CITY OF LOWELL

FIRST TIME HOMEBUYER ASSISTANCE PROGRAM

The City of Lowell has a federally funded HOME program for down payment and closing cost assistance for first time homebuyers. This is a no-interest loan program. The amount of assistance received will be due upon sale, transfer or refinancing (if equity is taken).

ELIGIBILITY REQUIREMENTS

- First time homebuyers purchasing a house in Lowell
  (Veterans do not need be 1st time home buyers but cannot currently own a home)
- Income must be within established limits
- All members of the household must have a valid social security number
- Total Debt Ratio cannot be more than 41%
- Buyers need to have 1.5% of their own funds
- Buyer cannot have cash assets of more than $25,000
  (excluding retirement savings)

INCOME LIMITS

Family Size	Maximum Annual Household
1	$45,500
2	$52,000
3	$58,500
4	$65,000
5	$70,200
6	$75,400
7	$80,600
8	$85,800

AMOUNT OF ASSISTANCE

4 % of the Purchase Price up to $8,000

PROCEDURE TO APPLY

IMPORTANT: All participants must complete a Pre-Application Interview before applying for assistance. Call our office to schedule an appointment. 978-459-8490
This should be done prior to making an offer.

The Homebuyer and the Lender prepare all the necessary documents and submit them to the Merrimack Valley Housing Partnership (MVHP). After reviewing the applications for eligibility and completeness, the MVHP prepares three legal documents and submits the package to Lowell's Department of Planning & Development (DPD). The city requires three weeks to review and approve a complete application.

Lenders should send complete packages to the MVHP.

By UPS, FedEx, DHL, etc.	By Regular Mail
MVHP	MVHP
10 Kirk Street	P.O. Box 1042
Lowell, MA 01852	Lowell, MA 01853

REQUIRED DOCUMENTS – SUBMIT COPIES OF YOUR DOCUMENTATION
DO NOT FAX or E-mail or send PDF files- we will not accept them.

The buyer

1. City of Lowell First Time Homebuyer Application - available at M.V.H.P **(Original)**
2. *Project Genesis* training certificate or equivalent
3. ***Signed copies*** of federal tax returns for the past 3 years. To request your tax summary sheet or letter of non-filing for the past 3 years call the IRS at 1-800-829-1040
4. Five consecutive, recent pay stubs. Self employed; provide a Year-to-Date Profit & Loss Statement from an accountant. **Income for all family members must be counted and verified. Child Support Customer Service Bureau 1-800-332-2733.**
5. Affidavit of No Income (if needed) - **(Original)**
6. Notice to Seller - **(Original)**
7. Home Inspection Report – **(Copy)**
8. W-9 Form - **(Original)**
9. Appendix C- **(Original)**
10. Listing Sheet (from Realtor) and **your** Realtors *and* Lenders name, phone, & fax number
11. Purchase and Sale Agreement - Signed
12. Property Transfer Notification Certification – from your realtor
13. Affidavit of Liquid Asset Certification **(Original)**

The lender

1. Bank V.O.E
2. Property Appraisal – with copy of **current deed** and **flood certification**
   Please Note: If property is in a flood plain, flood insurance is required.
3. Bank Credit Report
4. Underwriter's Worksheet, or Form 1008, or Macaw Sheet, or Transmittal Summary
5. Mortgage Application
6. Mortgage Commitment Letter
7. Good Faith Estimate
8. Name, Address, Phone # and Fax of Attorney and Closing Date

HOME INSPECTIONS

Applications will not be accepted if there are MAJOR MECHANICAL PROBLEMS in a house unless the SELLER PLANS TO RECTIFY THEM prior to closing.

The Merrimack Valley Housing Partnership
Tel: (978) 459-8490 Fax: (978) 459-0194

www.mvhp.org

EQUAL HOUSING OPPORTUNITY

June 2011

MERRIMACK
VALLEY
HOUSING
PARTNERSHIP

FIRST TIME HOMEBUYER APPLICATION

SECTION I. GENERAL APPLICANT INFORMATION

Borrower's Name: ______________________________ S.S. # ______________________________

Co-borrower's Name: ___________________________ S.S. # ______________________________

Current Address: ____

City: ____________________________ State: __________ Zip Code: ________________

Home/Cell # ( ) ________________________ Work # ( ) _________________________

Email: ______________________________________

SECTION II. HOUSEHOLD DATA

Type of Household (check one)

______ Single/Non Elderly ______ Related /Single Parent ______ Other (specify)

______ Elderly ______ Related/Two Parent __________________

Are you Hispanic? _____Yes _____No **Are you a Veteran?** _____Yes _____No

Race of Head of Household

_____ White ______ American Indian/Alaskan Native & White

_____ Black or African American ______ Asian & White

_____ Asian ______ Black or African American & White

_____ American Indian/Alaskan Native ______ American Indian/Alaskan Native & Black/African American

_____ Native Hawaiian/Other Pacific Islander ______ Other Multi Racial

Size of Household (List persons living in the household *besides the borrowers*)

Name	Age/Sex	Relation to Borrower

Have you ever owned real estate (house, condominium, or mobile home)?

______ No ______ Yes - Date Sold: ________________________

Are your assets over $5,000.00? ______ No ______ Yes

SECTION III. INCOME INFORMATION

Names of wage earners and their income: employer income, social security, transitional assistance, child support, alimony, pensions, in the household from persons 18 years old or older except all full-time students.
Child Support: provide a letter from D.O.R. – Customer Service Bureau 1-800-332-2733.

Name	Employer or Source	Years of Employment	Annual Salary

Total Household Gross Annual Income Received from all Sources: $ __________________

SECTION IV. INFORMATION ABOUT PROPERTY TO BE PURCHASED

Property Address: ____

Number of Units: ____________________ Number of bedrooms per unit: _______________

Were any major mechanical deficiencies identified by Home Inspector?
If yes, note that these conditions must be corrected prior to closing. ___ Yes ___ No

Confirmation of Receipt of Lead Pamphlet

I have received a copy of the pamphlet, *Protect Your Family from Lead in Your Home*, informing me of the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling unit.

____ Yes ____ No

Purchase price of the property $__________________

Down payment needed for closing $__________________

Amount of funds available for deposit and down payment $__________________

Exact source of down payment ____

Anticipated closing date ________/______/________ (must be approved by the DPD)
(mm / dd / yy)

To the best of my/our knowledge, the information supplied for the completion of this form is true and accurate. False statements made knowingly and willfully may subject the signer(s) to penalties under Section 1001 and 1010 of Title 18 of the United States Code.

____
Borrower Date

____
Co-borrower Date

Merrimack Valley Housing Partnership
P.O. Box 1042, Lowell, MA 01853
Tel: 978-459-8490 Fax: 978-459-0194 www.mvhp.org

Office of the City Manager

DEPARTMENT OF PLANNING AND DEVELOPMENT

First Time Home Buyer Request Sheet

Name of Applicant: ____

Property Address: ____

The **lender and buyer/s** must submit readable documents as listed below to the **Merrimack Valley Housing Partnership** (MVHP). All documents are required in order to process the application in a timely manner. **City needs three weeks before closing.**

*********FAXED, E-MAILED OR PDF FILES ARE NOT ACCEPTED. ********

The buyer

1. City of Lowell First Time Homebuyer Application - available at M.V.H.P **(Original)**
2. *Project Genesis* training certificate or equivalent
3. ***Signed copies*** of federal tax returns for the past 3 years. To request your tax summary sheet or letter of non-filing for the past 3 years call the IRS at 1-800-829-1040
4. Five consecutive, recent pay stubs. Self employed; provide a Year-to-Date Profit & Loss Statement from an accountant. **Income for all family members must be counted and verified. Child Support Customer Service Bureau 1-800-332-2733.**
5. Affidavit of No Income (if needed) - **(Original)**
6. Notice to Seller - **(Original)**
7. Home Inspection Report – **(Copy)**
8. W-9 Form - **(Original)**
9. Appendix C- **(Original)**
10. Listing Sheet (from Realtor) and **your** Realtors *and* Lenders name, phone, & fax number
11. Purchase and Sale Agreement - Signed
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The lender

1. Bank V.O.E
2. Property Appraisal – with copy of **current deed** and **flood certification**
   Please Note: If property is in a flood plain, flood insurance is required.
3. Bank Credit Report
4. Underwriter's Worksheet, or Form 1008, or Macaw Sheet, or Transmittal Summary
5. Mortgage Application
6. Mortgage Commitment Letter
7. Good Faith Estimate
8. Name, Address, Phone # and Fax of Attorney and Closing Date

City of Lowell

AFFIDAVIT OF NO INCOME

(To be completed by adult household members, if applicable)

Name: ____

I hereby certify that I do not receive income from any of the following sources.

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

I do not anticipate receiving any income prior to purchasing a property.

Under penalty of perjury, I certify that the information presented in this affidavit is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes an act of fraud.

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

Signature of Applicant	Printed Name of Applicant	Date
Notary Public Signature	Commission Expires	Date

City Of Lowell

NOTICE TO THE SELLER (s)

Uniform Relocation Assistance (URA) and Real Property Acquisition Policies
Act of 1970

Please be advised that the buyer(s) of your property has / have applied for down payment assistance funds through the City of Lowell's Home Program. In order to ensure the fair treatment of tenants the buyer and seller must agree to accommodate the needs of renters.

Please indicate which of the following situations is true:

______ The property will be occupied or owned by the seller at the time of the closing and become vacant or available immediately after the closing.

______ The tenant is purchasing the property.

______ The property is vacant. (No involuntary displacement of tenants as a direct result of the acquisition is allowed without compensation to the tenant.)

______ You are selling your home on your free will.

______________________________ ______________
Seller Date

______________________________ ______________
Seller Date

☐ **Please sign and return this form with the original signatures as soon as possible.**

No copies, please return original document.

EMPLOYMENT VERIFICATION

TO: ______________________________ Date: ______________

____

____

____

RE: ______________________________ ______________________________

Applicant Social Security Number

I hereby authorize release of my employment information.

______________________________ ______________________________

Signature of Applicant Date

The individual named directly above is an applicant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

____

Merrimack Valley Housing Partnership

Return Form To:

Merrimack Valley Housing Partnership
P.O. Box 1042
Lowell, MA 01853
(978) 459-8490

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: ______________________ Job Title: ______________________

Presently Employed: Yes_____ Date First Employed: _________ No_____ Last Day of Employment:______________

Current Wages/Salary: $ ____________ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other

Average # of regular hours per week: __________ Year-to-date earnings: $ ____________through____/____/____

Overtime Rate: $______________ per hour Average # of overtime hours per week: __________

Shift Differential Rate: $______________ per hour Average # of shift differential hours per week: __________

Commissions, bonuses, tips, other: $_________(circle one) hourly weekly bi-weekly semi-monthly monthly yearly other

List any anticipated change in the employee's rate of pay within the next 12 months: ____________ Effective date: _______

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): ______________________

Additional remarks: ____

______________________ ______________________ ______________________

Employer's Signature Employer's Printed Name Date

____

Company Name and Address

______________________ ______________________ ______________________

Phone # Fax # E-mail

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter withing its jurisdiction.

Form **W-9**
(Rev. September 2007)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name, if different from above
Care of DPD / Housing Rehab

Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership
☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ....
☐ Other (see instructions) ▶

☐ Exempt payee

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

or

Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person ▶ Date ▶

General Instructions

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

City of Lowell

AFFIDAVIT OF LIQUID ASSET CERTIFICATION

(To be completed by adult household members, if applicable)

Name: ____

I hereby certify that the combined totals of my/our available liquid assets do not exceed $25,000. The definition of liquid assets not counting retirement money is typified by monetary holdings in bank accounts (Savings and checking), and certificates of deposit (CD's).

Under penalty of perjury, I certify that the information presented in this affidavit is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes an act of fraud.

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

______________________	______________________	__________
Signature of Borrower	Printed Name of Applicant	Date
______________________	______________________	__________
Signature of Co-Borrower	Printed Name of Applicant	Date
______________________	______________________	__________
Notary Public Signature	Commission Expires	Date

APPENDIX C
(Updated 12/01/11)

SELF-DECLARATION OF INCOME REPORT / FY2011-12

Federal regulations require we obtain this information to document assistance is being provided to low and moderate-income households. The Participant/Guardian should complete this form indicating all persons residing within their household, regardless of whether or not they are related. The Grantee should retain this form for monthly reporting requirements as well as for on-site monitoring visits.

INFORMATION PROVIDED ON THIS FORM IS KEPT CONFIDENTIAL AND IS NOT SHARED WITH ANY OTHER AGENCIES

PLEASE NOTE: ALL FOUR SECTIONS OF THIS FORM MUST BE COMPLETED TO RECEIVE REIMBURSEMSENT

PARTICIPANT INFORMATION

1. **PARTICIPANT STATUS:** ☐ FAMILY ☐ INDIVIDUAL

Participant Name: ______________________________

Address: ______________________ City, State, Zip Code: ______________________

2. **ETHNICITY** *(please select only one):*

☐ Hispanic or Latino ☐ Not Hispanic or Latino

3. **RACE** *(please select only one):*

☐ White
☐ Black/African American
☐ Asian
☐ American Indian/Alaska Native
☐ Native Hawaiian/Other Pacific Islander
☐ American Indian/Alaskan Native ***and*** White
☐ Asian ***and*** White
☐ Black/African American ***and*** White
☐ American Indian/Alaskan Native ***and*** Black/African American
☐ Other Multi-Racial: ______________________

4. **HOUSEHOLD INFORMATION**

1) Circle the number of family and non-family members living in your household below.

2) Circle the corresponding income level. (FY2011-12 Median Family Income) - Updated 12/01/11

Household Size		#1 (0% - 30%)	#2 (31% - 50%)	#3 (51% - 80%)	#4 (81% and above)
1		$0-$19,500	$19,501-$32,550	$32,551-$45,500	$45,501+
2		$0-$22,300	$22,301-$37,200	$37,201-$52,000	$52,001+
3		$0-$25,100	$25,101-$41,850	$41,851-$58,500	$58,501+
4		$0-$27,850	$27,851-$46,450	$46,451-$65,000	$65,001+
5		$0-$30,100	$30,101-$50,200	$50,201-$70,200	$70,201+
6		$0-$32,350	$32,351-$53,900	$53,901-$75,400	$75,401+
7		$0-$34,550	$34,551-$57,600	$57,601-$80,600	$80,601+
8		$0-$36,800	$36,801-$61,350	$61,351-$85,800	$85,801+

I certify the above information is true and correct to the best of my knowledge.

Participant/Guardian: ______________________ **Date:** ______________

(Original signature is required)

Need Tax Return Information or Transcripts?

Two Easy Methods

1

Telephone - Call 1-800-829-1040

Choose the option for

"Your Personal Account Information"

Follow the directions in the recording. You may speak with an IRS representative at this telephone number if you need help.

2

Mail — Complete Form 4506

(Request for Copy or Transcript of Tax Form), sign and mail it to the address in the form's instructions Call **1-800-TAX-FORM (800-829-3676)** to order Form 4506 by mail, or use a FAX machine's handset to dial IRS TaxFax at **1-703-368-9694** and have it faxed. Form 4506 is also on the IRS web site at **www.irs.gov.**

[If you need an exact photocopy of a previously filed and processed return, or actual copies of Form W-2, complete Form 4506 (Request for Copy or Transcript of Tax Form.) There is a $23.00 fee for copies of your previously filed tax forms and all attachments (including Form(s) W-2) for each tax period requested. (Effective 01/01/2004, the fee is $39.00.) Allow 60 calendar days from the date IRS receives your request for delivery.]

Transcipts are mailed to your home address, free of charge.
Allow two weeks for delivery.

IRS

Department of the Treasury
Internal Revenue Service

www.irs.gov

Publication 4201 (6-2003)
Catalog Number 36943W

If you need the information sooner than two weeks, you can request a transcript by visiting an IRS Taxpayer Assistance Center (with proper ID). You must present documentation showing why you cannot wait 10 days. Examples of documented proof include an appointment letter from a governmental agency, financial institution or university with a very short deadline, proof of an Immigration and Naturalization Service appointment within two weeks of your request, or an airline ticket showing a departure from the United States within two weeks.

Form **4506-T**

(Rev. January 2008)

Department of the Treasury
Internal Revenue Service

Request for Transcript of Tax Return

▶ **Do not sign this form unless all applicable lines have been completed. Read the instructions on page 2.**

▶ **Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.**

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 also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use **Form 4506,** Request for Copy of Tax Return. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	**1b First social security number on tax return or employer identification number (see instructions)**
2a If a joint return, enter spouse's name shown on tax return	**2b Second social security number if joint tax return**

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code

4 Previous address shown on the last return filed if different from line 3

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. The IRS has no control over what the third party does with the tax information.

Caution: ***DO NOT SIGN*** *this form if a third party requires you to complete Form 4506-T, and lines 6 and 9 are blank.*

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. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . ☐

b **Account Transcript,** which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days . ☐

c **Record of Account,** which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days . . . . ☐

7 **Verification of Nonfiling,** which is proof from the IRS that you **did not** file a return for the year. 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 2006, filed in 2007, will not be available from the IRS until 2008. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days . . . . ☐

Caution: *If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.*

9 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

___/___/______   ___/___/______   ___/___/______   ___/___/______

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer.

Telephone 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

General Instructions

Purpose of form. Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

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

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

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

Note. *You can also call 1-800-829-1040 to request a transcript or get more information.*

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

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York, Vermont	RAIVS Team Stop 679 Andover, MA 05501 978-247-9255
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 770-455-2335
Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa, Kansas, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888 559-456-5876
Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia	RAIVS Team Stop 6705-B41 Kansas City, MO 64999 816-292-6102

Chart for all other transcripts

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

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

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

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 60 days of the date signed by the taxpayer or it will be rejected.

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

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

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

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

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

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. Sections 6103 and 6109 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, and the District of Columbia 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 the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 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.