









# FORT COLLINS HABITAT FOR HUMANITY HOMEOWNERSHIP APPLICATION PACKET

## 1. DETERMINE ELIGIBILITY

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

- You live or work in Fort Collins or our surrounding service 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:

Fort Collins Habitat for Humanity	Household Size (45-80%)	Annual Income (before taxes taken out)	Monthly Income (before taxes taken out)
	1 	\$40,230 to \$71,500	\$3,353 to \$5,958
	2 	\$45,945 to \$81,700	\$3,829 to \$6,808
	3 	\$51,705 to \$91,900	\$4,309 to \$7,658
	4 	\$57,420 to \$102,100	\$4,785 to \$8,508
	5 	\$62,055 to \$110,300	\$5,171 to \$9,192
	6 	\$66,645 to \$118,450	\$5,554 to \$9,871
	7 	\$71,235 to \$126,650	\$5,936 to \$10,554
	8 	\$75,825 to \$134,800	\$6,319 to \$11,233

## 2. COMPLETE ONLINE ORIENTATION & QUIZ

**Each individual applicant** must watch the online orientation and take online quiz [linked though our website @ www.fortcollinshabitat.org](https://www.fortcollinshabitat.org), **BEFORE 5 p.m. Monday, June 30, 2025**

**As of 5 p.m. Monday June 30, 2025, the orientation and quiz will no longer be available. Without completing the Orientation and passing the quiz, you will not be eligible to apply.**

## 3. RETURN APPLICATIONS BY APPOINTMENT ONLY

Completed applications and all documentation must be returned **IN PERSON** by all applicants. Beginning **JULY 1 through JULY 11 @ 5 p.m.**, you may schedule an appointment to return your application on one of the following days: **JULY 14, 15, 16, 17.**

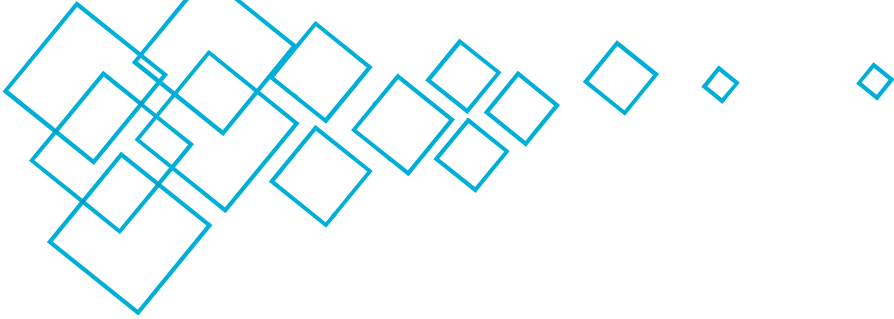
No appointment requests will be accepted after 5 p.m. Friday, July 11, 2025

- To schedule an appointment, email [tbain@fortcollinshabitat.org](mailto:tbain@fortcollinshabitat.org)
- Appointments should take about 60 minutes.
- There will be a **\$60-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.









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

Applicant 1	Applicant 2	
		PLEASE DETACH THIS PAGE AND USE THE CHECK BOXES ON THE LEFT TO MAKE SURE DOCUMENTS ARE RETURNED FOR BOTH APPLICANT AND CO APPLICANT IN THE ORDER THEY ARE LISTED BELOW.
		<b>1. APPLICATION AND CHECKLIST</b>
		← <b>Program Application</b> , completed and signed by each applicant (pages 4-9 in packet)
		← <b>My Habitat Checklist</b> (THIS form), completed and signed by each applicant
		<b>2. RESIDENCY, ID, AND CITIZENSHIP (FOR EACH ADULT APPLICANT)</b>
		← <b>Proof of Identity - BRING ORIGINAL</b> Driver's License, Colorado ID Card, or US Passport to be copied
		← <b>Proof of Citizenship - BRING ORIGINAL</b> U.S. Passport, valid Green Card, Certificate of Naturalization, or U.S. birth certificate
		← <b>Social Security Card - BRING ORIGINAL</b> social security cards to be copied
		<b>3. EMPLOYMENT AND INCOME INFORMATION</b>
		← COPIES of most recent 6 months of <b>paystubs</b> (for every household member 18 and older)
		← COPIES of <b>last paystub of 2024</b> and <b>first paystub of 2025</b>
		← <b>Verification of Employment Form</b> for each job held by each applicant. To be completed by employer <b>ONLY</b> (pg 13 in packet)
		<b>DOCUMENTATION OF ALL NON-EMPLOYMENT INCOME:</b>
		← Proof of <b>alimony</b> and <b>child support</b> (please include Child/Alimony Support Orders AND Family Support Registry Report)
		← <b>Statement of Disability Income for any household member, ALL PAGES</b> (if applicable)
		← <b>Statement of Social Security Income for any household member, ALL PAGES</b> (if applicable)
		<b>4. FINANCIAL INFORMATION</b>
		← COPIES of <b>2022, 2023 and 2024 Federal Tax Returns SIGNED</b> (forms 1040 or 1040 EZ)
		← COPIES of <b>2022, 2023 AND 2024 W-2s or 1099 for ALL income sources</b>
		<b>Self-employment</b> requires 2 years minimum employment history and the following documents:
		<input type="checkbox"/> ← Previous 3 years Federal Tax returns, including Schedule C and all other applicable schedules
		<input type="checkbox"/> ← Financial statements (balance sheets and income sheets). <b>NOTE:</b> These financials should be generated by a third-party, i.e., accountant, CPA, etc.
		← <b>Signed 4506-T Request for Transcript Form</b> (pg 20 in packet)
		← <b>Verification of Deposit</b> - for each account listed on application - to be completed <b>ONLY</b> by your bank (pg 15 in packet)
		← COPIES of <b>complete bank statements (ALL pages)</b> for each account listed on application for the most recent 6 months
		← COPIES of <b>CURRENT</b> month's statement for all <b>credit cards, auto loans, and any other loans</b> (including student loans)
		<b>5. RENTAL INFORMATION</b>
		← <b>Verification of Rental History Form</b> (bottom to be completed by landlord <b>ONLY</b> (pg 14 in packet))
		← COPY of current <b>Lease Agreement</b>
		← COPIES of last <b>4 months utility bills</b> (city utility bills, xcel, etc.)
		<b>6. OTHER</b>
		← <b>COPY of divorce decree</b> (if applicable)
		← <b>COPY of bankruptcy papers</b> with dated discharge letter and/or foreclosure documents (if applicable)
		← <b>Affidavit and Release of Information</b> , completed and signed (pg 16 and 17 in packet)
		← <b>Authorization for SSA to Release SSN Verification</b> - one per applicant (pg 18 in packet)
		← <b>\$60 PER APPLICANT Credit Check Fee</b> (to be paid at application appointment). <b>CASH OR CREDIT/DEBIT CARD ONLY</b>

Please sign and date below:

Applicant #1 Name

Applicant #2 Name

Signature

Date

Signature

Date



**QUESTIONS? PLEASE CALL 970-488-2605 TO SPEAK WITH OUR HOMEOWNER SERVICES DIRECTOR**

Equal Housing Opportunity Statement: 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.











# 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 for the Habitat for Humanity homeownership program truthfully, completely and accurately. All information you include on this application will be maintained in accordance with our privacy policy.

### 1A. APPLICANT INFORMATION

Applicant 1				Applicant 2											
Applicant name				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 (single, divorced, widowed, etc.)				<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed, etc.)											
<b>Dependents</b> and others who will live with you (not listed by co-applicant)				<b>Dependents</b> and others who will live with you (not listed by applicant)											
Name		Age		Male		Female		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"/>		_____		_____		<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"/>	
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 you have lived at your present address for less than TWO years, complete the following, for all addresses during the past TWO years:															
Previous address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent				Previous 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? _____															

### 1B. MILITARY SERVICE

Did you (or your deceased spouse serve, or are you currently serving in the United States Armed Forces?  
(Army, Marine Corps, Navy, Air Force, Space Force, Coast Guard, Reserve or National Guard) ☐ Yes ☐ No

If yes, check all that apply:

- ☐ Currently serving on active duty with projected expiration date of service/tour \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)
- ☐ Currently retired, discharged, or separated from service.
- ☐ Only period of service was as a non-activated member of the Reserve or National Guard
- ☐ Surviving spouse



## 2. 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 1:	<input type="checkbox"/>	<input type="checkbox"/>
Applicant 2:	<input type="checkbox"/>	<input type="checkbox"/>

## 3. PRESENT HOUSING CONDITIONS

Number of bedrooms (please circle) **1 2 3 4 5** Currently, are you: ☐ Renting ☐ Rent-free ☐ Own

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. Why do you need a Habitat home?

## 4. PROPERTY INFORMATION

☐ I (we) do not own any real estate (move on to Section 5).

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

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

## 5. EMPLOYMENT INFORMATION

### Applicant 1

☐ Does not apply.

Name and address of <b>CURRENT</b> employer	Start date (mm/dd/yyyy):
	Monthly (gross) wages \$

Type of business Business phone

### Applicant 2

☐ Does not apply.

Name and address of <b>CURRENT</b> employer	Start date (mm/dd/yyyy):
	Monthly (gross) wages \$

Business phone

### If working at current job less than TWO years, complete the following information

Name and address of <b>PREVIOUS</b> employer	Years on job:
	Monthly (gross) wages \$

Start date (mm/dd/yyyy): End date (mm/dd/yyyy):

Type of business Business phone

Name and address of <b>PREVIOUS</b> employer	Years on job:
	Monthly (gross) wages \$

Start date (mm/dd/yyyy): End date (mm/dd/yyyy):

Type of business Business phone

☐ Check if you are the business owner or are self-employed.

☐ I have an ownership share of less than 25%. ☐ I have an ownership of 25% or more.

Monthly income (or loss) \$

**PLEASE NOTE:** Self-employed applicants will be required to provide additional documents such as tax returns and financial statements.



**6. MONTHLY INCOME**

Income Source	Applicant 1	Applicant 2	Others in household	Total
Salary/Wages (gross)	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
SSI	\$	\$	\$	\$
Disability	\$	\$	\$	\$
Other:	\$	\$	\$	\$
Other:	\$	\$	\$	\$
Other:	\$	\$	\$	\$
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**Household members whose income is listed as "Others" above**

Name	Income source	Monthly income	Date of birth

**7. SOURCE OF CLOSING COSTS**

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

**8. ASSETS (Bank/Retirement Accounts, etc.)**

Type of asset and name of bank, savings and loan, credit union, retirement account, etc. (Do not include land here.)	Address	City, State	ZIP	Account number	Current balance/value/vested amount (if applicable)
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$



## 9. LIABILITIES AND EXPENSES

Account	TO WHOM DO YOU OWE MONEY?					
	Applicant 1			Applicant 2		
	Monthly payment	Unpaid balance	Months left to pay	Monthly payment	Unpaid balance	Months left to pay
Auto loan	\$	\$		\$	\$	
Installment (e.g. boat, personal loan)	\$	\$		\$	\$	
Lease (e.g. furniture, appliance - includes rent-to-own)	\$	\$		\$	\$	
Alimony/separate maintenance	\$	\$		\$	\$	
Child support	\$	\$		\$	\$	
Revolving (e.g. credit card)	\$	\$		\$	\$	
Revolving (e.g. credit card)	\$	\$		\$	\$	
Revolving (e.g. credit card)	\$	\$		\$	\$	
Medical Debt	\$	\$		\$	\$	
Student loans	\$	\$		\$	\$	
Other	\$	\$		\$	\$	
Other	\$	\$		\$	\$	
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>		<b>\$</b>	<b>\$</b>	

MONTHLY EXPENSES			
Expense	Applicant 1	Applicant 2	Total
Rent	\$	\$	\$
Utilities (electricity, water, gas)	\$	\$	\$
Insurance (rental, car, health, etc.)	\$	\$	\$
Child care	\$	\$	\$
Internet service	\$	\$	\$
Cell phones	\$	\$	\$
Land line	\$	\$	\$
Business expenses	\$	\$	\$
Other (specify):	\$	\$	\$
Other (specify):	\$	\$	\$
Other (specify):	\$	\$	\$
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

## 10. RIGHT TO RECEIVE COPY OF APPRAISAL

This is to notify you that if you qualify for the homeownership program and complete the program requirements, we may order an appraisal to determine the value of a home that you may be eligible to purchase. Upon completion of the appraisal, we will promptly provide a copy to you, even if the loan does not close.

Applicant 1 signature \_\_\_\_\_

Applicant 2 signature \_\_\_\_\_



## 11. DECLARATIONS

**Please check the box that best answers the following questions for applicant 1 and the applicant 2.**

	Applicant 1	Applicant 2
a. Are there 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 party to a lawsuit in which you potentially have any personal financial liability?	<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
h. Are you currently delinquent or in default on any federal debt or any other loan, mortgage financial obligation or loan guarantee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Are you a co-signer or guarantor on any debt of loan that is not disclosed on this application?	<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.

## 12. AUTHORIZATION, AGREEMENT 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 and otherwise according to Habitat for Humanity policy.

I understand that the evaluation will include personal visits, a credit check and employment verification (if applicable). I have answered all the questions on this application truthfully and accurately, and if any of the information provided changes after I submit this application, I will supplement this application, as applicable. I understand that if I have not answered the questions truthfully, accurately or completely, or fail to supplement this application as necessary to maintain its accuracy and completeness, my application may be denied, and that even if I have already been selected to receive a Habitat home, I may be disqualified from the program and forfeit any rights or claims to a Habitat home. The original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved.

If this application is created as (or converted into) an "electronic application," I consent to the use of "electronic records" and "electronic signatures" as the terms are defined in and governed by applicable federal and/or state electronic transaction laws. I intend to sign and have signed this application either using my: (a) electronic signature or (b) a written signature and agree that if a paper version of this application is converted into an electronic application, the application will be an electronic record, and the representation of my written signature on this application will be my binding electronic signature.

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 1 signature**

**Date**

**Applicant 2 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.







### 13. DEMOGRAPHIC INFORMATION

**PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW:** The purpose of collecting this information is to help ensure that all applicants are being treated fairly, that the housing needs of communities and neighborhoods are being fulfilled, and to otherwise evaluate our programs and report to our funders. 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 this information but are encouraged to do so. You may select one or more designations 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.

APPLICANT 1 NAME:	APPLICANT 2 NAME:
<p><b>Ethnicity:</b> <i>Check one or more</i></p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Mexican      <input type="checkbox"/> Puerto Rican      <input type="checkbox"/> Cuban</p> <p><input type="checkbox"/> Other Hispanic or Latino - <i>Print origin:</i></p> <p><i>For example: Argentinian, Columbian, Dominican, Nicaraguan, Salvadorian, Spaniard, and so on.</i></p> <p><input type="checkbox"/> Not Hispanic or Latino</p> <p><input type="checkbox"/> I do not wish to provide this information</p>	<p><b>Ethnicity:</b> <i>Check one or more</i></p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Mexican      <input type="checkbox"/> Puerto Rican      <input type="checkbox"/> Cuban</p> <p><input type="checkbox"/> Other Hispanic or Latino - <i>Print origin:</i></p> <p><i>For example: Argentinian, Columbian, Dominican, Nicaraguan, Salvadorian, Spaniard, and so on.</i></p> <p><input type="checkbox"/> Not Hispanic or Latino</p> <p><input type="checkbox"/> I do not wish to provide this information</p>
<p><b>Sex</b></p> <p><input type="checkbox"/> Female      <input type="checkbox"/> Male</p> <p><input type="checkbox"/> I do not wish to provide this information</p>	<p><b>Sex</b></p> <p><input type="checkbox"/> Female      <input type="checkbox"/> Male</p> <p><input type="checkbox"/> I do not wish to provide this information</p>
<p><b>Race:</b> <i>Check one or more</i></p> <p><input type="checkbox"/> American Indian or Alaska Native - <i>Print name of enrolled or principal tribe:</i> _____</p> <p><input type="checkbox"/> Asian</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Asian Indian      <input type="checkbox"/> Chinese      <input type="checkbox"/> Filipino  <input type="checkbox"/> Japanese      <input type="checkbox"/> Korean      <input type="checkbox"/> Vietnamese  <input type="checkbox"/> Other Asian - <i>Print race:</i> _____         </p> <p><i>for example: Kmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i></p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Native Hawaiian      <input type="checkbox"/> Samoan      <input type="checkbox"/> Guamanian or Chamorro  <input type="checkbox"/> Other Pacific Islander - <i>Print race:</i> _____         </p> <p style="margin-left: 40px;"><i>For example: Fijian, Tongan, and so on.</i></p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> I do not wish to provide this information</p>	<p><b>Race:</b> <i>Check one or more</i></p> <p><input type="checkbox"/> American Indian or Alaska Native - <i>Print name of enrolled or principal tribe:</i> _____</p> <p><input type="checkbox"/> Asian</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Asian Indian      <input type="checkbox"/> Chinese      <input type="checkbox"/> Filipino  <input type="checkbox"/> Japanese      <input type="checkbox"/> Korean      <input type="checkbox"/> Vietnamese  <input type="checkbox"/> Other Asian - <i>Print race:</i> _____         </p> <p><i>for example: Kmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i></p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Native Hawaiian      <input type="checkbox"/> Samoan      <input type="checkbox"/> Guamanian or Chamorro  <input type="checkbox"/> Other Pacific Islander - <i>Print race:</i> _____         </p> <p style="margin-left: 40px;"><i>For example: Fijian, Tongan, and so on.</i></p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> I do not wish to provide this information</p>

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?	○ NO	○ YES
Was the sex of the Borrower collected on the basis of visual observation or surname?	○ NO	○ YES
Was the race of the Borrower collected on the basis of visual observation or surname?	○ NO	○ 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 \_\_\_\_\_

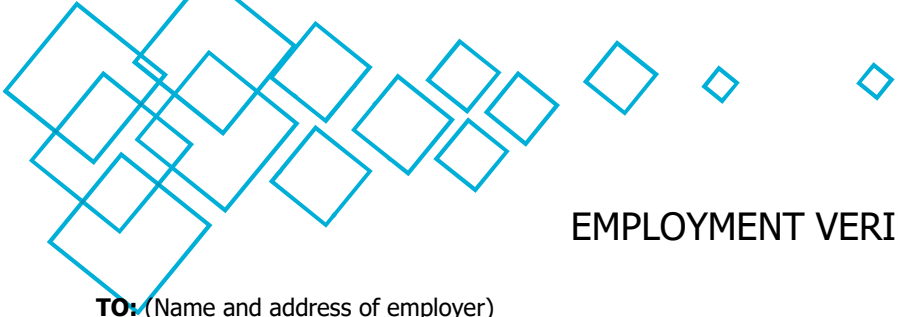
Co-borrower \_\_\_\_\_

Date \_\_\_\_\_









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

EMPLOYMENT VERIFICATION

**TO:** (Name and address of employer) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of request: \_\_\_\_\_

**RE:** \_\_\_\_\_  
Applicant/Employee Name

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

I hereby authorize the release of my employment information.

\_\_\_\_\_  
Signature of Applicant/Employee

\_\_\_\_\_ Date

The individual named directly above is an applicant of the Fort Collins Habitat for Humanity homeownership program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only.

THIS SECTION TO BE COMPLETED BY EMPLOYER ONLY

Employer Name: \_\_\_\_\_ Employer Address: \_\_\_\_\_  
Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Presently Employed: Yes \_\_\_\_\_ No \_\_\_\_\_ First Day of Employment \_\_\_\_\_ Last Day of Employment \_\_\_\_\_

Current Wage/Salary: \$ \_\_\_\_\_ (check one) ☐ hourly ☐ salary  
Pay frequency (check one): ☐ weekly ☐ bi-weekly ☐ semi-monthly ☐ monthly ☐ other \_\_\_\_\_

Average # of regular hours per week: \_\_\_\_\_ 2025 Year-to-date earnings: \$ \_\_\_\_\_ from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
2024 YTD earnings: \$ \_\_\_\_\_ from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
2023 YTD earnings: \$ \_\_\_\_\_ from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Regularly receives overtime or bonuses: Yes \_\_\_\_\_ No \_\_\_\_\_ Is this likely to continue? Yes \_\_\_\_\_ No \_\_\_\_\_

Overtime Rate: \$ \_\_\_\_\_ per hour Average # of overtime hours per week: \_\_\_\_\_  
YTD Overtime \$ \_\_\_\_\_ Previous Year Overtime \$ \_\_\_\_\_  
Commissions, bonuses, tips, other: \$ \_\_\_\_\_ (check one)  
☐ hourly ☐ weekly ☐ bi-weekly ☐ semi-monthly ☐ monthly ☐ yearly ☐ other \_\_\_\_\_  
YTD Amount \$ \_\_\_\_\_ Previous Year Amount \$ \_\_\_\_\_

List any anticipated change in the employee’s rate of pay w/l the next 12 months: \_\_\_\_\_  
Additional remarks: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employer’s Signature

\_\_\_\_\_  
Employer’s Printed Name

\_\_\_\_\_  
Date

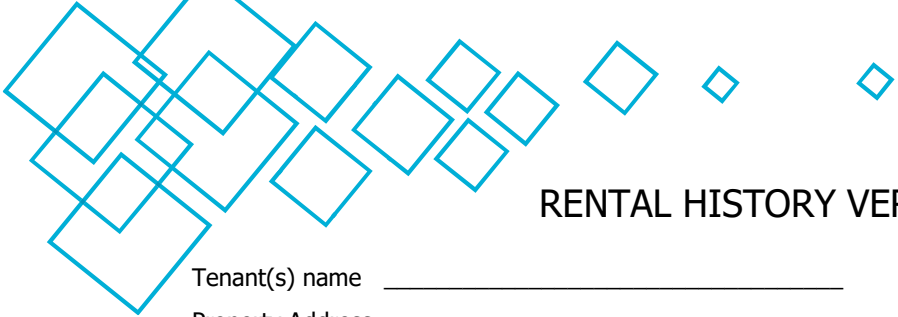
\_\_\_\_\_  
Phone #

\_\_\_\_\_  
E-mail address









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

## RENTAL HISTORY VERIFICATION

Tenant(s) name \_\_\_\_\_  
Property Address \_\_\_\_\_  
City, state, ZIP \_\_\_\_\_

Date of request \_\_\_\_\_

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**

**NOTE: FOR LANDLORD'S OFFICE USE ONLY – TENANT, PLEASE DO NOT WRITE BELOW THIS LINE.**  
**(Fill out top of form, sign, date and give to your landlord)**

\*\*\*\*\*

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

### THE FOLLOWING INFORMATION TO BE COMPLETED BY LANDLORD ONLY

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

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

**Tenant Name(s)** \_\_\_\_\_ **Property Address** \_\_\_\_\_

1. Rental period (give dates): From \_\_\_\_\_ to \_\_\_\_\_
2. Current monthly rent: \$ \_\_\_\_\_
3. Was rent paid on time (circle one)? YES NO Number of times late in last 12 months: \_\_\_\_\_
4. Were any checks returned as NSF (circle one)? YES NO If yes, number of NSF checks: \_\_\_\_\_
5. If vacated, was the unit left in good condition (circle one)? YES NO TENANT STILL LIVING THERE
6. Are you the owner of the property (circle one)? YES NO
7. Are you related to the tenants (circle one)? YES NO
8. Were the tenants renting a room or the entire property? \_\_\_\_\_
9. Overall rating as tenant (circle one)? EXCELLENT SATISFACTORY UNSATISFACTORY
10. Would you rent to them again (circle one)? YES NO If no, please explain: \_\_\_\_\_
11. If former tenant, did you return full security deposit? \_\_\_\_\_ If no, please explain: \_\_\_\_\_

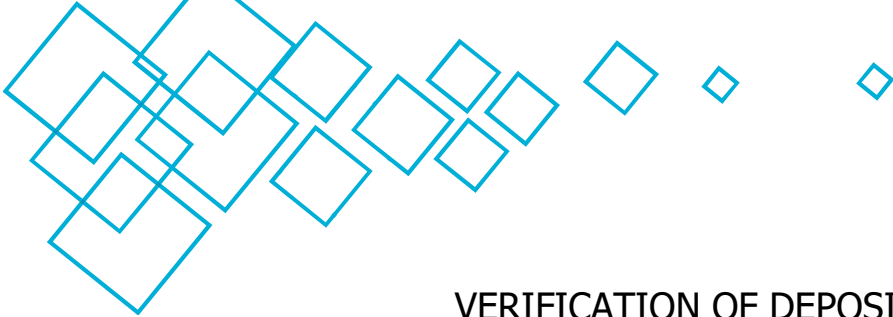
Name of person filling out form: \_\_\_\_\_ Title: \_\_\_\_\_

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		\$	\$	

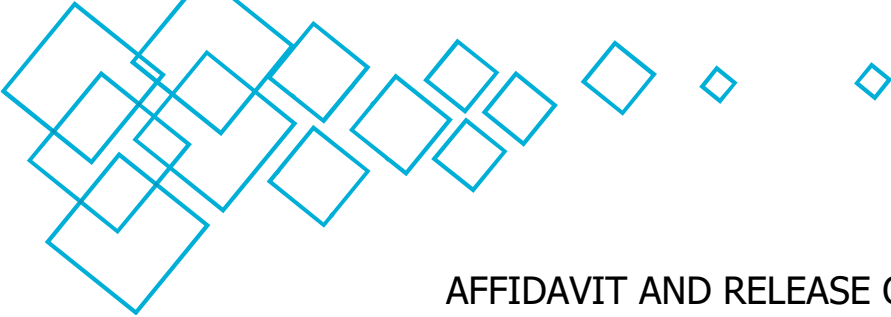
Please include any additional information that might help us determine the creditworthiness of this applicant:

**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.

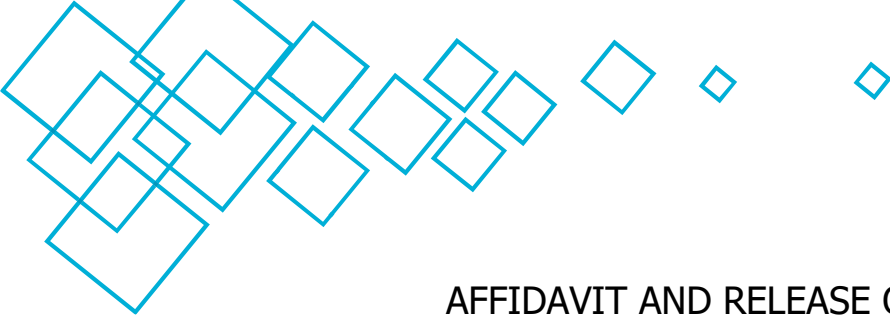
The REPORT may contain information about your character, general reputation, personal characteristics and mode of living. The REPORT may include, but is not limited to, credit reports and credit history information; criminal and other public records and history; public court records (e.g., bankruptcies, 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 1 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 \_\_\_\_\_

### **Applicant 2 (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.*

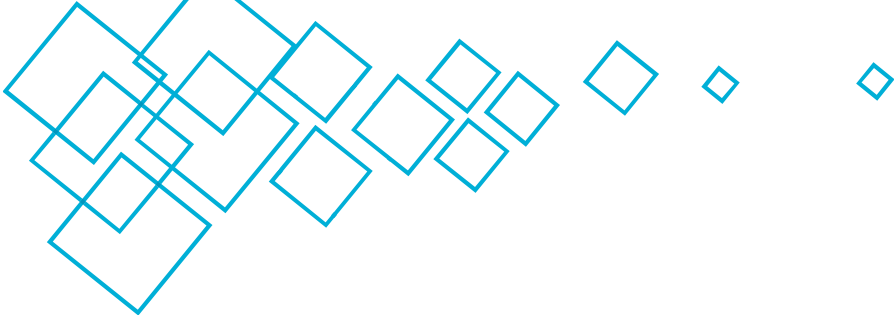
**TEAR OFF****NOTICE TO NUMBER HOLDER**

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) Signature(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 / 2022    12 / 31 / 2021    12 / 31 / 2020    /    /**

**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)	Date
▶ 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.