, Bonds, CDs				
IRAs, 401Ks, Pensions,Retirement				
Life Insurance				
Other				

Do you own any other real estate? ☐Yes ☐No

If **YES**, *how much do you owe on the property?* $_____

If **YES,** *provide address, city and state of all property*:_____

Have you disposed of any major assets in the past two years? ☐Yes ☐No

If **YES**, *what was the value?*

PART 6 – CONFLICT OF INTEREST:

Are you or any member of your family related to anyone who works for the MRA/City of Malden or anyone who is a member of the MRA/NSC Board or an elected official of any NSC city?

☐Yes *If yes, please explain* ☐No

Explanation:

PART 7 – PRIVACY ACT NOTICE: This notice is provided to you pursuant to the requirements of the Privacy Act of 1974. As a result of your request and/or receipt of financial assistance through NSC's Homebuyer subsidy program, the United States Department of Housing and Urban Development is requiring the collection of this information to determine your eligibility for assistance through the program and to protect the Government's financial interest and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant and as required by law, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released to any other person or government agency without your prior written consent, except as may be permitted or required by law. NSC is authorized to ask this information by the National Affordable Housing Act of 1990. If you wish to allow NSC staff to discuss your application with a third party, you must list the individual that you wish to allow access to your information below:

By listing the individual below and signing this application, you are authorizing NSC staff to discuss your case with this individual.

Name	Relationship	Telephone #

PART 8 – DECLARATIONS: *Please answer the questions below. A "yes" answer may not be an automatic reason for rejection but may cause North Suburban Consortium to request additional information to determine eligibility.*	Applicant		Co-Applicant	
	Yes	No	Yes	No
a.) Are there any outstanding judgments against you?				
b.) Have you been declared bankrupt within the past 7 years?				
c.) Have you had property foreclosed on or given deed in lieu thereof in the last 3 years?				
d.) Are you party to a lawsuit?				
e.) Are you presently delinquent or in default on any loan, mortgage, financial obligation, government debt, bond, or loan guarantee?				

PART 9 – APPLICANT(S) SIGNATURE/CERTIFICATION:

By signing below, the homeowner(s) and other household family member(s) over the age of 18 certify that all income sources and assets have been disclosed on this application. I/we acknowledge that the information provided is true and correct. I/we acknowledge and understand any false statements or false information made on this application will result in immediate denial of my/our application for this program.

Applicant's signature	Date
Co-Applicant's signature	Date
Signature of family member over the age of 18	Date
Signature of family member over the age of 18	Date
Signature of family member over the age of 18	Date

The North Suburban Consortium & Malden Redevelopment Authority do not discriminate against any person in program or client services regardless of race, color, age, national origin, marital status, sex, disability, religion, or any other legally protected status.

Warning: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

For Official Use Only:

Application Received By:_____ Date/Time :_____

AUTHORIZATION FOR RELEASE OF INFORMATION

NORTH SUBURBAN CONSORTIUM
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TO WHOM IT MAY CONCERN:

I/We, the undersigned, have applied for purchasing a house that is partly subsidized by federal funds and hereby authorize you to release to the NORTH SUBURBAN CONSORTIUM (NSC) all records and information necessary to determine my/our eligibility for assistance through this program. This authorization hereby gives NSC the right to request all information that we can or could obtain from any persons, company, or firm on any matters referred to below. I/We agree to have no claims for defamation, violation of privacy, or otherwise against any person or firm or corporation by reason of any statement of information released by them to NSC for the purposes of determining eligibility.

INFORMATION COVERED:

- Employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips;
- Cash held in checking/savings accounts, stocks, bonds, certificates of deposit (CDs) Individual Retirement Accounts (IRAs), interest, dividends, etc.;
- Payments from Social Security OR Veterans Administration, Annuities, Insurance Policies, Retirement Funds, Pensions, Disability or Death Benefits;
- Unemployment, disability and/or Workers' Compensation, Welfare Assistance;
- Mortgage Loan Information, including balance, payment record, etc.;
- Income from Operation of a Business;
- Alimony or child support payments, etc.

SOURCES THAT MAY BE ASKED TO PROVIDE WRITTEN/ORAL VERIFICATIONS:

Employers	Banks	Alimony/Child Support Agencies
Social Security Administration	Financial/Retirement Institutions	Other Support Providers
Veteran's Administration	Unemployment Agency	Welfare Agency

I/we agree that a photographic or FAX copy of this authorization may be used for the purposes stated above. This Authorization is good for 12 months from the date signed below.

Applicant's Signature	Printed Name	Date
Co-Applicant's Signature	Printed Name	Date
Other Family Member Over Age 18	Printed Name	Date
Other Family Member Over Age 18	Printed Name	Date
Other Family Member Over Age 18	Printed Name	Date

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Serving the communities of

MALDEN ❖ MEDFORD ❖ ARLINGTON ❖ CHELSEA ❖ EVERETT ❖ MELROSE ❖ REVERE ❖WINTHROP

Zero Income Affidavit

Household Name: _____

Subject Property Address: _____

_____

1. I hereby certify that I do not individually receive income from any of the following sources:
   a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
   b. Income from operation of a business;
   c. Rental income from real or personal property;
   d. Interest or dividends from assets;
   e. Social Security payments, annuities, insurance policies, retirement funds, pensions or death benefits;
   f. Unemployment or disability payments;
   g. Public assistance payments;
   h. Periodic allowances such as alimony, child support or gifts received from persons living in my household;
   i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
   j. Any other source not named above.

2. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the repayment of NSC HOME funds.

_____

Signature of Applicant/Household Member Date

Sworn to before me and subscribed in my presence this _____ day of _____, 20___.

_____

Signature of Notary Public Name

My Commission Expires: _____

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Internal Revenue Certification

I/We certify that the _____, _____ and _____ 1040 IRS Tax Returns with Schedules submitted to the North Suburban Consortium are those actually submitted to the Internal Revenue Service by me/us and that to date, they have not been changed to necessitate any change in income as reported.

Applicant's Signature	Printed Name	Date
Co-Applicant's Signature	Printed Name	Date
Other Family Member Over Age 18 Signature	Printed Name	Date
Other Family Member Over Age 18 Signature	Printed Name	Date
Other Family Member Over Age 18 Signature	Printed Name	Date

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Liquid Asset Certification

The combined totals of my/our available liquid assets after closing will not exceed $75,000. The definition of liquid assets is typified by cash, monetary holdings in bank accounts (savings, checking, certificates of deposit), stocks, bonds, trust funds, gifted money and other forms of capital investments.

Borrower Signature: _____ Date_____

Co-Borrower: _____ Date _____

Co-Borrower: _____ Date_____

Witness: _____ Date_____

Form **4506-T**
(March 2019)
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)

5a 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.

5b Customer file number (if applicable) (see instructions)

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 5a, 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 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. | / / | / / | / / | / /

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:** This form must be received by IRS 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.

What's New. The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, is shown on the transcript.

A new optional Customer File Number field is available to use when requesting a transcript. You have the option of inputting a number, such as a loan number, in this field. You can input up to 10 numeric characters. The customer file number should not contain an SSN. This number will print on the transcript. The customer file number is an optional field and not required.

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 5a) 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 855-587-9604
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 855-800-8105
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 S-2 Kansas City, MO 64999 855-821-0094

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-298-1145
Maine, Massachusetts, New Hampshire, New York, Pennsylvania, Vermont	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094

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 5b. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number <u>should not</u> contain an SSN. Completion of this line is not required.

Note. If you use an SSN, name or combination of both, we will not input the information and the customer file number will be blank on the transcript.

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. 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.