



Delaware Emergency Mortgage Assistance Program (DEMAP)

TRANSMITTAL OF LOAN DOCUMENTATION

Borrower Name: _____

Co-borrower Name: _____

Homeowner Address: _____

City State ZIP: _____

Counseling Agency: _____

<input type="checkbox"/>	Original signed Application
<input type="checkbox"/>	Hardship Letter – Must include month and year hardship began
<input type="checkbox"/>	DEMAP Required Document – Prequalification Checklist & Supporting Documentation
<input type="checkbox"/>	Authorization for Release of Information
<input type="checkbox"/>	IRS Form 4506T
<input type="checkbox"/>	Copy of Current Hazard Insurance Policy

Upon verification that the application package is complete, the Counseling Agency must create a Reservation through the Mitas Online System. Then, forward the complete package to DSHA as soon as possible for review.

Reservations will be cancelled in 15 days of the Reservation date if the loan file is not received by DSHA.

A full review of the loan application will occur only when all required documents have been received in the DSHA Housing Finance.

DO NOT SUBMIT INCOMPLETE PACKAGES.

DELAWARE STATE HOUSING AUTHORITY APPLICATION FOR DELAWARE EMERGENCY MORTGAGE ASSISTANCE LOAN PROGRAM						FOR DSHA USE ONLY	
The Delaware State Housing Authority (DSHA) will use this application, and other financial information to help determine if, and to what extent, you are eligible for an assistance loan under the Delaware Emergency Mortgage Assistance Loan Program (DEMAP). This effort is designed to help avoid mortgage foreclosure. DSHA may use your social security number to obtain a credit report. IF YOU SUBMIT THIS INFORMATION WITHOUT PROVIDING ALL REQUESTED INFORMATION, DSHA MAY NOT BE ABLE TO HELP YOU. The Mortgagee will then be free to Foreclose on your mortgage							
Applicant				Social Security #		Date of Birth	
Residence Address			City		County	State	Zip
Dwelling Type: Single Family Duplex Row/Town Home Condo Mobile/Trailer Other (explain)							
Address			City		County	State	Zip
Co-Applicant			Relationship		Social Security #		Date of Birth
Address			City		County	State	Zip
How long have you been a resident of Delaware?			Years	Mos	Do you currently live in the mortgaged property?		Yes No
How long have you lived in the property?			Years	Mos	Is this your primary residence?		Yes No
Do you own subject property? Yes No							
Are all owners a part of the application & willing to sign loan documents if approved? Yes No If no, explain.							
Do you collect rent from any part of the property?			Yes	No	If yes, how much?	During what time period?	
Is the property used for any type of business purpose?			Yes	No	If yes, what percent?	Explain.	
Have you filed a previous DEMAP application?			Yes	No	If yes, when?		
Are you currently in repayment of a prior DEMAP loan?			Yes	No	If no, when will you pay the delinquency?		
Name of Mortgage Company		Address		Loan Number		Loan Amount	Term
1.							
2.							
Monthly Payments		Date of Last Full Payment		Last Amt. Applied to Month/Year		Amount Delinquent	
1.							
2.							
Total						Total	
Have you attempted to make all or partial payments since the last full mortgage payment? Yes No							
Has the Mortgagee accepted any payments? Yes No If so, list dates and amounts:							
When do you feel that you will be able to resume and maintain full payments?							
Are you currently willing and able to make partial payments? Yes No How much can you afford?							
Marital Status: Married* Separated Unmarried Divorced Widow/Widower *(include registered domestic partners or civil union parties)						Number of Dependents: Ages:	
Do you: Pay or Receive Alimony, child support, or separate maintenance? Yes No Amount per month: _____							
List employment data for all persons whose income(s) is used to meet household expenses: (Attach separate sheet if necessary.)							
A= Applicant C= Co-Applicant	Provide 5 Year Work History Employer Name		Start Date	End Date	Position held	Reason for Leaving	Gross Pay Per Month
List all other sources of “Income” such as social security, pensions, unemployment/workers compensation, cash assistance							
Name/Source	Amount/Month	Description	Start Date		Name/Source	Amount/Month	Description Start Date
List all future income expected from insurance/disability claims, lawsuits, alimony, child support, social security, workers comp. etc.							
Recipient	Source	When Expected	Amount		Explanation/Attorney Name & Phone Number		

LIST DOLLAR VALUE FOR ALL ASSETS		LIST ALL LIABILITIES (Include “Revolving” Charge Accounts)		
Savings/Checking Accounts – Bank Name /Account #		Installment Debts/Charge Accounts	Normal Monthly Payment	Unpaid balance
Stocks & Bonds/Savings Bonds (Net Cash Value)				
Real Estate (Market Value) of Home in Foreclosure		Mortgage Debts		
Other Real Estate Address/Value				
Vested Interest in Retirement Fund (Type/Value)				
		Real Estate Loans – other property		
		Automobile Loans		
Automobiles (Year/Make/Model)				
Other Assets (Itemize)		Payroll Deductions/Loans		
		Alimony/Child Support/Other		
		Per Capita/Personal Prop. Taxes		
TOTAL ASSETS		TOTAL LIABILITIES		

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the lender’s compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may not discriminate either on the basis of this information, or on whether you choose to furnish it. IF you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, sex, under Federal regulations, this lender is required to note the information on the basis of visual observation and surname if you have made this application in person. If you do not wish to furnish the information, please check the box below. (Lender must receive the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the particular type of loan applied for.)

BORROWER	I do not wish to furnish this information	CO-BORROWER:	I do not wish to furnish this information
Ethnicity:	Hispanic or Latino Not Hispanic or Latino	Ethnicity:	Hispanic or Latino Not Hispanic or Latino
Race:	American Indian or Alaska Native	Race:	American Indian or Alaska Native
	Asian		Asian
	Native Hawaiian or Other Pacific Islander		Native Hawaiian or Other Pacific Islander
	White		White
	Black or African American		Black or African American
Sex:	Female Male	Sex:	Female Male

AGREEMENT: The undersigned is applying for an assistance loan to be secured by a mortgage or deed of trust on the property described herein, and represents that the property will not be used for any illegal or restricted purpose and that all statements made in this application are true and are made for the purpose of obtaining a loan.

ACKNOWLEDGEMENT: Each of the undersigned hereby acknowledges that any owner of the loan, its servicers, successors and assigns, may verify or re-verify any information contained in the application or obtain any information or data relating to the Loan, for any legitimate purpose through any source, including a source names in the application or a consumer reporting agency.

I hereby authorize the release of mortgage payment history, mortgage information, mortgage delinquency information, employment records and other personal financial information to Delaware State Housing Authority 820 N. French St., 10th Floor Wilmington, DE 19801.

I authorize the release of the above mentioned information by any means possible, including but not limited to phone discussions, mail, facsimile, e-mail or by any other electronic means.

I understand that this authorization will be used in conjunction with this loan application and, if a loan is approved, will continue thereafter until the debt to DSHA is paid in full.

MISREPRESENTATION: I/we fully understand that any intentional misrepresentation of any financial information in conjunction with the filing of this application will result in the assistance loan being denied or immediate repayment required for all loan disbursements made as a result of such misrepresentation and the Mortgagees may at any time thereafter take any legal action to enforce the Mortgage without any further restrictions or requirements.

Applicant’s Signature _____	Date _____ <u>Best time to call:</u>	Co-Applicant Signature _____	Date _____ <u>Best time to call:</u>
Home Phone _____		Home Phone _____	
Work Phone _____		Work Phone _____	
Cell Phone _____		Cell Phone _____	
E-mail Address (if applicable) _____		E-mail Address (if applicable) _____	

Counseling Agency Name _____	Counselor Name : _____
Phone Number _____	Counselor Signature:_____
Counselor Email Address: _____	



Delaware Emergency Mortgage Assistance Program (DEMAP)

AUTHORIZATION FOR RELEASE OF INFORMATION

I/We _____ am/are applying to the Delaware State Housing Authority ("DSHA") for a loan through the Delaware Emergency Mortgage Assistance Program ("DEMAP"). I understand that DSHA, its employees and agents, and/or the below named DSHA Approved Counseling Agency ("Counseling Agency") will be checking my credit history, mortgage, payment history, mortgage information, mortgage delinquency information, employment history and other personal and financial information in order for DSHA to determine my eligibility for a DEMAP loan.

I hereby authorize DSHA and/or the below named Counseling Agency to check my credit history, mortgage payment history, mortgage information, mortgage delinquency information, employment records, and other personal and financial information. This shall include my Federal and State tax returns for up to the previous three years.

I hereby authorize my mortgage lender(s), mortgage servicer(s), employer(s), or any other private company, for-profit or non-profit organizations and government agency or any other person or entity to discuss and disclose such information to DSHA and/or the below named Counseling Agency.

I authorize the release of the above-mentioned information by any means possible, including but not limited to phone discussions, mail, facsimile, e-mail or any other electronic means. Information in writing should be sent to the Delaware State Housing Authority, Housing Finance Division, 820 N. French Street, 10th Floor, Wilmington, DE 19801.

I understand that this authorization will be used in connection with my loan application and, if the loan is approved, will continue thereafter until the debt to DSHA/DEMAP is paid in full.

Property Address: _____

Mortgage Account Number (s): _____

Please note that this authorization will remain effective until a written revocation is received, signed by all mortgagors listed.

A photocopy of this document shall also serve as an Authorization to provide the information requested.

Applicant Signature

Social Security No.

Date

Applicant Signature

Social Security No.

Date

DSHA Approved Counseling Agency

Counselor Name:

DEMAP

Required Document – Prequalification Checklist

APPLICANT NAME: _____

CO-APPLICANT NAME: _____

PROPERTY ADDRESS: _____

1. Reason for Hardship-MUST BE ONE OF THE FOLLOWING - (CHECK ONE)

<input type="checkbox"/>	UNEMPLOYMENT – LOSS OF EMPLOYMENT
<input type="checkbox"/>	UNDEREMPLOYMENT – INCOME 85% OR LESS OF PREVIOUS INCOME
<input type="checkbox"/>	INJURY OR MEDICAL EMERGENCY – INCOME 85% OR LESS OF PREVIOUS INCOME

2. BASIC DEMAP LOAN APPLICATION PACKAGE REQUIREMENTS

(1) COMPLETED LOAN APPLICATION - INCLUDING 5 YEAR EMPLOYMENT HISTORY

(2) AUTHORIZATION TO RELEASE INFORMATION - SIGNED

(3) HARDSHIP LETTER FROM THE BORROWER - INCLUDING MONTH AND YEAR HARDSHIP BEGAN

(4) COPY OF CURRENT HAZARD INSURANCE POLICY

THE FOLLOWING DOCUMENTATION IS ALSO REQUIRED TO DETERMINE LOSS OF INCOME

<input checked="" type="checkbox"/>	WAGE EARNING (W2) EMPLOYEE	<input checked="" type="checkbox"/>	SELF EMPLOYED
<input type="checkbox"/>	LETTER FROM EMPLOYER VERIFYING JOB LOSS (OR CHANGE IN FULL TIME STATUS TO LESS THAN FULL TIME STATUS FOR UNDER-EMPLOYED BORROWER) OR DEPT. OF LABOR UNEMPLOYMENT INSURANCE DETERMINATION NOTICE WITH PRIOR YEAR'S EARNINGS	<input type="checkbox"/>	YEAR TO DATE PROFIT & LOSS STATEMENT
<input type="checkbox"/>	MOST RECENT FEDERAL INCOME TAX RETURN	<input type="checkbox"/>	MOST RECENT PERSONAL AND BUSINESS/CORPORATE TAX RETURNS
<input type="checkbox"/>	SIGNED FORM 4506T	<input type="checkbox"/>	SIGNED FORM 4506T
<input type="checkbox"/>	LAST 2 PAYSTUBS <u>OR</u> LAST FULL YR FEDERAL TAX RETURN & W2 PRIOR TO INCOME REDUCTION <u>AND</u> UNEMPLOYMENT CHECK STUB <u>OR</u> MOST RECENT PAYSTUB WITH YTD EARNINGS SINCE INCOME REDUCTION (FOR UNDER-EMPLOYED BORROWERS) (IF INCOME NOW >85% OF PRE-HARDSHIP INCOME, MUST PROVIDE FEDERAL TAX RETURN OR W-2 DOCUMENTING LOSS OF INCOME DURING HARDSHIP)	<input type="checkbox"/>	COPY OF CURRENT MORTGAGE STATEMENT OR AFFADAVIT VERIFYING THE ACCOUNT IS 90 DAYS OR MORE PAST DUE OR PROOF LENDER HAS INDICATED IT INTENDS TO FORECLOSE
<input type="checkbox"/>	COPY OF CURRENT MORTGAGE STATEMENT OR AFFADAVIT VERIFYING THE ACCOUNT IS 90 DAYS OR MORE PAST DUE OR PROOF LENDER HAS INDICATED IT INTENDS TO FORECLOSE		

**THE FOLLOWING DOCUMENTATION IS REQUIRED FOR THOSE CLAIMING LOSS OF INCOME FROM INJURY
AND MEDICAL EMERGENCY**

<input checked="" type="checkbox"/> WAGE EARNING (W2) EMPLOYEE	<input checked="" type="checkbox"/> SELF EMPLOYED
<input type="checkbox"/> SIGNED STATEMENT FROM ATTENDING PHYSICIAN(S) CONFIRMING THAT THE INJURY OR OTHER MEDICAL EMERGENCY HAS IMPACTED THE MORTGAGOR'S ABILITY TO MAINTAIN THE LEVEL OF EMPLOYMENT AND INCOME AS HAD BEEN THE CASE BEFORE THE INJURY OR MEDICAL EMERGENCY, WHEN IT OCCURRED, AND AN ESTIMATE OF WHEN THE PATIENT WILL BE ABLE TO RETURN TO WORK	<input type="checkbox"/> SIGNED STATEMENT FROM ATTENDING PHYSICIAN(S) CONFIRMING THAT THE INJURY OR OTHER MEDICAL EMERGENCY HAS IMPACTED THE MORTGAGOR'S ABILITY TO MAINTAIN THE LEVEL OF EMPLOYMENT AND INCOME AS HAD BEEN THE CASE BEFORE THE INJURY OR MEDICAL EMERGENCY, WHEN IT OCCURRED, AND AN ESTIMATE OF WHEN THE PATIENT WILL BE ABLE TO RETURN TO WORK <input type="checkbox"/> A LETTER OF EXPLANATION FROM BORROWER REGARDING HOW THE INJURY OR MEDICAL EMERGENCY HAS DIRECTLY, OR NEGATIVELY IMPACTED THE MORTGAGOR'S INCOME AND/OR ABILITY TO MANAGE THEIR BUSINESS IN THE SAME CAPACITY AS PRIOR TO THE HARDSHIP EVENT

3. Income Limits - Income May Not Exceed Income Limits – (CIRCLE ONE)

*	KENT COUNTY	NEW CASTLE COUNTY	SUSSEX COUNTY
Income Limit	\$85,560	\$93,265	\$85,560

* IF APPLICANT EXCEEDS MAXIMUM INCOME LIMITS, APPLICANT IS NOT ELIGIBLE FOR THE DEMAP PROGRAM.

4. Borrower's Mortgage Payment Assistance Amount

SCHEDULED MORTGAGE PAYMENT	\$
(MINUS) BORROWER'S TOTAL MONTHLY INCOME \$ _____ X .31%	
=BORROWER(S) REQUIRED MONTHLY CONTRIBUTION	\$
= MAXIMUM DSHA BENEFIT *	\$

* IF 31% OF MONTHLY INCOME EXCEEDS SCHEDULED MONTHLY MORTGAGE PAYMENT, APPLICANT IS ELIGIBLE FOR PAYMENT OF ARREARAGE ONLY.

5. Verification of Reduction of Income

1. Prior to Event Annual Household Income \$ _____ X .85%	\$
2. Hardship Income or Current Annual Household Income (if still in hardship)	\$
If Household income during hardship exceeds line #2, NOT Eligible	

IF INCOME HAS RETURNED TO >85% OF PRE-HARDSHIP INCOME LEVELS, APPLICANT IS ELIGIBLE FOR PAYMENT OF ARREARAGE ONLY.

6. Sustainability Calculation

1. Prior to Event Monthly Household Income \$_____ X .55%	\$
2. Total of all Monthly Obligations from Credit Report (Mortgages, Loans, Credit Cards, Auto Loans)	

If Total of #2 exceeds line #1, Borrower is not eligible

Completed by: _____
COUNSELOR NAME AND AGENCY Date

Counselor Contact: (_____) _____
Phone Number E-mail Address

Request for Transcript of Tax Return

OMB No. 1545-1872

► Request may be rejected if the form is incomplete or illegible.

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 "Order a Transcript" 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 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.	

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 IRS 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 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 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 30 calendar 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 2010, filed in 2011, will not be available from the IRS until 2012. 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.

Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved **identity theft** on your federal tax return ☐

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, **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. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

Sign Here		Phone number of taxpayer on line 1a or 2a
	Signature (see instructions)	Date
	Title (if line 1a above is a corporation, partnership, estate, or trust)	
	Spouse's signature	Date

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

What's New

The IRS has created a page on IRS.gov for information about Form 4506-T at www.irs.gov/form4506. 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.

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.

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 "Order a Transcript" or call 1-800-908-9946.

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 the "Internal Revenue Service" at:
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301
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	512-460-2272
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	RAIVS Team Stop 37106 Fresno, CA 93888
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	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, 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, or A.P.O. or F.P.O. address	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409
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	801-620-6922
	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) 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 address on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address.

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 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.

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.

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. 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 Products Coordinating Committee
SE:W:CAR:MP:T:M:S
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.