









# FORT COLLINS HABITAT FOR HUMANITY HOMEOWNERSHIP APPLICATION PACKET

## 1 STEP

### 1. DETERMINE ELIGIBILITY

To be eligible for homeownership through Habitat for Humanity, the following must apply:

- You live or work in Fort Collins or the surrounding rural areas;
- Your current shelter is inadequate, substandard, subsidized, rent burdened, temporary, transitional, etc.;
- You are willing to work 200 “sweat equity” hours per adult applicant toward the building of your own home and other Habitat homes.
- You will save \$1,500 toward closing costs;
- Your household’s total monthly GROSS income meets the following guidelines:

	Household Size (45-80% AMI)	Annual Income (before taxes taken out)	Monthly Income (before taxes taken out)
Fort Collins Habitat for Humanity®	1 	\$33,840 to \$60,100	\$2,820 to \$5,008
	2 	\$38,655 to \$68,650	\$3,221 to \$5,721
	3 	\$43,470 to \$77,250	\$3,623 to \$6,478
	4 	\$48,285 to \$85,800	\$4,024 to \$7,150
	5 	\$52,155 to \$92,550	\$4,346 to \$7,725
	6 	\$56,025 to \$99,550	\$4,669 to \$8,296
	7 	\$59,895 to \$106,400	\$4,991 to \$8,867
	8 	\$63,765 to \$113,300	\$5,314 to \$9,442

2022/23

## 2 STEP

### 2. COMPLETE ONLINE ORIENTATION & QUIZ

Watch online orientation and take online quiz on our website, [www.fortcollinshabitat.org](http://www.fortcollinshabitat.org), prior to January 4<sup>th</sup>.

**As of January 4<sup>th</sup>, the orientation and quiz will no longer be available.**

## 3 STEP

### 3. RETURN APPLICATIONS BY APPOINTMENT ONLY

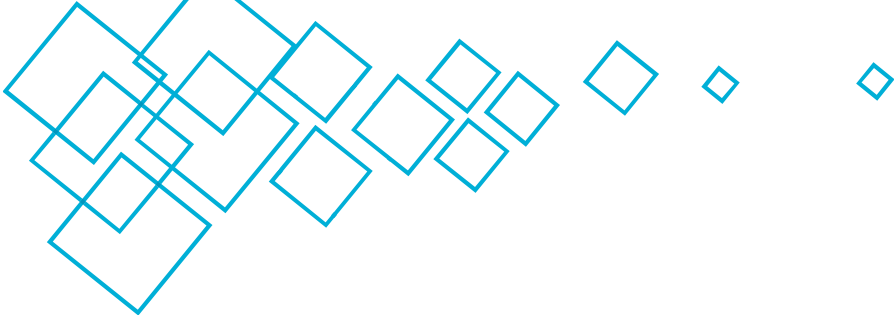
Completed applications and all documentation must be returned **IN PERSON** by all applicants. Beginning **January 4<sup>th</sup>**, you may schedule an appointment to return your application on one of the following days: **January 16, 17, 18, 19.**

- To schedule an appointment, email [tbain@fortcollinshabitat.org](mailto:tbain@fortcollinshabitat.org)
- Appointments should take about 60 minutes.
- There will be a **\$50-PER-APPLICANT credit check fee** due at the time of appointment.
- All of the material provided by you will become property of Fort Collins Habitat for Humanity and **WILL NOT** be returned to you. For this reason, provide legible **COPIES** of the documents and **NOT** the originals.









NOTICE TO APPLICANT OF  
RIGHT TO RECEIVE COPY OF APPRAISAL REPORT

Dear Applicant:

This disclosure is provided to you pursuant to 15 U.S.C. 1691(e) and Fannie Mae's and Freddie Mac's Appraiser Independence Requirements.

*In the event you are selected to purchase a Habitat for Humanity home, you will be provided a copy of any appraisal report or valuation concerning this property promptly upon completion of the appraisal, and in any event, no less than three (3) business days prior to the closing of the loan.*

Thank you for your interest in Fort Collins Habitat for Humanity. Please do not hesitate to contact us with additional questions.

Fort Collins Habitat for Humanity

**PLEASE DETACH PAGE AND KEEP FOR YOUR RECORDS**







# My Habitat Checklist

PLEASE DETACH THIS PAGE AND USE THE CHECK BOXES ON THE LEFT TO MAKE SURE DOCUMENTS ARE RETURNED IN THE ORDER THEY ARE LISTED BELOW.

## 1. APPLICATION AND CHECKLIST

- **Program Application**, completed and signed (pages 4-9 in packet)
- **My Habitat Checklist** (this form), completed and signed

## 2. RESIDENCY, ID, AND CITIZENSHIP (FOR EVERY HOUSEHOLD MEMBER)

- **Proof of Identity:** COPY of Driver's License, Colorado ID card, or U.S. Passport
- **Proof of Citizenship:** COPY of U.S. Passport, valid Green Card, Certificate of Naturalization, or U.S. birth certificate
- **Social Security Card:** COPY of each applicant's card

## 3. FINANCIAL INFORMATION

- COPIES of **2019, 2020 and 2021 Federal Tax Returns SIGNED** (1040 and Schedule C)
- COPIES of **2019, 2020, and 2021 W-2's or 1099 for ALL sources**
- **Self-employment** requires 2 years minimum employment history and the following documents:
  - 3 previous year's Federal tax returns including all applicable schedules;
  - Signed copies of 4506-T forms (pg 19 in packet). Affiliate will submit to IRS to request transcripts of Federal tax returns.
  - Financial statements (balance sheets and income sheets). **NOTE:** These financials should be generated by a third-party, i.e. accountant, CPA, etc.
- **Signed 4506-T Request for Transcript Form** (pg 19 in packet)
- COPIES of **complete bank account STATEMENTS (ALL pages)** for ALL accounts in the last 6 months
- **Verification of Deposit** for each account listed on application - to be completed **ONLY** by your bank (pg 15 in packet)
- COPIES of **all current credit card, automobile, and loan statements** (including student loan)

## 4. EMPLOYMENT AND INCOME INFORMATION

- COPIES of last 6 months of **paystubs** (for every household member 18 and older)
- **Verification of Employment Form** for each employed applicant. To be completed by employer **ONLY** (pg 13 in packet)
- **DOCUMENTATION OF ALL NON-EMPLOYMENT INCOME:**
  - Proof of **alimony** and **child support** (please include Child/Alimony Support Orders and Family Support Registry report)
  - **Statement of Disability Income** (if applicable)
  - **Statement of Social Security Income** (if applicable)

## 5. RENTAL INFORMATION

- **Verification of Rental History Form.** To be completed by landlord **ONLY** (pg 14 in packet)
- COPY of current **Lease Agreement**
- COPIES of last **4 months utilities bills**

## 6. OTHER

- **COPY of divorce decree** (if applicable)
- **COPY of bankruptcy papers** with dated discharge letter and/or foreclosure documents (if applicable)
- **Affidavit and Release of Information**, completed and signed (pg 16 in packet)
- **Authorization for SSA to Release SSN Verification** - one per applicant (pg 18 in packet)
- **\$50 PER APPLICANT Credit Check Fee** (to be paid at application appointment). Cash or Credit/Debit card only

Please  
sign  
and  
date

Applicant

Date

Co-Applicant

Date









Fort Collins

**Habitat  
for Humanity®**

# Application

## Habitat Homeownership Program

**Fort Collins Habitat for Humanity**  
**4001 South Taft Hill Road**  
**Fort Collins, CO 80526**

We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin.

**Dear Applicant:** Please complete this application to determine if you qualify for the Habitat for Humanity program. Please fill out the application as completely and accurately as possible. All information you include on this application will be kept confidential in accordance with the Gramm-Leach-Bliley Act.

1. APPLICANT INFORMATION																																	
Applicant					Co-applicant																												
Applicant name					Co-applicant name																												
Phone number		Birth Date		Age	Phone number		Birth Date		Age																								
Email address:					Email address:																												
Are you a lawful resident of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No					Are you a lawful resident of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No																												
Are you a permanent resident of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No					Are you a permanent resident of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No																												
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)					<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)																												
<b>Dependents and others who will live with you (not listed by co-applicant)</b> <table border="1"> <thead> <tr> <th>Name</th> <th>Age</th> <th>Male</th> <th>Female</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>										Name	Age	Male	Female	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
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Present address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent					Present address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent																												
Number of Years _____					Number of Years _____																												
If living in present address for less than TWO years, complete the following																																	
Last Address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent					Last Address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent																												
Number of Years _____					Number of Years _____																												
Have you applied with Habitat before? <input type="checkbox"/> No <input type="checkbox"/> Yes If so, when? _____																																	
Are you a United States Veteran? <input type="checkbox"/> No <input type="checkbox"/> Yes If so, when? _____																																	
2. FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE																																	

Date Received: \_\_\_\_\_

Orientation Attended: \_\_\_\_\_



### 3. WILLINGNESS TO PARTNER

To be considered for the Habitat program, you and your household must be willing to complete a certain number of "sweat-equity" hours. Your help in building your home and the homes of others is called "sweat-equity," and may include clearing the lot, painting, helping with construction, working in the Habitat office or ReStore, attending homeownership classes, or other approved activities.

**I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS:**

	Yes	No
Applicant:	<input type="checkbox"/>	<input type="checkbox"/>
Co-applicant:	<input type="checkbox"/>	<input type="checkbox"/>

### 4. PRESENT HOUSING CONDITIONS

Number of bedrooms (please circle)    1    2    3    4    5

Other rooms in the place where you are currently living:

☐ Kitchen    ☐ Bathroom    ☐ Living Room    ☐ Dining Room    ☐ Other (please describe) \_\_\_\_\_

If you rent your residence, what is your monthly rent payment? \$ \_\_\_\_\_ / month

Name, address and phone number of current landlord: \_\_\_\_\_

In the space below, describe the condition of the house or apartment where you live.

### 5. PROPERTY INFORMATION

If you own your residence, what is your monthly mortgage payment? \$ \_\_\_\_\_ / month      Unpaid balance \$ \_\_\_\_\_

Do you own land? ☐ No    ☐ Yes      Monthly payment \$ \_\_\_\_\_      Unpaid balance \$ \_\_\_\_\_

### 6. EMPLOYMENT INFORMATION

Applicant		Co-applicant	
Name and address of <b>CURRENT</b> employer	Years on this job	Name and address of <b>CURRENT</b> employer	Years on this job
	Monthly (gross) wages \$		Monthly (gross) wages \$
Type of business	Business phone	Type of business	Business phone
If working at current job less than TWO years, complete the following information			
Name and address of <b>LAST</b> employer	Years on this job	Name and address of <b>LAST</b> employer	Years on this job
	Monthly (gross) wages \$		Monthly (gross) wages \$
Type of business	Business phone	Type of business	Business phone



7. MONTHLY INCOME				
Income Source	Applicant	Co-applicant	Others in household	Total
Wages	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
SSI	\$	\$	\$	\$
Disability	\$	\$	\$	\$
	\$	\$	\$	\$
Other _____	\$	\$	\$	\$
Other _____	\$	\$	\$	\$
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

<b>PLEASE NOTE:</b> Self-employed applicants will be required to provide additional documentation such as profit and loss statements and financial statements.	Household members whose income is listed as "Others" above			
	Name	Income source	Monthly income	Date of birth

## 8. SOURCE OF CLOSING COSTS

How do you plan to save your \$1,500 in closing costs?

9. ASSETS					
Name of bank, savings and loan, credit union, etc.	Address	City, State	ZIP	Account number	Current balance
					\$
					\$
					\$
					\$
					\$
					\$
					\$



10. DEBT						
	To whom do you and the co-applicant (s) owe money?					
	Applicant			Co-applicant		
Account	Monthly payment	Unpaid balance	Months left to pay	Monthly payment	Unpaid balance	Months left to pay
Automobile	\$	\$		\$	\$	
Boat	\$	\$		\$	\$	
Furniture, appliance, televisions (includes rent-to-own)	\$	\$		\$	\$	
Alimony	\$	\$		\$	\$	
Child Support	\$	\$		\$	\$	
Credit Card	\$	\$		\$	\$	
Credit Card	\$	\$		\$	\$	
Credit Card	\$	\$		\$	\$	
Total medical	\$	\$		\$	\$	
Student loans	\$	\$		\$	\$	
Other	\$	\$		\$	\$	
Other	\$	\$		\$	\$	
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>		<b>\$</b>	<b>\$</b>	

MONTHLY EXPENSES			
Expense	Applicant	Co-applicant	Total
Rent	\$	\$	\$
Utilities	\$	\$	\$
Insurance	\$	\$	\$
Child care	\$	\$	\$
Internet service	\$	\$	\$
Cell phones	\$	\$	\$
Land line	\$	\$	\$
Business expense	\$	\$	\$
Other (specify):	\$	\$	\$
Other (specify):	\$	\$	\$
Other (specify):	\$	\$	\$
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

11. SPECIAL ACCOMMODATIONS

Does anyone in your household have a disability or handicap? ☐ Yes ☐ No

If yes, can this person use all parts of the house? ☐ Yes ☐ No

If no, please explain.

Does any part of your home affect a household member's health? Please explain.



**12. DECLARATIONS**

Please check the box that best answers the following questions for you and the co-applicant

	Applicant	Co-applicant
a. Do you have any outstanding judgments because of a court decision against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Have you been declared bankrupt within the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you had property foreclosed on in the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are you currently involved in a lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Are you paying alimony or child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Are you a US citizen or a Permanent Legal Resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "yes" to any question a through f, or "no" to question g, please explain on a separate piece of paper.

**By signing this form, I (we) testify to the following:**

- ☐ I (we) currently live or work in the Fort Collins service area.
- ☐ I (we) meet the income requirements as stated on page 1.
- ☐ I (we) have not filed bankruptcy in the past two years and any bankruptcy has been discharged at least 2 years prior to application.
- ☐ I (we) have not owned a home within the past three years (this does not include mobile homes).
- ☐ I (we) understand that I (we) will be required to save \$1,500 toward closing costs.
- ☐ I (we) understand the sweat-equity requirements as explained in the Online Applicant Orientation.
- ☐ I (we) understand that I (we) will be subjected to a credit history check.
- ☐ I (we) understand that I (we) will be subjected to a criminal background check and a sex offender registry check.
- ☐ I (we) have completed the Online Applicant Orientation and the mandatory Quiz.

**13. AUTHORIZATION AND RELEASE**

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for the Habitat homeownership program, my ability to repay an affordable loan and other expenses of homeownership, and my willingness to be a partner through sweat-equity. I understand that the evaluation will include personal visits, a credit check, and employment verification. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected to purchase a Habitat home, I may be disqualified from the program and forfeit any rights or claims to a Habitat home. The original or copy of this application will be retained by Habitat for Humanity even if the application is not approved.

I also understand that Habitat for Humanity screens all applicants on the sex offender registry. By completing this application, I am submitting myself to such an inquiry. I further understand that by completing this application, I am submitting myself to a criminal background check.

Applicant Signature

Date

Co-applicant Signature

Date

X \_\_\_\_\_

X \_\_\_\_\_

**PLEASE NOTE:** If more space is needed to complete any part of this application, please use a separate sheet of paper and attach it to this application. Please mark your additional comments with "A" for Applicant or "C" for Co-applicant.







#### 14. DEMOGRAPHIC INFORMATION FOR GOVERNMENT MONITORING PURPOSES

PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW: **The purpose of collecting this information** is to help ensure that all applicants are treated fairly and that the housing needs of communities and neighborhoods are being fulfilled. For residential mortgage lending, Federal law requires that we ask applicants for their demographic information (ethnicity, sex, and race) in order to monitor our compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. you are not required to provide disinformation, but are encouraged to do so. you may select one of more designation for "Ethnicity" and one or more designations for "Race." **The law provides that we may not discriminate** on the basis of this information, or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in person, Federal regulations require us to note your ethnicity, sex, and race on the basis of visual observation or surname. the law also provides that we may not discriminate on the basis of age or marital status information you provide in this application. if you do not wish to provide some or all of this information, please check below.

<b>APPLICANT NAME:</b>	<b>CO-APPLICANT NAME:</b>
------------------------	---------------------------

**Ethnicity:** *Check one or more*

- ☐ Hispanic or Latino  
☐ Mexican      ☐ Puerto Rican      ☐ Cuban  
☐ Other Hispanic or Latino - *Print origin:*

*For example: Argentinian, Columbian, Dominican, Nicaraguan, Salvadorian, Spaniard, and so on.*

- ☐ Not Hispanic or Latino  
☐ I do not wish to provide this information

**Sex**

- ☐ Female  
☐ Male  
☐ I do not wish to provide this information

**Race:** *Check one or more*

- ☐ American Indian or Alaska Native - *Print name of enrolled or principal tribe:* \_\_\_\_\_  
☐ Asian  
     ☐ Asian Indian      ☐ Chinese      ☐ Filipino  
     ☐ Japanese      ☐ Korean      ☐ Vietnamese  
☐ Other Asian - *Print race:* \_\_\_\_\_

*for example: Kmong, Laotian, Thai, Pakistani, Cambodian, and so on.*

- ☐ Black or African American  
☐ Native Hawaiian or Other Pacific Islander  
     ☐ Native Hawaiian      ☐ Samoan      ☐ Guamanian or Chamorro  
☐ Other Pacific Islander - *Print race:* \_\_\_\_\_

*For example: Fijian, Tongan, and so on.*

- ☐ White  
☐ I do not wish to provide this information

**Ethnicity:** *Check one or more*

- ☐ Hispanic or Latino  
☐ Mexican      ☐ Puerto Rican      ☐ Cuban  
☐ Other Hispanic or Latino - *Print origin:*

*For example: Argentinian, Columbian, Dominican, Nicaraguan, Salvadorian, Spaniard, and so on.*

- ☐ Not Hispanic or Latino  
☐ I do not wish to provide this information

**Sex**

- ☐ Female  
☐ Male  
☐ I do not wish to provide this information

**Race:** *Check one or more*

- ☐ American Indian or Alaska Native - *Print name of enrolled or principal tribe:* \_\_\_\_\_  
☐ Asian  
     ☐ Asian Indian      ☐ Chinese      ☐ Filipino  
     ☐ Japanese      ☐ Korean      ☐ Vietnamese  
☐ Other Asian - *Print race:* \_\_\_\_\_

*for example: Kmong, Laotian, Thai, Pakistani, Cambodian, and so on.*

- ☐ Black or African American  
☐ Native Hawaiian or Other Pacific Islander  
     ☐ Native Hawaiian      ☐ Samoan      ☐ Guamanian or Chamorro  
☐ Other Pacific Islander - *Print race:* \_\_\_\_\_

*For example: Fijian, Tongan, and so on.*

- ☐ White  
☐ I do not wish to provide this information

**To be completed by Financial Institution (for application taken in person):**

Was the ethnicity of the Borrower collected on the basis of visual observation or surname?	<input type="radio"/> NO	<input type="radio"/> YES
Was the sex of the Borrower collected on the basis of visual observation or surname?	<input type="radio"/> NO	<input type="radio"/> YES
Was the race of the Borrower collected on the basis of visual observation or surname?	<input type="radio"/> NO	<input type="radio"/> YES

**The demographic Information was provided through:**

- ☐ Face-to-Face interview (includes electronic media w/ video component)     
 ☐ Telephone Interview     
 ☐ Fax or mail     
 ☐ Email or Internet







## ADDITIONAL APPLICATION QUESTIONS

### Tax Returns

1. How does your name appear on your last 3 years of tax returns?

Borrower: \_\_\_\_\_

Co-borrower: \_\_\_\_\_

What names have you used in the past 7 years (maiden/former/alias other) \_\_\_\_\_

\_\_\_\_\_

2. What is the address on your most recently filed tax returns?

Borrower: \_\_\_\_\_

Co-borrower: \_\_\_\_\_

What addresses have you used in the past 7 years? Indicate B (borrower) or C (co-borrower)

\_\_\_\_\_

\_\_\_\_\_

3. How did you file on your last 3 years of tax returns?

Jointly

Separately

4. Did you write off un-reimbursed business expenses (Form 2106) on your last 3 years of tax returns?

Borrower:    Yes      No      Co-borrower:    Yes      No

5. Does your last year's tax return have any additional business income or loss other than what you have already disclosed (Sole Proprietorship, LLC Partnership, Sub Chapter or Corporation)?

Borrower:    Yes      No      Co-borrower:    Yes      No

If yes, explain: \_\_\_\_\_

### Employment

6. Do you have an ownership interest in your place of employment?

Borrower:    Yes      No      Co-Borrower:    Yes      No

If yes, indicate percentage of ownership: \_\_\_\_\_ %



7. Are you related to your employer?

Borrower: Yes No Co-borrower: Yes No

### Assets

8. Do you have any other assets you have not disclosed on your application?

Borrower: Yes No Co-Borrower: Yes No

If yes, indicate: 401K Trust Funds  
IRA Valuable Personal Property  
Savings Mobile home

Other:(explain) \_\_\_\_\_

### Liabilities

9. Do you have any loans or debts being deducted from your paycheck?

Borrower: Yes No Co-Borrower: Yes No

If yes, explain: \_\_\_\_\_

10. Have you acquired any new debt within the last 30 days?

Borrower: Yes No Co-borrower: Yes No

If yes, explain: \_\_\_\_\_

11. Do you have any additional loans or debts not reported on your credit report?

Borrower: Yes No Co-borrower: Yes No

If yes, explain: \_\_\_\_\_

### Real Estate

12. Do you own vacant land or any other real estate property?

Borrower: Yes No Co-borrower: Yes No

If yes, explain: \_\_\_\_\_



13. Do you own a timeshare?

Borrower:      Yes      No              Co-borrower:      Yes      No

If yes, explain: \_\_\_\_\_

14. Are you on title to any property with or without another person regardless of financial liability?  
(Trust, Partnership, LLC, Inheritance, etc.?)

Borrower:      Yes      No              Co-borrower:      Yes      No

If yes, explain: \_\_\_\_\_

15. Have you co-signed on a mortgage?

Borrower:      Yes      No              Co-borrower:      Yes      No

If yes, explain: \_\_\_\_\_

### Signatures:

Borrower \_\_\_\_\_

Date \_\_\_\_\_

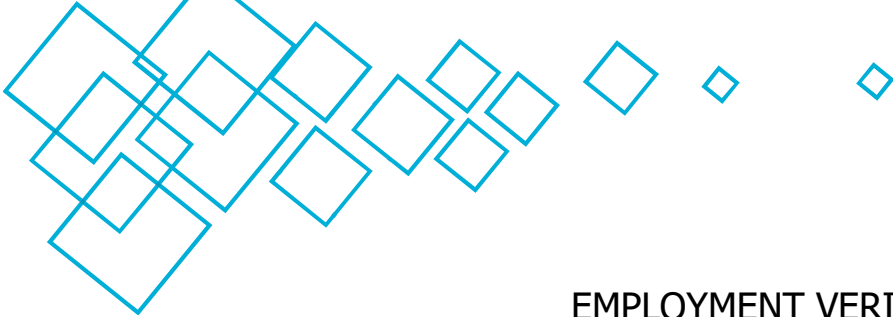
Co-borrower \_\_\_\_\_

Date \_\_\_\_\_









**CONTACT PERSON:**  
Theresa Bain, Homeowner Services  
PH: 970-488-2605  
Email: [tbain@fortcollinshabitat.org](mailto:tbain@fortcollinshabitat.org)

## EMPLOYMENT VERIFICATION

### Agreement to Release Information

I, \_\_\_\_\_ authorize the release of the following information to Fort Collins Habitat for Humanity for use in determining eligibility for the Habitat for Humanity homeownership program.

\_\_\_\_\_  
**Applicant/Employee Signature**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Date**

To whom it may concern:

The person named below is applying for housing through the Fort Collins Habitat for Humanity homeownership program. We would appreciate your help in answering the following questions. All information will be kept confidential in conjunction with the Gramm-Leach-Bliley Act. Thank you for your assistance.

Sincerely,

Fort Collins Habitat for Humanity

### TO BE COMPLETED BY EMPLOYER **ONLY**

Company/Employer Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

1. Employee's Current Position/Title: \_\_\_\_\_

2. Date Employment Began: \_\_\_\_\_

3. Current gross base pay

Amount: \$ \_\_\_\_\_ Annually: \$ \_\_\_\_\_ Per hour: \$ \_\_\_\_\_ Salaried? Yes No

4. Scheduled hours per week: \_\_\_\_\_

5. Earnings: Calendar year to date \$ \_\_\_\_\_ Last calendar year \$ \_\_\_\_\_

6. Does this person regularly receive overtime or bonuses? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, average number of overtime hours per month: \_\_\_\_\_

If yes, bonus type, payment schedule and average amount: \_\_\_\_\_

7. Additional comments:

\_\_\_\_\_  
\_\_\_\_\_

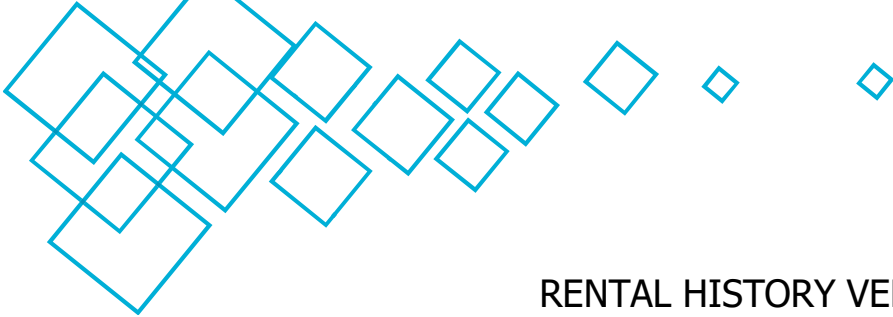
Name of person filling out form: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_









**CONTACT PERSON:**  
**Theresa Bain, Homeowner Services**  
**PH: 970-488-2605**  
**Email: [tbain@fortcollinshabitat.org](mailto:tbain@fortcollinshabitat.org)**

## RENTAL HISTORY VERIFICATION

**Regarding:** Tenant(s) name \_\_\_\_\_ Date of request \_\_\_\_\_  
Property Address \_\_\_\_\_  
City, state, ZIP \_\_\_\_\_

I (we) authorize the release of the following information to Fort Collins Habitat for Humanity, Inc. for use in determining eligibility for the Habitat homeownership program.

\_\_\_\_\_  
**Tenant signature**

\_\_\_\_\_  
**Tenant signature**

\_\_\_\_\_  
**Date**

To whom it may concern:

The above-named person(s) has applied for housing through Fort Collins Habitat for Humanity. By signing above and personally requesting this information, they consent to its release and its use in determining their qualification for our program. All information will be kept confidential in conjunction with the Gramm-Leach-Bliley Act. We would appreciate your help in answering the following questions. Thank you for your assistance.

Sincerely,

Fort Collins Habitat for Humanity

### TO BE COMPLETED BY LANDLORD ONLY

Landlord/management company name: \_\_\_\_\_

Company address: \_\_\_\_\_ City, state, ZIP: \_\_\_\_\_

1. Rental period (give dates): From \_\_\_\_\_ to \_\_\_\_\_
2. Monthly rent: \$ \_\_\_\_\_
3. Was rent paid on time? \_\_\_\_\_ Number of times late in last 12 months: \_\_\_\_\_
4. Complaints by others? Please explain: \_\_\_\_\_  
\_\_\_\_\_
5. Any damage to their unit? \_\_\_\_\_
6. Overall rating as tenant (excellent, satisfactory, unsatisfactory). Please explain: \_\_\_\_\_  
\_\_\_\_\_
7. Would you rent to them again? \_\_\_\_\_
8. If former tenant, did you return full security deposit? \_\_\_\_\_ If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

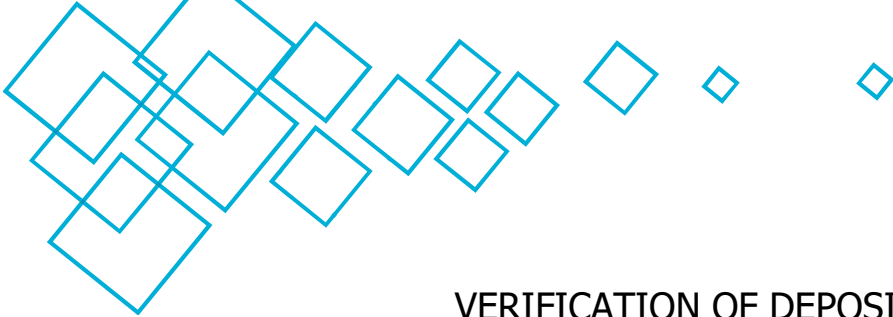
Name of person filling out form: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_









**CONTACT PERSON:**  
Theresa Bain, Homeowner Services  
PH: 970-488-2605  
Email: [tbain@fortcollinshabitat.org](mailto:tbain@fortcollinshabitat.org)

VERIFICATION OF DEPOSIT (one per bank)

**Regarding:**

Applicant Name: \_\_\_\_\_ Co-applicant name: \_\_\_\_\_

Applicant address: \_\_\_\_\_ City, state, ZIP: \_\_\_\_\_

I (we) authorize the release of the following information to Fort Collins Habitat for Humanity for use in determining eligibility for the Habitat for Humanity homeownership program.

\_\_\_\_\_  
**Applicant signature**                      **Date**                      **Co-applicant signature**                      **Date**

**This section to be completed by bank representative only**

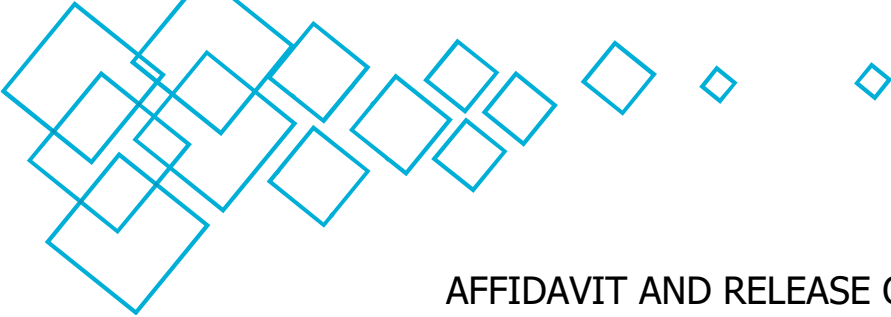
Account Type	Date opened	Current balance	Average balance (3 months)	Number of overdrafts	Dates of overdrafts
Checking		\$	\$		
Checking		\$	\$		
Savings		\$	\$		
Savings		\$	\$		
Money Market		\$	\$		
Other		\$	\$		

Loan type	Date opened	Loan balance	Scheduled monthly payments	Past-due balance
Home		\$	\$	
Other real estate		\$	\$	
Car		\$	\$	
Car		\$	\$	
Other		\$	\$	
Other		\$	\$	

Please include any additional information that might help us determine the creditworthiness of this applicant:

**Name of Banking Institution:** \_\_\_\_\_  
**Signature of Employee filling out form:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Printed name:** \_\_\_\_\_ **Title:** \_\_\_\_\_





## AFFIDAVIT AND RELEASE OF INFORMATION

**\*\*\* PLEASE READ CAREFULLY – INITIAL AND SIGN ON BACK \*\*\***

### **Fair Credit Reporting Act Disclosure and Authorization**

As an applicant for housing through Fort Collins Habitat for Humanity, you are a consumer with rights under the Fair Credit Reporting Act. For determining your qualification for this housing program, Fort Collins Habitat for Humanity may choose to obtain and use information contained in either a consumer report or an investigative consumer report from a consumer reporting agency about you.

### **Disclosure Regarding Background Report**

Fort Collins Habitat for Humanity may obtain from Sterling Infosystems, Inc. ("STERLING"), 1 State Street, New York, NY 10004, (877) 424-2457, [www.sterlinginfosystems.com](http://www.sterlinginfosystems.com), a consumer report and/or an investigative consumer report ("REPORT") that contains background information about you in connection with your program application. If you are selected, to the extent permitted by law, Fort Collins Habitat for Humanity may obtain from STERLING further reports without providing further disclosure or obtaining additional consent.

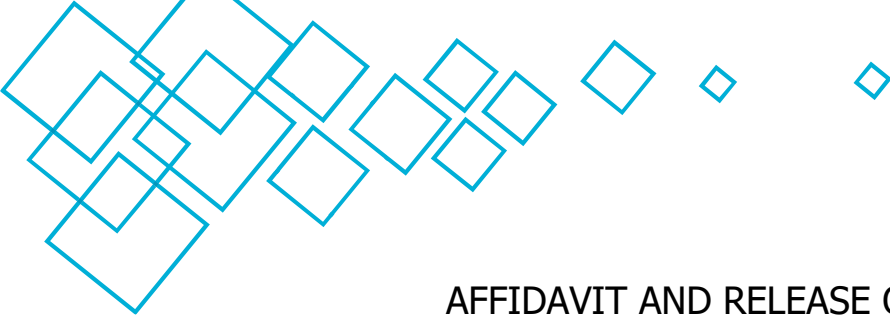
The REPORT may contain information about your character, general reputation, personal characteristics and mode of living. The REPORT may include, but is not limited to, credit reports and credit history information; criminal and other public records and history; public court records (e.g., bankruptcies, tax liens and judgments); motor vehicle and driving records; educational and employment history, including professional disciplinary actions; drug/alcohol test results; and Social Security verification and address history, subject to any limitations imposed by applicable federal and state law. This information may be obtained from public record and private sources, including credit bureaus, government agencies and judicial records, former employers and educational institutions, and other sources.

If an investigative consumer REPORT is obtained, in addition to the description above, the nature and scope of any such REPORT will be employment verifications and references, or personal references.

### **Authorization to Obtain Background Report**

I have read the Disclosure Regarding Background Report provided by Fort Collins Habitat for Humanity and this Authorization to Obtain Background Report. By my signature on the next page, and the subsequent SSA Release, I hereby consent to the preparation by Sterling Infosystems, Inc. ("STERLING"), a consumer reporting agency located at 1 State Street, New York NY 10004, (877) 424-2457, [www.sterlinginfosystems.com](http://www.sterlinginfosystems.com), of background reports regarding me and the release of such reports to Fort Collins Habitat for Humanity and its designated representatives, to assist Fort Collins Habitat for Humanity in making a decision involving me at any time after receipt of this authorization to the extent permitted by law. To this end, I hereby authorize, without reservation, any state or federal law enforcement agency or court, educational institution, motor vehicle record agency, credit bureau or other information service bureau or data repository, or employer to furnish any and all information regarding me to STERLING and/or the COMPANY itself and authorize STERLING to provide such information to the COMPANY. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.





## AFFIDAVIT AND RELEASE OF INFORMATION

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE INITIALING AND SIGNING**

\_\_\_\_\_ I (we) acknowledge receipt of a copy of the Consumer Financial Protection Bureau's "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT."

\_\_\_\_\_ I (we) authorize Fort Collins Habitat for Humanity to conduct a **CREDIT HISTORY CHECK** for both Applicant and Co-Applicant. All information will be kept strictly confidential.

\_\_\_\_\_ I (we) authorize Fort Collins Habitat for Humanity to conduct an extensive and thorough **BACKGROUND HISTORY CHECK** for every household member 18 and older. All information will be kept strictly confidential.

\_\_\_\_\_ I (we) authorize Fort Collins Habitat for Humanity to conduct a search on the **SEX OFFENDER REGISTRY** for every household member 18 years of age and older. All information will be kept strictly confidential.

\_\_\_\_\_ I (we) authorize any **person, school, CURRENT AND PAST EMPLOYERS, CURRENT AND PAST LANDLORDS, law enforcement authorities, and organizations** named in this application to provide and release any information and opinions concerning our background. I (we) release such persons and organizations from any legal liability for any damage whatsoever for making such statements.

\_\_\_\_\_ I (we) authorize Fort Collins Habitat for Humanity and/or any of its agents to verify and investigate any or all statements contained in this application.

\_\_\_\_\_ I (we) understand that this application does not create a contract for housing.

\_\_\_\_\_ I (we) further certify that I (we) have read and understand the instructions, conditions and other information provided in this document.

### **Applicant Authorization**

By signing below, I \_\_\_\_\_, hereby voluntarily agree to the statements above and authorize Fort Collins Habitat for Humanity to obtain either a consumer report or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my qualification for housing with Fort Collins Habitat for Humanity. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed on the previous page and the last page of this packet.

Date of Birth \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Co-Applicant (or household member 18 or older) Authorization**

By signing below, I \_\_\_\_\_, hereby voluntarily agree to the statements above and authorize Fort Collins Habitat for Humanity to obtain either a consumer report or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my qualification for housing with Fort Collins Habitat for Humanity. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed on the previous page and the last page of this packet.

Date of Birth \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**(Please copy and fill out this form for any additional household members 18 years of age and older.)**



**Authorization for the Social Security Administration (SSA) To Release Social Security Number (SSN) Verification**

Printed Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I want this information released because I am conducting the following business transaction:

Reason (s) for using CBSV: (Please select all that apply)

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Mortgage Service | <input type="checkbox"/> Banking Service     |
| <input checked="" type="checkbox"/> Background Check | <input type="checkbox"/> License Requirement |
| <input checked="" type="checkbox"/> Credit Check     | <input type="checkbox"/> Other               |

with the following company ("the Company"):

Company Name: STERLING INFOSYSTEMS, INC.Company Address: PO BOX 1048, BOTHELL, WA 98041

I authorize the Social Security Administration to verify my name and SSN to the Company and/or the Company's Agent, if applicable, for the purpose I identified.

The name and address of the Company's Agent is:

COMPUTER INFORMATION DEVELOPMENT LLC, 713 W. DUARTE RD. #106, ARCADIA, CA 91007

I am the individual to whom the Social Security number was issued or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare and affirm under the penalty of perjury that the information contained herein is true and correct. I acknowledge that if I make any representation that I know is false to obtain information from Social Security records, I could be found guilty of a misdemeanor and fined up to \$5,000.

**This consent is valid only for 90 days from the date signed, unless indicated otherwise by the individual named above. If you wish to change this timeframe, fill in the following:**

**This consent is valid for N/A days from the date signed. N/A (Please initial.)**

Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

Relationship (if not the individual to whom the SSN was issued): \_\_\_\_\_

Contact information of individual signing authorization:

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

**Privacy Act Statement**

SSA is authorized to collect the information on this form under Sections 205 and 1106 of the Social Security Act and the Privacy Act of 1974 (5 U.S.C. § 552a). We need this information to provide the verification of your name and SSN to the Company and/or the Company's Agent named on this form. Giving us this information is voluntary. However, we cannot honor your request to release this information without your consent. SSA may also use the information we collect on this form for such purposes authorized by law, including to ensure the Company and/or Company's Agent's appropriate use of the SSN verification service.

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to complete the form. *You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send to this address only comments relating to our time estimate, not the completed form.*

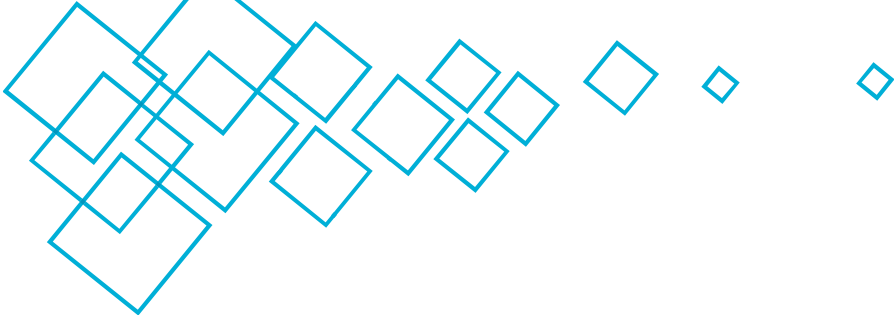
**TEAR OFF****NOTICE TO NUMBER HOLDER**

The Company and/or its Agent have entered into an agreement with SSA that, among other things, includes restrictions on the further use and disclosure of SSA's verification of your SSN. To view a copy of the entire model agreement, visit <http://www.ssa.gov/cbsv/docs/SampleUserAgreement.pdf>









## EQUAL CREDIT OPPORTUNITY ACT NOTICE

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status or age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that monitors compliance with this law concerning this company is the Federal Trade Commission, with offices at FTC Regional Office for the Western region, Los Angeles, California or Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

You need not disclose income from alimony, child support or separate maintenance payment if you choose not to do so. However, because we operate a Special Purpose Credit Program, we may request and require, in order to determine an applicant's eligibility for the program and the affordable mortgage amount, information regarding the applicant's marital status; alimony, child support and separate maintenance income; and the spouse's financial resources.

Accordingly, if you receive income from these sources and do not provide this information with your application, your application will be considered incomplete, and we will be unable to invite you to participate in the Habitat program.

Applicant(s):

X \_\_\_\_\_ X \_\_\_\_\_

Print name: \_\_\_\_\_ Print name: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_







## 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](http://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](http://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.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> 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.

**Fort Collins Habitat for Humanity, 4001 South Taft Hill Road, Fort Collins, CO 80526**

**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. ▶

**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

**12 / 31 / 2020    12 / 31 / 2019    12 / 31 / 2018    /    /**

**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](http://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](http://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

Internal Revenue Service  
RAIVS Team  
Stop 6716 AUSC  
Austin, TX 73301

Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address

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 P-6  
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, 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

855-298-1145

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

855-800-8015

**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. 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.