



Thank you for your interest in the Housing Emergency Loan Program (HELP).

We are pleased to enclose the application packet for you and to help you with any questions you may have regarding the process and the eligibility requirements. Qualifying for the program is based on quantitative factors and program guidelines. Your eligibility is not affected by domestic, health or employment status, credit ratings, and similar personal circumstances.

In this application packet you will find:

- ***Checklist for applicants:*** There are components to the application process and a variety of documentation that is required. This checklist is designed to help you keep track of your documentation and application materials.
- ***Application form:*** Please complete fully and legibly, sign and date. All persons named on the property deed must agree to the loan terms by signing the Borrower's Acceptance form on the last page (even if they don't live in the property, they will also have to sign the loan documents and contracts).
- ***IRS Form 4506T:*** This form is used to obtain the required Tax Transcripts for the two most recent tax years. Please complete, sign and submit the form directly to the IRS or call 800-908-9946 to request your transcripts over the phone. The IRS will send the transcripts directly to you and you will then need to forward a copy to HECH. Typically, it takes up to 2 weeks for them to arrive. **For this reason, it is important that you make this your first step.**

Applications are qualified on a first-come first-served basis. All of your application information will remain confidential.

Please do not hesitate to call Martha at 508-432-0015 x 102 if you have any questions about the program.

Mail Completed Applications to:

Harwich Ecumenical Council for Housing (HECH), PO Box 638, W. Harwich, MA 02671

or drop off completed applications at:

120 Route 28, West Harwich, MA 02671



Housing Emergency Loan Program Application Checklist

Thank you for requesting an application for the Housing Emergency Loan Program, a collaborative program of the Harwich Ecumenical Council for the Homeless, Inc. (HECH) and the Town of Orleans. Your application will be handled with confidentiality. Please read carefully to make sure that you submit a complete application with all the required attachments. **Please read and understand the HECH Housing Emergency Loan Program (HELP) Guidelines prior to completing the application.**

Application Documents

- Housing Emergency Loan Program Application
- Applicant/Co-Applicant Release Form
- Principal Borrower & Co-Borrower(s) Acceptance of the HELP Terms
- Grievance Policy & Procedure

Property Documents

- **Tax Transcripts:** If you haven't already, please complete, sign and mail (or faxed) the **IRS Form 4506-T: Request for Transcript of Tax Return** for the two most recent tax years directly to the IRS. Please note that your transcripts will be sent directly to HECH, a process which takes up to two weeks. Your application is not complete without these documents so it is highly recommended that you complete this step immediately.
- **Property Deed:** photocopy of certified deed from the Barnstable Registry of Deeds. *If you don't have one, you can order as follows: send \$2.50 together with the book and page reference or document number reference of the Deed you are looking for to Barnstable Registry of Deeds, P.O. Box 368, Barnstable MA 02630. If you do not know the Title reference please list the owners name, street address and town where the property is located. Do not forget to note your return address on your request. All requests for copies or must be prepaid [taken from the Registry website].*
- **Property insurance:** copy of an account history or payment statement showing that your Homeowners Policy is paid to date. (Note: We do not need the policy itself, just a copy of the paid statement).
- **Property taxes:** copy of stamped receipt or official Town statement showing \$0 balance to date.
- **Mortgage and Home Equity docs:** please provide a photocopy of the top (first) page of the document that was provided at the loan closing and the most recent loan statement for each (if applicable).

Income verification Documents (as applicable)

- **Salaried Applicants:** Pay stubs covering the past 8 consecutive weeks or employer's letter verifying employment and gross salary and information about any changes that you expect in your pay or the number of hours you expect to work over the next 12 months.
- **Self-employed Applicants:**
 - Copies of complete IRS Tax Returns for the two most recent years, including all Schedules.
 - Copy of Year to Date Profit & Loss Statement (please initial)
- **Unemployment benefits** (include a copy of the benefits letter)
- **Social Security and/or SSDI:** Most current letter(s) stating current benefits.
- **Rental income from home or other property**
 - Copies of complete IRS Tax Returns for the two most recent tax years
 - You will also need to complete a rental income worksheet. This will be provided to you.
- **Alimony** (Include court decree)
- **Child support** (Include court decree)
- **Foster care**
- **Veterans benefits** (include a copy of the benefits letter)
- **Workers Comp** (include copy of compensation notification)
- **Financial statements:** please attach copies of any (legible and identifiable) for past two consecutive months or one (1) quarter: Checking, savings, investment, retirement accounts. ***Please note that print outs of your check register are not acceptable. A full statement for two months or one quarter is required.***
 - **Checking Accounts**
 - **Savings Accounts**
 - **CD Accounts**
 - **Investment income** (dividends/interest)
 - **Retirement income** (IRA, 401K)
 - **Pension/Annuity** (two months' statements)
- **No income declaration:** ☐ :***Check if you require a no income declaration form***
- **Other Income** (please explain): _____



Housing Emergency Loan Program Application

Office use only: Date Application was received: _____ Received by: _____



Applicants are selected without regard to race, color, creed, religion, national or ethnic origin, citizenship, ancestry, class, sex, sexual orientation, familial status, disability, military/veteran status, source of income, age or other basis prohibited by local, state or federal law in any aspect of applicant selection or matters related to applicant qualification.

Date: _____ How did you hear about the program? _____

Property Information:

Street Address, Town, Zip Code _____

Assessors Map # _____ Lot # _____

Year Built _____ # of Bedrooms _____ Assessed Value _____

What are your housing rehab needs?

Applicant/Co-applicant Information:

This application is to be filled out jointly by ALL Adult Members of Household, 18 years old and over. If there are more than two adult members of household who are not full-time students, please request an additional application.

| | Applicant #1 | Applicant #2 |
|--------------------------------------|--------------|--------------|
| Name | | |
| Home phone | | |
| Mobile phone | | |
| Email address | | |
| Primary contact and preferred method | | |
| Other names you have used | | |

| | | |
|-----------------------------------|--|--|
| SS# | | |
| Date of birth | | |
| Current address | | |
| Mailing address if different | | |
| Length of time at present address | | |

How many people in your household (include everybody; all adults, all children)? _____

List all other people who currently live with you or who are expected to live with you:

| Name | Social Security # | Age | Relationship to Head of Household | Date of Birth |
|------|-------------------|-----|-----------------------------------|---------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Employment and/or Self Employment Income: List all household members over 18 who are employed. Include all employers for the next 12 months. For Gross Annual Income please write the anticipated gross income for the NEXT 12 months. For self-employed applicants- please put net-income in the gross annual income column (please include a current business income/ expense report).

| Household Member Earning Income | Employer/Contact And/or Self Employed Business Name | Employer Address & Phone And/or Self Employed Business Address & Phone Number | Gross Annual Income and/or Annual Net Income from Self Employment |
|---------------------------------|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL EMPLOYMENT INCOME | | | |

Attention! Additional Documentation required: Your application must include the following additional documentation:

- Tax Transcripts for the most recent two tax years sent directly from IRS (see attached form)
- Copies of pay stubs for a minimum of eight consecutive weeks OR
- Signed and dated employer verification letter stating the amount of gross wages earned during a minimum of eight week preceding date of application with information regarding any changes expected in pay over the next 12 months.
- If you are self-employed, FULL copies of your two most recent tax returns including all schedules.

Additional Income: List all other sources of recurrent income, such as Social Security, SSI, pensions, annuities, military pay, disability, public assistance, TANF, regular monetary contributions from outside sources, unemployment benefits, grants/scholarships, additional financial assistance in excess of tuition, workers compensation, rental income, etc. For periodic payments (like Social Security) please include the amount received per week or per month (ex: \$100/month) in the space provided under "Source / type of Income". Then provide under "Gross Annual Income" provide the annual amount (ex: \$1200). For unemployment, indicate the amount you anticipate receiving and for how long. See example below:

| Household Member Who Receives Income | Source/Type of Income | Address of Source | Gross Annual Income |
|--------------------------------------|--|------------------------------|---------------------|
| Ex: Jane Smith | SS Income, \$1,000 per month for 12 months | 123 Main Street, Anytown, MA | \$12,000.00 |
| Ex: John Smith | Unemployment, \$600 per week for 16 weeks | 123 Main Street, Anytown, MA | \$ 9,000.00 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL ADDITIONAL INCOME | | | |

Attention! Additional Documentation required: For every source of income state above, you are required to submit verification documentation with your application. For example, statements and documents that indicate the payment amounts from all other sources of income of all members listed on the application, Social Security benefits, all types of pensions, employment, unemployment Compensation, Workman's Compensation, alimony, disability or death benefits and any other form of income – on organization letterhead

Alimony & Child Support

| | |
|--|--------------------|
| Are you legally entitled to receive alimony? If yes, list the amount you are entitled to receive: \$ _____ | Yes _____ No _____ |
| Do you receive alimony? If yes, list the amount you receive: \$ _____ | Yes _____ No _____ |
| Are you legally entitled to receive child support? If yes, list the amount you are entitled to receive: \$ _____ | Yes _____ No _____ |
| Do you receive child support? If yes, list the amount you receive: \$ _____ | Yes _____ No _____ |
| TOTAL ALIMONY and CHILD SUPPORT you are entitled to receive(annually) | \$ _____ |

Attention! Additional Documentation required: Please include copies of current court order indicating alimony and child care support requirements. This should include amount and frequency of payments. If current court order is not available, a copy of checks or direct deposit slips for the previous 8 weeks is acceptable.

Assets Section

INSTRUCTIONS FOR COMPLETEING THE FOLLOWING ASSEST TABLE:

- “Annual Income from assets” refers to any amount that you receive from any asset including amounts that you may be drawing down from a retirement account or 401K.
- Total the value of all assets and enter into “total value of all assets” for all household members

Assets for all household members 18 years and older:

| Type | Account No. | Bank name | Cash Value | Annual Income from Assets |
|--|-------------|-----------|------------|---------------------------|
| Cash held in savings and checking accounts, safe deposit boxes, homes, etc. | | | | |
| | | | | |
| | | | | |
| Revocable Trusts | | | | |
| Equity in rental properties or other capital investments | | | | |
| Stocks, bonds, treasury bills, certificates of deposit, mutual funds and money market accounts | | | | |
| Retirement and Pension Funds | | | | |
| Cash value of life insurance policies available to the applicant before death | | | | |
| Personal Property held as an investment | | | | |
| A mortgage or deed of trust held by the applicant | | | | |
| TOTAL VALUE OF ALL ASSETS | | | | |

****Please note - if total non-qualified liquid assets are more than \$100,000 you do not qualify for this program***

Attention! Additional Documentation required: You are required to attach proof of all assets including but not limited to copies of bank statements for any checking, savings, IRA's, stocks, bonds and all other assets. These must be on the organization's letterhead and all statements must reflect current balances.

Total income from all household applicants: Please fill in total for each box from the worksheet above. Include all household income. Please be sure ALL household income from all sources including income from assets is entered into this table.

| | Applicant #1 | Applicant #2 | Combined Gross Annual Income |
|------------------------------------|--------------|--------------|------------------------------|
| Total employment income | | | |
| Total additional income | | | |
| Total alimony/child support income | | | |

| | | | |
|--------------------------|--|--|--|
| Total other income | | | |
| Total income from assets | | | |
| Total Income | | | |

Liabilities Information: List any outstanding obligation (debt) including auto loans, credit cards, charge accounts, credit union loans, real estate loans, and all other loans. Also list any alimony, child care support or child day care payments:

| Type | Creditor's Name | Monthly Payment | Unpaid Balance | Due Date |
|--------------------------|-----------------|-----------------|----------------|----------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Monthly Alimony | | | | |
| Monthly Child Support | | | | |
| Monthly Child Day Care | | | | |
| Total Obligations | | | | |

Other debt information: If you answer yes to any of the questions below, please provide an explanation on an attached sheet.

1. Are you a party in a law suit? Yes ____ No ____
2. In the past 7 years, have you declared bankruptcy? Yes ____ No ____
3. Do you have any outstanding judgments? Yes ____ No ____ Amount \$ _____

Monthly Housing Expenses

| Expenses | Monthly Amount |
|---|----------------|
| First Mortgage <i>Balloon Payment Amount (if any) _____ Due Date _____</i> <i>Is this a Reverse Mortgage? _____</i> | |
| Equity Line or other Mortgage | |
| Hazard and Flood Insurance <i>Included in mortgage payment? Yes ____ No ____</i> | |
| Real Estate Taxes | |

| | |
|--|--|
| Included in mortgage payment? Yes ____ No ____ | |
| Back Taxes Due | |
| Average Monthly Electric Bill | |
| Average Monthly Gas Bill | |
| Average Monthly Oil Bill | |
| Quarterly Septic Bill: _____ divided by 3 = | |
| Quarterly Water Bill: _____ divided by 3 = | |

Additional Property Information:

| | |
|--|------------------|
| Name & Address of Insurance Agent: | |
| Is your property in a flood zone? | Yes ____ No ____ |
| Is your property listed as a Historical Property? | Yes ____ No ____ |
| Is your property legally zoned for its intended use? | Yes ____ No ____ |
| Do you need any energy upgrades/weatherization? | Yes ____ No ____ |
| Is your home connected to the town's water system? | Yes ____ No ____ |
| Is your home connected to the town's sewer system? | Yes ____ No ____ |
| Is your property located in a Wetlands Conservation Area? | Yes ____ No ____ |
| To your knowledge, is there any lead based paint in your home? | Yes ____ No ____ |
| Has your property been cited for code violations within the last 12 months? | Yes ____ No ____ |
| Has your insurance company asked you to make property improvements? If yes, please include their letter. | Yes ____ No ____ |

Potential Conflict of Interest Information:

| | |
|---|------------------|
| Do you work for the Town of Orleans or are you an immediate family member (spouse, parent, child, brother or sister) of a Town of Orleans employee or locally appointed official? | Yes ____ No ____ |
| Do you work for HECH or are you an immediate family member (spouse, parent, child, brother or sister) of an employee at HECH? | Yes ____ No ____ |
| Do you work as a consultant or agent to the Town of Orleans? | Yes ____ No ____ |
| Do you work for another agency that administers Town of Orleans funding for the community? | Yes ____ No ____ |
| If you answered yes to any of the questions above, please explain: _____ _____ _____ | |

TO BE SIGNED BY ALL HOUSEHOLD MEMBERS OVER 18 YEARS OLD

I understand that a false statement or misrepresentation may result in the withdrawal of my application for the Housing Emergency Loan Program. I certify that the information I have given in this application is true, complete and correct.

Signed under the pains and penalties of perjury,

Applicant’s Signature _____
Date

Co-Applicant’s Signature _____
Date

Co-Applicant’s Signature _____
Date

Applicant Release Form

In consideration for applying for this Housing Emergency Loan, I, Applicant, do represent all information in this application to be true and accurate and that Harwich Ecumenical Council for the Homeless, Inc. (HECH) may rely on this information when investigating and accepting this application. Applicant hereby authorizes HECH to make independent investigations to determine my credit and financial standing. Applicant authorizes any person, or credit-checking agency having any information on him/her to release any and all such information to HECH or their agents or credit checking agencies. Applicant hereby releases, remises and forever discharges, from any action whatsoever, in law and equity, the HECH, or agents, and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold them harmless from any suit or reprisal whatsoever. I understand that the credit report will be done thru the facilities of CoreLogic Credco LLC, 10277 Scripps Ranch Boulevard, San Diego, CA 92131, (1-800-523-0233).

Applicant Name (Print) _____

Applicant
Signature _____ Date _____

Social Security# _____ Date of Birth _____

Other Name(s) you have used _____

Co-Applicant Release Form

In consideration for applying for this Housing Emergency Loan, I, Applicant, do represent all information in this application to be true and accurate and that Harwich Ecumenical Council for the Homeless (HECH) may rely on this information when investigating and accepting this application. Applicant hereby authorizes HECH to make independent investigations to determine my credit and financial standing. Applicant authorizes any person, or credit-checking agency having any information on him/her to release any and all such information to HECH or their agents or credit checking agencies. Applicant hereby releases, remises and forever discharges, from any action whatsoever, in law and equity, the HECH, or agents, and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold them harmless from any suit or reprisal whatsoever. I understand that the credit report will be done thru the facilities of CoreLogic Credco LLC, 10277 Scripps Ranch Boulevard, San Diego, CA 92131, (1-800-523-0233).

Co-Applicant Name (Print) _____

Co-Applicant
Signature _____ Date _____

Social Security# _____ Date of Birth _____

Other Name(s) you have used _____

Principal Borrower & Co-Borrower(s) Acceptance of the Housing Emergency Loan Program Terms

Please initial all acknowledgements listed below:

- I/We the applicant(s) understand that the information provided on this application will be used by HECH/TOWN OF ORLEANS to determine eligibility for a Housing Emergency Loan.
- I/We understand that the loan funds are limited and will be distributed to those projects that reflect the grant guidelines and goals.
- I/We understand that additional information including but not limited to verification of income, employment, tax statements and credit information are required by Federal and State regulations, and I/we will provide such information as required.
- I/We understand that if the property is transferred (whether by gift, law, sale or any other type of transfer), or if I/we fail to abide by the Program Agreements, the full amount of the loan will become due and payable immediately. *Property that is transferred to or inherited by a direct heir is not subject to this clause, as long as heir is income eligible and will use the property as a principal residence.*
- I/We understand that income documentation for all household members over the age of 18 and supporting owner-occupier documentation must accompany a completed application signed and dated by me/us. As indicated in the Program Guidelines and the Checklist, this includes but is not limited to:
 - Pay stubs for past 8-week period (or DUA stubs).
 - Copy of insurer's payment statement showing homeowners insurance policy paid current.
 - Copy of current certified property Deed.
 - IRS Return Transcripts for the two most recent tax years (you submit the enclosed 4506T form directly to IRS, and the IRS mails them to HECH directly).
 - Proof of property taxes paid to most current date due.
 - Copy of the top page(s) of all existing mortgage or home equity loan/line document(s).
 - Statements for the two most recent months or the most recent quarterly period for any/all checking, savings, investment, retirement/pension accounts that you and your adult household members hold.
- I/We certify that all of the information given for the purpose of obtaining assistance under the HECH/TOWN OF ORLEANS Housing Emergency Loan Program is true to the best of my/our knowledge.

The signature of *all persons named on the property deed, whether residents or non-residents of the property*, are required on this form and all subsequent legal documents.

Principal Borrower

Date

Co-Borrower (if applicable)

Date

Grievance Policy & Procedure

- The HECH Program staff will be responsible for handling any initial grievance with a goal of resolving any issues.
- The Town of Orleans will be responsible for overseeing the investigation of any grievance or serious complaint lodged against the grant employees or programs, or not resolved at the program level.
- Grievances should be submitted to the Executive Director of HECH in writing. Individuals interested in filing a grievance may contact the Executive Director for assistance in doing so.
- The Executive Director has ten (10) business days to investigate the grievance and respond in writing to the party filing the grievance. The Executive Director will gather all facts and information to the best of his or her ability. Persons named in the grievance shall be interviewed. The Town of Orleans Community Preservation Program Representative will be notified of any grievance.
- The Executive Director will initiate a file that includes the original grievance, a report of findings, and a copy of the Executive Director's determination and notification. The outcome of the grievance will also be documented.
- If the person or group filing the grievance does not agree with the outcome, an appeal may be filed. The Town Administrator will conduct his/her own investigation and report their findings to the filer of the grievance within ten (10) business days.
- If the person or group filing the grievance does not agree with the outcome, an appeal may be filed. The Board of Selectmen will conduct their own investigation and report their findings to the filer of the grievance within ten (10) business days. The findings of the Board of Selectmen are final.
- Assistance is provided, if necessary, to facilitate any individual in participating in this grievance process.

I have read and understand the grievance policy and procedure.

Principal Borrower

Date

Co-Borrower (if applicable)

Date

Voluntary Information Requested

The information regarding race, natural origin, sex designation, marital status, disability status and veteran status on this application is requested in order to assure the Federal Government, acting through the Department of Housing and Urban Development, that Federal Laws prohibiting discrimination against program or tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age and disability are complied with. While you are not required to furnish this information, you are encouraged to do so..

Please provide this information for each member of your household.

| | | |
|--|----------------------|--------------------------|
| Ethnic Category: | Hispanic ____ | Non-Hispanic ____ |
| Race: White ____ Black/African American ____ Asian ____ Asian and White ____ | | |
| American Indian/Alaskan Native ____ Native Hawaiian/Other Pacific Islander ____ | | |
| American Indian/Alaskan Native and White ____ Black/African American and White ____ | | |
| American Indian/Native Alaskan and Black/African American ____ Other (Multi-Racial) ____ | | |
| Sex: | Male ____ | Female ____ |
| Check if applicable: U.S. Veteran ____ Female Head of Household ____ | | |
| Elderly (over 60) ____ Disabled ____ | | |

| | | |
|--|----------------------|--------------------------|
| Ethnic Category: | Hispanic ____ | Non-Hispanic ____ |
| Race: White ____ Black/African American ____ Asian ____ Asian and White ____ | | |
| American Indian/Alaskan Native ____ Native Hawaiian/Other Pacific Islander ____ | | |
| American Indian/Alaskan Native and White ____ Black/African American and White ____ | | |
| American Indian/Native Alaskan and Black/African American ____ Other (Multi-Racial) ____ | | |
| Sex: | Male ____ | Female ____ |
| Check if applicable: U.S. Veteran ____ Female Head of Household ____ | | |
| Elderly (over 60) ____ Disabled ____ | | |

Request for Transcript of Tax Return

- Do not sign this form unless all applicable lines have been completed.
► Request may be rejected if the form is incomplete or illegible.
► For more information about Form 4506-T, visit www.irs.gov/form4506t.

OMB No. 1545-1872

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use Form 4506, Request for Copy of Tax Return. There is a fee to get a copy of your return.

| | |
|---|---|
| 1a Name shown on tax return. If a joint return, enter the name shown first. | 1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions) |
| 2a If a joint return, enter spouse's name shown on tax return. | 2b Second social security number or individual taxpayer identification number if joint tax return |
| 3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions) | |
| 4 Previous address shown on the last return filed if different from line 3 (see instructions) | |
| 5 Customer file number (if applicable) (see instructions) | |

Note: Effective July 2019, the IRS will mail tax transcript requests only to your address of record. See **What's New** under **Future Developments** on Page 2 for additional information.

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. ► 1040

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 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days ☐

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

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

| | | | |
|----------------|----------------|-----|-----|
| 12 / 31 / 2019 | 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.

| | |
|---|---|
| <input type="checkbox"/> 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 |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 55%;"> Signature (see instructions) </div> <div style="width: 40%;"> Date </div> </div> | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 55%;"> Title (if line 1a above is a corporation, partnership, estate, or trust) </div> <div style="width: 40%;"> Date </div> </div> | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 55%;"> Spouse's signature </div> <div style="width: 40%;"> Date </div> </div> | |

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

Future Developments

For the latest information about Form 4506-T and its instructions, go to www.irs.gov/form4506t. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

The filing location for the Form 4506-T has changed. Please see **Chart for individual transcripts or Chart for all other transcripts** for the correct mailing location.

What's New. As part of its ongoing efforts to protect taxpayer data, the Internal Revenue Service announced that in July 2019, it will stop all third-party mailings of requested transcripts. After this date masked Tax Transcripts will only be mailed to the taxpayer's address of record.

If a third-party is unable to accept a Tax Transcript mailed to the taxpayer, they may either contract with an existing IVES participant or become an IVES participant themselves. For additional information about the IVES program, go to www.irs.gov and search IVES.

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. 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.

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

An optional Customer File Number field is available to use when requesting a transcript. This number will print on the transcript. See Line 5 instructions for specific requirements. The customer file number is an optional field and not required.

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

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

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

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

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

Note. If you use an SSN, name or combination of both, we will not input the information and the customer file number will reflect a generic entry of "999999999" on the transcript.

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

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

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.

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: |
|--|--|
| Florida, Louisiana, Mississippi, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address | Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301 855-587-9604 |
| Alabama, Arkansas, Delaware, Georgia, Illinois, Indiana, Iowa, Kentucky, Maine, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, North Carolina, Oklahoma, South Carolina, Tennessee, Vermont, Virginia, Wisconsin | Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094 |
| Alaska, Arizona, California, Colorado, Connecticut, District of Columbia, Hawaii, Idaho, Kansas, Maryland, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Dakota, Utah, Washington, West Virginia, Wyoming | Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-298-1145 |

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, 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 Stop 6705 S-2 Kansas City, MO 64999 855-821-0094 |



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.