



520 E. 32nd Avenue
 Anchorage, AK 99503
 Phone: (907) 563-2146
 Toll Free: 1-800-478-5614
 Fax: (907) 563-3105

APPLICATION FOR ADMISSION * Complete all information, or indicate N/A if it doesn't apply. Failure to provide information may cause your application to be delayed or denied. **Note: It is your responsibility to update your application, when changes occur and or when a unit comes available.**

Name: _____ Community Where Housing is Desired: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Telephone: _____ Work Telephone: _____
 Community you currently reside in: _____ How long in the community: _____
 Tribal Affiliation: _____ Regional Corporation: _____

I. FAMILY COMPOSITION: If you need additional space, please list on a blank page

| FULL Name of Family Member(s) *Please include maiden name, if applicable | Relation to Family Head | Date of Birth | Birthplace | Sex | Social Security Number | Occupation |
|---|-------------------------|---------------|------------|-----|------------------------|------------|
| 1 | self | -- -- | | | -- -- | |
| 2 | | -- -- | | | -- -- | |
| 3 | | -- -- | | | -- -- | |
| 4 | | -- -- | | | -- -- | |
| 5 | | -- -- | | | -- -- | |
| 6 | | -- -- | | | -- -- | |

II. TOTAL INCOME: If left blank AHA will assume insufficient income; Applicants must demonstrate sufficient income to pay for housing and or other utilities where applicable.

| Family Member Name | Source of Income/ Employer Name unemployment, social security, public assistance, pensions, etc. | Address of Employer/Source of Income | Rate | | Full Time | Hours Per Week |
|--------------------|--|--------------------------------------|-----------|-----------|-----------|----------------|
| | | | \$____/hr | \$____/mo | Y / N | ____hrs |
| | | | \$____/hr | \$____/mo | Y / N | ____hrs |
| | | | \$____/hr | \$____/mo | Y / N | ____hrs |
| | | | \$____/hr | \$____/mo | Y / N | ____hrs |
| | | | \$____/hr | \$____/mo | Y / N | ____hrs |

Periodic or Sporadic Income; Please check those that apply, fill in amounts and which family member it applies to.

____ Bonuses \$ _____ name _____
 ____ Fishing \$ _____ name _____ Permit Holder: Yes No Crew Member: Yes No
 ____ Regional Corporation Dividend \$ _____ Shares owned _____ Name _____
 ____ Local Corporation Dividend \$ _____ Shares owned _____ Name _____
 ____ Alaska Permanent Fund Dividend ____ all family member(s)
 ____ Other \$ _____ from _____ family member name _____

III. ASSETS: checking, savings, land, property, stocks, bonds, house(s), boats, etc.

| Full Description | Estimated Value |
|------------------|-----------------|
| 1 | \$ |
| 2 | \$ |
| 3 | \$ |

Have you, within the past two years disposed of any assets for less than fair market value? Yes No

If so, what asset? _____ What was it's value after expenses? \$ _____

How much did you receive for it? \$ _____

IV. REQUIRED DOCUMENTATION: Failure to provide information may cause your application to be delayed or denied.

- ☐ **Copy of Certificate of Indian Blood (CIB) OR Tribal Enrollment Card** (*AHA provides some housing programs for Alaska Natives or American Indians. You must be recognized as being Alaska Native or Indian by tribal enrollment and able to obtain a Certificate of Degree of Indian Blood (CIB) from BIA.)
- ☐ **Copy of Social Security Card for ALL family members over the age of 6** (if SS card is not available, a copy of your State Identification/Drivers license will suffice IF the Social Security number is disclosed)
- ☐ **Copy of State Identification or Drivers License**
- ☐ **Copy of Past Three (3) Years of Taxes and signed request for transcript of tax return 4506T form must be completed by all individuals over the age 18** (please keep in mind, if AHA has to request your taxes, it may take up to 90 days to receive them. ****Your application will not be complete and you will not be added to a wait list until the taxes are on file****)
- ☐ **Signed HUD Consent to Release of Information form-9886 (7/94)** (Form will need to be signed by Head of Household and if applicable, Spouse and ALL Family members over the age of 18)
- ☐ **Copy of Bank Statement(s), 2 current months**

V. FEDERAL PREFERENCE rule amends regulations to provide selection criteria and definitions to be used by Aleutian Housing Authority to grant a preference in the provision of housing assistance to families who are: 1. Involuntarily Displaced, and/or 2. Living in Substandard conditions.

Please answer the following questions:

A. Are you without housing or Are you about to be without housing? No Yes

If Yes, please explain: _____

B. Living in overcrowded conditions? No Yes

Two or more families living in one home? No Yes

No. of people living in home: _____

No. of bedroom(s) _____

C. Paying more than 50% of your total family income towards rent and utilities? No Yes

Gross monthly income: \$ _____ Total of rent and utilities: \$ _____

D. Are you living in substandard conditions? No Yes If yes, complete the following:

Is there potable water? Yes No

Is there safe electricity? Yes No

Is there safe and adequate heat? Yes No

Do you have an indoor bathroom? Yes No

Has the building been declared unsafe or condemned? Yes No

E. Does the Head of Household or other qualifying applicant have any of the following expenses?

Childcare? Yes No if yes, Monthly \$ _____ Provider Contact Information _____

Medical Expenses? Yes NO if yes, Monthly \$ _____ Description _____

Tax Levy ? Yes No if yes, Monthly \$ _____ Tax Documentation Is Required.

- F. Do you require any special amenities to assist with impaired mobility, vision, or hearing? ☐ No ☐ Yes
If Yes, please explain: _____

VI. OTHER INFORMATION:

- A. Do you own any automobiles or off-road vehicles? ☐ Yes ☐ No
If yes, please specify: _____
- B. Do you have pets? ☐ Yes ☐ No.
If yes, please specify: _____
- C. Have you or other members of your family been charged/convicted;
Violent Crimes? ☐ Yes ☐ No
Drug Related Crimes? ☐ Yes ☐ No
Life Time Sex Offender Registry? ☐ Yes ☐ No
If yes, please explain: _____
- D. List three (3) Personal References, with addresses and phone numbers:
1. _____
2. _____
3. _____
- E. List three (3) Credit References, with addresses and phone numbers:
1. _____
2. _____
3. _____
- F. Do you currently own OR are you purchasing another home? ☐ Yes ☐ No
If so, please explain: _____
- G. Do you OR have you had utility account(s) in your Name? ☐ Yes ☐ No
If yes, which company? _____
- H. Have you previously participated in a Federally Subsidized Housing Program? ☐ Yes ☐ No
If so, which Housing Authority _____ Year _____

Current Landlord _____
Telephone & Address _____
Monthly Rent \$ _____ Estimated Monthly Utilities \$ _____
Previous Landlord Name & Address if within 2 years _____ Rent \$ _____

VII. ADDITIONAL COMMENTS If any of your living situation:

VIII. APPLICANT(S) CERTIFICATION FORM

I hereby swear and attest that all of the information provided on this application is true and correct. I understand that this is not a contract and does not bind either party. If any information is found to be false or misleading, I understand that I will be disqualified from the program or other actions may be taken against me. I also understand that this program is **FEDERALLY** funded through Aleutian Housing Authority (AHA).

Give True and Complete Information

I certify that all the information provided on household composition, income family, assets and items for allowances and deductions, is accurate and complete to the best of my knowledge. I have reviewed the application form and the HUD Form "Things You Should Know" and certify that the information on my application form is true and correct.

Reporting on Prior Housing Assistance

I certify that I have disclosed where I received any Federal housing assistance and whether or not any money is owed. I certify that I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease in any previous Federal assistance.

Owner-Occupancy Property

I certify that the house will be my principal residence. I will not live anywhere else without notifying AHA immediately in writing.

Cooperation

I know that I am required to cooperate in supplying all information needed to determine my eligibility. I understand failure or refusal to do so may result in delays or termination of eligibility determination.

Criminal and Administrative Action for False Information

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law and is grounds for termination from the program.

Documentation

AHA will determine eligibility when my application is complete. I understand that funds will be expended on a "first come, first served" basis, and if complete documentation and information is not received within thirty (30) days, AHA may not be able to process my application.

Signature and Date of All Household Adults over the age 18years.

_____ Date ____/____/____

_____ Date ____/____/____

_____ Date ____/____/____

AHA does business in accordance with the Federal Fair Housing Law and Americans with Disabilities Acts and provides equal housing opportunities as applicable.



Please make sure application is complete/signed and all required documents are attached. An Incomplete application can be cause for delay and/or be denied.

November 2004

Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

| | |
|---------------------------------------|--|
| Purpose | This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information. |
| Penalties for Committing Fraud | <p>The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:</p> <ul style="list-style-type: none">▪ Evicted from your apartment or house▪ Required to repay all overpaid rental assistance you received▪ Fined up to \$10,000▪ Imprisoned for up to 5 years▪ Prohibited from receiving future assistance▪ Subject to State and local government penalties |
| Asking Questions | If you don't understand something on the application or recertification forms, always ask questions. It is better to be safe than sorry. |
| Completing The Application | When you answer application questions, you must include the following information: |
| Income | <ul style="list-style-type: none">• All sources of money you or any member of your household receives (wages, welfare payments, alimony, social security, pension, etc.).<ul style="list-style-type: none">• Any money you receive on behalf of your children (child support, social security for children, etc.);• Income from assets (interest from a savings account, credit union, or certificate of deposit, dividends from stocks, etc.);• Earnings from second job or part time job;• Any anticipated income (such as a bonus or pay raise you expect to receive). |
| Assets | <ul style="list-style-type: none">• All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc. that are owned by you and any adult member of your family's household who will be living with you.• Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.• The names of all of the people (adults and children) who will actually be living with you whether or not they are related to you. |

Signing the Application

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign application and certification forms you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State or private agencies to verify that it is correct.

Recertifications

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as increases of pay and/or benefits, change or loss of job and / or benefits, etc., for all household members.
- Any move in or out of a household member; and,
- All assets that you or your household members own and any asset that was sold in the last 2 years for less than its' full value.

Beware of Fraud

You should be aware of the following fraud schemes:

- Do not pay any money to have someone fill out an application for you.
- Do not pay any money to move up on the waiting list.
- Do not pay for anything not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay any money other than rent (such as maintenance or utility charges).

Reporting Abuse

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report that information to the HUD Office of Inspector General (OIG) Hotline. You can call the hotline Monday - Friday, from 10:00am to 4:30pm, EST, at 1-800-347-3735. You can fax the information to 1-202-708-4829, or e-mail it to Hotline@hudoig.gov. You can write to the hotline at: HUD-OIG HOTLINE, GFI, 451 Seventh Street, S.W., Washington, DC 20410.

I HAVE READ AND UNDERSTAND THIS BULLETIN:

SIGNED: _____ DATE: ____/____/____

SIGNED: _____ DATE: ____/____/____

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

PHA requesting release of information; (Cross out space if none)
(Full address, name of contact person, and date)

IHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

PHA-owned rental public housing
Turnkey III Homeownership Opportunities
Mutual Help Homeownership Opportunity
Section 23 and 19(c) leased housing
Section 23 Housing Assistance Payments
HA-owned rental Indian housing
Section 8 Rental Certificate
Section 8 Rental Voucher
Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

| | | | |
|--|------|---------------------------------|------|
| Head of Household | Date | | |
| Social Security Number (if any) of Head of Household | | Other Family Member over age 18 | Date |
| Spouse | Date | Other Family Member over age 18 | Date |
| Other Family Member over age 18 | Date | Other Family Member over age 18 | Date |
| Other Family Member over age 18 | Date | Other Family Member over age 18 | Date |

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

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 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. | |

Aleutian Housing Authority 520 E. 32nd Avenue Anchorage, AK 99503

Caution: If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

| |
|---|
| 6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ► 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 <input checked="" type="checkbox"/> |
| 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 <input type="checkbox"/> |
| 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 <input type="checkbox"/> |
| 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 <input checked="" type="checkbox"/> |
| 8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days <input checked="" type="checkbox"/> |

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 / 2013 12 / 31 / 2014 12 / 31 / 2015 / / |

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:** For transcripts being sent to a third party, this form must be received 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 | |
| Sign Here | Signature (see instructions) | Date |
| | Title (if line 1a above is a corporation, partnership, estate, or trust) | |
| | Spouse's signature | Date |

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

Future Developments

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

General Instructions

Caution: Do not sign this form unless all applicable lines have been completed.

Purpose of form. Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note: If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

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

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

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

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

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

| If you filed an individual return and lived in: | Mail or fax to: |
|--|--|
| Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the 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 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 | Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888 559-456-7227 |
| Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia | Internal Revenue Service RAIVS Team Stop 6705 P-6 Kansas City, MO 64999 816-292-6102 |

Chart for all other transcripts

| If you lived in or your business was in: | Mail or fax to: |
|--|--|
| Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address | Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 801-620-6922 |
| Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin | Internal Revenue Service RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 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 addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

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

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. 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.



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

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

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

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

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

Note: If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

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

Signature by a representative. A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

Privacy Act and Paperwork Reduction Act Notice.

We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.