



Baranof Island Housing Authority

245 Katlian Street, Sitka, AK 99835 Phone: (907) 747-5088 Fax (907) 747-5701

Low Rent Housing Program Application Certification Checklist

☐ APPLICATION COMPLETE

- ☐ Acknowledgement of Understanding
- ☐ Applicant Information
- ☐ Sources of Income
- ☐ Current Housing Conditions Statement
- ☐ Certification and Declaration of Truth

☐ DOCUMENTATION COMPLETE

- ☐ COPIES OF PHOTO ID AND SOCIAL SECURITY CARDS FOR ALL HOUSEHOLD MEMBERS
- ☐ COPIES OF CERTIFICATE OF INDIAN BLOOD OR TRIBAL ENROLLMENT (IF APPLICABLE)
- ☐ INCOME DOCUMENTS FOR **ALL** MEMBERS OF HOUSEHOLD
 - TAX RETURNS OR IRS TRANSCRIPTS (LAST 3 YEARS - see page ii for further information)
 - PAYCHECK STUBS (LAST 3 MONTHS)
 - MOST RECENT STATEMENTS OF ALL BENEFITS (SSA, SSI, PUBLIC ASSISTANCE, UNEMPLOYMENT)
- ☐ STATEMENTS FOR **ALL** BANK AND RETIREMENT ACCOUNTS (LAST THREE MONTHS)
- ☐ CREDIT REPORT & BACKGROUND AUTHORIZATION SIGNED AND APPLICABLE FEES PAID
 - **\$27.00** BACKGROUND & CREDIT CHECK FEE (Single Applicant)
 - **\$54.00** BACKGROUND & CREDIT CHECK FEE (Married Applicants)
- ☐ LANDLORD VERIFICATION
- ☐ SIGNED RELEASE OF INFORMATION (BIHA)
- ☐ SIGNED RELEASE OF INFORMATION (HUD)

☐ HOME VISIT SCHEDULED

☐ APPLICANT INTERVIEW - ATTESTATION OF COMPLETION

I/we certify that this application is complete, including **all** of the applicable documents for **all** persons listed as household members. I understand that I must update this information to ensure that the application remains active.

APPLICANT NAME (PRINT)

Signature

Date

BIHA CERTIFICATION (office use only)

Received: / / 20__
For BIHA (initials)_____

Certified Complete: / / 20__

Home Visit Date: / / 20__

Home Visit Documents Completed: / / 20__

Certifying Representative (PRINT NAME)

Signature

REQUIREMENT TO PROVIDE TAX INFORMATION

Baranof Island Housing Authority requires each applicant to provide copies of Income Tax Returns for the most recent three years, or transcripts provided by the IRS.

This application includes the Request for Transcript of Tax Return form number 4506-T which can be used to request a 1040 Return Transcript (6a) and/or a Verification of Nonfiling (7). It takes a minimum of 10 days for the IRS to process these requests. These documents will be sent to your mailing address. Applications will not be considered complete until the information is provided to BIHA.

Baranof Island Housing Authority is a federally funded housing assistance program. By failing to file Income Tax Returns for any reason other than an exemption from the IRS from the requirement to file, you are in violation of federal law. BIHA cannot admit applicants who have been or are currently in violation of any local, state or federal laws.

REASONS APPLICATION MAY BE DENIED

- **Incomplete application;***
- **Provision of misleading or false information on application;**
- **Omission of tenancy history;**
- **Negative endorsements from previous and current landlords, such as non-payment of rent, destruction of property, eviction, a history of violence to persons and/or property, or a history of poor housekeeping;**
- **Poor credit history or unacceptable criminal background,**
- **Any false information provided by the applicant that materially affects eligibility;**
- **Failure of the applicant to sign the required application and other forms required;**
- **Over (or under) income limits;**
- **Failure to update application annually. ****

** Applications will not be processed unless they are complete with all requested information and identification. A list of items needed is included with this application. ** Applications not updated annually will be deemed inactive. Staff will send one notice to update. If no response is received within the allotted time, the application will be terminated.*

VERIFICATION REQUIREMENTS

Staff will do third party verification of; income, employment, unemployment, AFDC, social security, retirement, child support, permanent fund dividends, native dividends, assets, family composition, student status. If you have any questions, or need assistance in filling out the application, please call Baranof Island Housing Authority at 747-5088.

WARNING

SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFULL FALSE STATEMENTS OR MISREPRESENTATIONS OF ANY MATERIAL FACT INVOLVING THE USE OF OR OBTAINING OF FEDERAL FUNDS.

ACKNOWLEDGMENT OF UNDERSTANDING

I/WE HAVE READ AND UNDERSTAND THE INFORMATION REGARDING COMPLETING AND VERIFICATION OF THIS APPLICATION.

| | | |
|--------------------------------|-----------|------|
| Head of Household (Print Name) | Signature | Date |
|--------------------------------|-----------|------|

| | | |
|--------------------------------|-----------|------|
| Name of Spouse (if applicable) | Signature | Date |
|--------------------------------|-----------|------|

| | | |
|-------------------------------------|-----------|------|
| Name of Other Adult (if applicable) | Signature | Date |
|-------------------------------------|-----------|------|

| | | |
|-------------------------------------|-----------|------|
| Name of Other Adult (if applicable) | Signature | Date |
|-------------------------------------|-----------|------|

REQUIRED DOCUMENTATION

1. COPIES OF SOCIAL SECURITY CARDS AND PHOTO ID FOR ALL FAMILY MEMBERS OVER 6 YEARS OF AGE.
2. COMPLETE SETS OF TAX RETURNS FOR THE LAST THREE (3) YEARS.
3. DOCUMENTATION OF PROOF OF INDIAN BLOOD.
4. NAME, ADDRESS & PHONE NUMBER OF CURRENT EMPLOYER, AND FAX NUMBER IF AVAILABLE.
5. AT LEAST THREE (3) MOST CURRENT PAYCHECK STUBS AND ANY OTHER INCOME DOCUMENTATION RECEIVED BY ANY HOUSEHOLD MEMBER OVER THE AGE OF 18.
6. ANY STATEMENTS FROM THE FOLLOWING AGENCIES SHOWING THE AMOUNT OF BENEFITS/INCOME AND THE NAME OF THE RECIPIENT:
 - ☐ SOCIAL SECURITY BENEFITS
 - ☐ DISABILITY
 - ☐ PUBLIC ASSISTANCE/TANF
 - ☐ CHILD SUPPORT
 - ☐ ALIMONY
 - ☐ PENSION OR RETIREMENT BENEFITS
 - ☐ NATIVE CORPORATION DIVIDENDS IN EXCESS OF \$2,000 PER RECIPIENT, PER YEAR
 - ☐ LONGEVITY
 - ☐ UNEMPLOYMENT
 - ☐ VETERANS ADMINISTRATION PAYMENTS
 - ☐ ANY OTHER INCOME OR REGULARLY RECEIVED PAYMENT RECEIVED BY THE HEAD OF HOUSEHOLD, OR RECEIVED ON BEHALF OF ANY MEMBER OF THE HOUSEHOLD, MINOR OR ADULT (EVEN IF TEMPORARILY ABSENT)
 - ☐ ANY INCOME DERIVED FROM ASSETS SUCH AS: REAL, PERSONAL OR RENTAL PROPERTY, INTEREST ON ACCOUNTS, STOCK, DIVIDENDS, CD'S, IRA'S, ETC.
7. NAME, ADDRESS, PHONE OR FAX# OF COMPANY PAYING RETIREMENT OR PENSION BENEFITS.
8. NAME AND ADDRESSES OF BANKS, AND ALL ACCOUNT NUMBERS AS WELL AS COPIES OF BANK STATEMENTS (**PAST 3 MONTHS**) FOR EACH ACCOUNT.

**ANY FALSE INFORMATION OR DELIBERATE OMISSION OF
INFORMATION PROVIDED BY THE APPLICANT THAT MATERIALLY AFFECTS ELLIGIBILITY
WILL BE GROUNDS FOR DENIAL OF THE APPLICATION OR TERMINATION FROM THE
PROGRAM.**

LOW RENT HOUSING PROGRAM APPLICATION FOR ADMISSION

It is the responsibility of the applicant to update this application as changes in family circumstances occur. Failure to update information at least annually or within the time frame specified in a written request for updated information will result in the application being deemed inactive.

☐ **Initial Application**

☐ **Update Information**

☐ **Addition to Household**

APPLICANT INFORMATION:

Name of Applicant: _____

Mailing Address: _____

Physical Address: _____
Number and Street City and State and Zipcode

Home Phone: _____ - _____ Cell: _____ Work: _____ - _____

Email: _____ Anticipated Move In Date _____

HOUSEHOLD COMPOSITION

| NAME | RELATIONSHIP | DOB | AGE | GENDER | SOCIAL SECURITY # |
|------|----------------|-----|-----|--------|-------------------|
| 1. | Head Household | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |

Have you or a member of your household ever been convicted of any crime other than a traffic violation?

Yes ☐ No ☐ If yes, explain the nature of the crime: _____

Do you own any pets? Cat/Dog/Other: _____

☐ Yes ☐ No

Are you or a member of your household required to register as a sex offender?

☐ Yes ☐ No

Have you or a member of your household ever been convicted of domestic violence?

☐ Yes ☐ No

Have you or any member of your household ever been: Evicted or notified of a non-renewal of a lease/agreement?

☐ Yes ☐ No

If yes, please explain: _____

SOURCE OF INCOME:

Income includes but is not limited to the following: hourly wage, salary, income from a business, public assistance, Social Security, disability, child support, alimony, unemployment, VA benefits, regular payments from an annuity or trust, pensions or other retirement accounts, Native corporation dividends exceeding \$2,000 per year, any income received from assets, etc. Provide GROSS INCOME, before deductions.

ALL INCOME MUST BE REPORTED FOR THOSE INDIVIDUALS LIVING IN THE HOME OVER THE AGE OF 18.

| Name | Source of Income | Total Annual Income |
|------|------------------|---------------------|
| 1. | | \$ |
| 2. | | \$ |
| 3. | | \$ |
| 4. | | \$ |
| 5. | | \$ |
| 6. | | \$ |

TOTAL: \$ _____

DID EVERY FAMILY MEMBER RECIEVE AN ALASKA PERMANENT FUND DIVIDEND?

☐ Yes ☐ No # Of PFD's Received: _____ Additional Comment(s): _____

ASSETS/DIVIDEND INCOME:

Assets include, but are not limited to; real property, non-commercial boats, recreational vehicles/watercraft, rental property, stocks, interest in non-native held corporations, etc. Documentation of current value of each asset must be provided with the application.

| Name | Description of Asset | Current Value |
|------|-----------------------------|---------------|
| 1. | Home* (tax assessed value) | \$ |
| 2. | | \$ |
| 3. | | \$ |
| 4. | | \$ |
| 5. | | \$ |

NATIVE CORPORATION SHARES:

| Shareholder | Corporation | # Shares |
|-------------|-------------|----------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

BANK ACCOUNTS:

List all checking and savings accounts, CD's, IRA's, Bonds, etc. Use a separate sheet if necessary.

| Name Account Holder | Bank or Lending Institution | Account Numbers |
|---------------------|-----------------------------|-----------------|
| 1. | | |
| 2. | | |
| 3. | | |

CURRENT HOUSING CONDITIONS:

In order to ensure prompt processing of the application and ensure proper preference scoring is applied, this section must be filled out as completely and descriptively as possible.

| | | |
|-----------------------------|----------------------------|--------------------------------|
| Current Address: | | City/State, Zipcode: |
| Number of Occupants: | Number of bedrooms: | Monthly Rent Amount: \$ |
| Name of Landlord: | | |
| Address of Landlord: | | City/State, Zipcode: |
| Phone: | Fax/Email: | |

| | | |
|-----------------------------|----------------------------|--------------------------------|
| Previous address: | | City/State |
| Number of Occupants: | Number of bedrooms: | Monthly Rent Amount: \$ |
| Name of Landlord: | | |
| Address of Landlord: | | City/State, Zipcode: |
| Phone: | Fax/Email: | |

**If you are claiming Tribal preference, documentation of enrollment in Sitka Tribe of Alaska must be provided. To claim preference as an Alaska Native / American Indian, you must provide a Certificate of Degree of Indian Blood from the Bureau of Indian Affairs, or other acceptable proof from a federally recognized Tribe.*

The following information is for Federal reporting purposes, and in some cases, for eligibility purposes. Please check ONLY one of the following:

☐ Enrolled Member of Sitka Tribe of Alaska* ☐ Alaska Native* ☐ American Indian*

Additionally, please indicate if any of the following applies to your current housing situation. Verification of each claimed preferences is required.

- ☐ **Disability:** Does your current residence not meet a disabled household member's special needs?
- ☐ **Veteran:** Are you or your spouse an honorably discharged veteran?
- ☐ **Homeless:** Are you living in a shelter, institution, or public place not designed for human habitation? Do you lack a regular nighttime residence?
- ☐ **Displaced***:** Have you been displaced by a disaster, actual or threatened physical violence, action of a property owner or landlord, or activity of a State or local governing body?
- ☐ **Substandard:** Use the next sheet to describe in detail, the issues in your current housing that make it substandard or unsafe. Substandard conditions will be evaluated and documented during the home visit.
- ☐ **Local Resident:** Have you lived in Sitka for at least six months AND qualify for the Alaska Permanent Fund Dividend?

***Please note, situations where an eviction has been served by a landlord for non-payment or other good cause does not qualify as involuntary displacement.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

I/WE UNDERSTAND THAT THE INFORMATION GIVEN TO BARANOF ISLAND HOUSING AUTHORITY ON THIS APPLICATION IS ACCURATE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. I/WE, UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE UNDER FEDERAL LAW. I/WE UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE GROUNDS FOR TERMINATION OF THE OCCUPANCY. I/WE HAVE NO OBJECTIONS TO INQUIRIES BEING MADE FOR THE PURPOSE OF VERIFICATION.

Signature of Other Adult (if applicable) _____ Date _____

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BACKGROUND & CREDIT REPORT AUTHORIZATION AND RELEASE

BY MY SIGNATURE BELOW I AUTHORIZE BARANOF ISLAND HOUSING AUTHORITY to obtain a Consumer Credit Report and/or background Report on me. This authorization is valid for purposes of verifying information given pursuant to mortgage lending, leasing, rental, or any other lawful purpose covered under the Fair Credit Reporting Act. (FCRA)

By my signature below, I hereby authorize all corporations, former employers, credit agencies, education institutions, law enforcement agencies, city, state, country and federal courts and agencies, military services and persons to release all information they may have about me. This authorization shall be valid in original or copy form.

Applicant's Full Name: _____

Social Security Number: _____ - _____ - _____

Date of Birth: _____

Co Applicant's Full Name: _____

Social Security Number: _____ - _____ - _____

Date of Birth: _____

Current Address: _____

City, State, Zip: _____

Home Telephone number: (_____) _____

Work Telephone number: (_____) _____

Applicant Signature

Date

Co- Applicant Signature

Date

For Office Use Only:

Credit Report Fee Paid: \$ _____ Individual Adult \$ 27.00 Married \$54.00



VERIFICATION OF LANDLORD
*****MUST BE RETURNED FOR APPLICATION TO BE COMPLETE*****

Applicant Name: _____

Address: _____

City/State/Zip: _____

The above named individual has applied to us for participation in a low income housing program. The signature of the applicant(s) on this form signifies their consent for you to provide us with the requested information.

Your prompt return of this verification is required. Return via fax: (907) 747-5701 or by mail.

Signature of Head of Household

Other Adult

Length of time at residence: _____ Monthly payment: \$ _____

Payment History: Excellent _____ Satisfactory _____ Poor _____ Other _____

If poor, please explain: _____

Number of late payments in the last 12 months: _____

Utilities included: ☐ Yes ☐ No

Evicted: ☐ Yes ☐ No

Drug Related: ☐ Yes ☐ No

Housekeeping practices: _____ Neighborhood complaints: _____

Damage beyond normal wear and tear: _____

Members of household: _____

Additional Information:

Landlord Name

Landlord phone number

Landlord Signature

Date



Baranof Island Housing Authority
245 Katlian Street, Sitka, AK 99835 Phone: (907) 747-5088 Fax (907) 747-5701

**BIHA APPLICANT VERIFICATION OF ELIGIBILITY
CITY AND BOROUGH OF SITKA UTILITIES ACCOUNT**

BIHA Applicant Full Name _____

Date of Birth: _____ **Social Security Number:** _____

By signing this application, I give permission for the City and Borough of Sitka and Baranof Island Housing Authority to exchange information about my debt status with the City and Borough of Sitka.

BIHA Applicant Signature: _____ **Date:** _____

-----**City & Borough of Sitka Finance Department Use Only**-----

- ☐ This applicant is eligible at this time to open a utility account with the City and Borough of Sitka.
☐ This applicant is not eligible at this time to open a utility account with the City and Borough of Sitka.
☐ This applicant has a restriction on opening a utility account due to an unresolved debt.
☐ Date of Delinquency: _____

Additional Instructions or Limitations Regarding Eligibility for Utilities:

City & Borough of Sitka Signature _____ **Date:** _____

Please return this document to Baranof Island Housing Authority at 245 Katlian Street, Sitka AK 99835
This form may also be emailed to info@bihasitka.org or faxed to 907-747-5701



**Release of Information
Authorization**

I, _____, authorize the release of information requested by Baranof Island Housing Authority and its employees to release and share housing and account information. This information will not be shared with any other person or organization that is not listed on this form. This release will be effective upon signature and will remain so for one year.

Persons and organizations BIHA may share housing and account information with are as follows: The Sitka Tribe of Alaska, Central Council Tlingit and Haida Tribes of Alaska (CCTHITA), Temporary Assistance to Needy Families (TANF), Alaska Housing Finance Corporation (AHFC), The Salvation Army, Adult Public Assistance, The Social Security Administration, Southeast Alaska Independent Living (SAIL), Center For Community (CFC), Adult Protective Services(APS), and The Office of Child Services (OCS).

Tenant Name (Printed)

Other Adult Name (Printed)

Tenant Signature

Other Adult Signature

Address

Address

Phone Number

Phone Number

Today's Date

Today's Date

Request for Transcript of Tax Return

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

OMB No. 1545-1872

Tip: Get faster service: Online at www.irs.gov, **Get Your Tax Record** (Get Transcript) or by calling **1-800-908-9946** for specialized assistance. We have teams available to assist. **Note:** Taxpayers may register to use [Get Transcript](#) to view, print, or download the following transcript types: **Tax Return Transcript** (shows most line items including Adjusted Gross Income (AGI) from your original Form 1040-series tax return as filed, along with any forms and schedules), **Tax Account Transcript** (shows basic data such as return type, marital status, AGI, taxable income and all payment types), **Record of Account Transcript** (combines the tax return and tax account transcripts into one complete transcript), **Wage and Income Transcript** (shows data from information returns we receive such as Forms W-2, 1099, 1098 and Form 5498), and **Verification of Non-filing Letter** (provides proof that the IRS has no record of a filed Form 1040-series tax return for the year you request).

| | |
|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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. ►

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.

| | | | | | | | | | | | |
|--|---|---|--|---|---|--|---|---|--|---|---|
| | / | / | | / | / | | / | / | | / | / |
|--|---|---|--|---|---|--|---|---|--|---|---|

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 |
| 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.

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.

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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2021

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)

Baranof Island Housing Authority
245 Katlian Street, Sitka AK, 99835

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.