Baranof Island Housing Authority
245 Katlian Street, Sitka Alaska 99835
Phone: 1-866-962-6835 Fax: 907-531-2911

MONASTERY SENIOR HOUSING PROGRAM APPLICATION CHECKLIST

Use this list to make sure that you have provided everything we need to check that you are eligible for the program.
BIHA will NOT accept applications without the required documentation.

☐ **APPLICATION FORM COMPLETE**

☐ **REQUIRED DOCUMENTATION COMPLETE**

- ☐ **COPIES OF PHOTO ID AND SOCIAL SECURITY CARDS FOR ALL HOUSEHOLD MEMBERS**
- ☐ **INCOME DOCUMENTS FOR ALL MEMBERS OF HOUSEHOLD**
  - ☐ TAX RETURNS FOR LAST 3 YEARS
    OR Form 4506-T (request for transcripts and other documents from IRS)
    OR notification from IRS regarding exemption from filing.
  - ☐ PAYCHECK STUBS (LAST 3 MONTHS)
  - ☐ MOST RECENT STATEMENTS OF ALL BENEFITS (SSA, SSI, PUBLIC ASSISTANCE, UNEMPLOYMENT)
  - ☐ MOST RECENT STATEMENTS FROM NATIVE CORPORATIONS (IF APPLICABLE)
- ☐ **COMPLETE UNALTERED STATEMENTS FOR *ALL* FAMILY MEMBER BANK ACCOUNTS** (PAST 3 MONTHS)
- ☐ **COMPLETE UNALTERED STATEMENTS FOR *ALL* FAMILY MEMBER RETIREMENT ACCOUNTS** (MOST RECENT QUARTER)
- ☐ **CREDIT REPORT & BACKGROUND AUTHORIZATION SIGNED**
- ☐ **CREDIT REPORT AND BACKGROUND AUTHORIZATION FEES PAID**
  - ☐ **$27.00** BACKGROUND & CREDIT CHECK FEE (Single Applicant)
  - ☐ **$54.00** BACKGROUND & CREDIT CHECK FEE (Married Applicants)
- ☐ **LANDLORD VERIFICATION**
- ☐ **CURRENT HOUSING VOUCHER DOCUMENTATION** (IF APPLICABLE)
- ☐ **SIGNED RELEASE OF INFORMATION (BIHA)**
- ☐ **SIGNED RELEASE OF INFORMATION AND PRIVACY (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/S (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***

EXPLANATION OF REQUIRED DOCUMENTATION

VERIFICATION REQUIREMENTS

Applications will not be processed unless they are complete with all requested information and identification.

Staff will be verifying income, employment, unemployment, TANF, ATAP, social security, disability status, retirement, child support, permanent fund dividends, native dividends, assets, family composition, student status, and authorization to hold utilities accounts.

INCOME INFORMATION REQUIREMENT

Eligibility for Baranof Island Housing Authority's (BIHA) Headwaters Rental Housing Program is based on income and other terms outlined in BIHA's Admission & Occupancy policy and the Headwaters Rental Housing Program policy. BIHA cannot admit applicants without verifiable documentation of income.

HOUSING VOUCHER VERIFICATION AND MAINTENANCE REQUIREMENTS

Applicants are encouraged to make every effort to obtain a housing voucher to assist with rental payments. Applicants who provide documentation that confirms they are currently approved and/or receiving assistance through the AHFC Housing Choice or HUD-VASH Voucher program will receive priority placement. Applicants who receive priority placement for this reason will be expected to fulfill all ongoing requirements needed to continue receiving the housing voucher.

REASONS APPLICATION MAY BE DENIED

- **Incomplete application;**
- **Provision of misleading or false information on application form;**
- **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 any other required forms;**
- **Inadequate income;**
- **Failure to update application annually.** **

*** Applications that have not been updated will be deemed inactive and will be terminated 12 months from the last update.*

FALSE STATEMENT 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.

Monastery Senior Housing Program Application

FIRST APPLICANT INFORMATION: Please note that this person will be considered the Head of Household.

Name: _____Social Security #: _____-_____-_____ DOB: _____

Mailing Address: _____

Physical Address: _____

Home Phone: _____ Cell: _____Work: _____

Email: _____ Anticipated move in date_____

HOUSEHOLD DEMOGRAPHIC INFORMATION:
Are you, or anyone in your household: Choose all that apply and provide required verification where necessary.

☐ Alaska Native ☐ American Indian ☐ Honorably Discharged Veteran ☐ Persons with a disability

☐ Hispanic or Latinx ☐ Native Hawaiian or Other Pacific Islander ☐ Asian ☐ Black or African American

☐ Other: _____

HOUSEHOLD COMPOSITION: All people who will be living in the unit for more than two weeks in any calendar year.

NAME	RELATIONSHIP	DOB	AGE	GENDER	SOCIAL SECURITY #
1.	Head Household				
2.					

APPLICANT CIRCUMSTANCES & HISTORY

Do you own any animals? ☐ **Yes** ☐ No
Please describe the species and number_____

Do any of these animals meet the criteria for a therapeutic assistance animal:
A family member listed above has a medically verified disability ☐ **Yes** ☐ No
The animal is required to assist that family member to complete a major life activity ☐ **Yes** ☐ No

Please complete the Request for Reasonable Accommodation: Therapeutic Assistance Animal form.

Have you or a member of your household ever been:

- Convicted of a felony or misdemeanor in the past 2 years? ☐ **Yes** ☐ No
- Involved in/arrested for criminal activity against another person's property? ☐ **Yes** ☐ No
- Convicted of any drug related criminal activity? ☐ **Yes** ☐ No
- Convicted of domestic violence? ☐ **Yes** ☐ No
- Required to register as a sex offender? ☐ **Yes** ☐ No
- Reported as knowingly or purposely failing to provide required information? ☐ **Yes** ☐ No

If yes, please explain using the space provided on page 4 of this application

- Evicted or notified of a non-renewal of a lease/agreement: ☐ **Yes** ☐ No

If yes, please explain using the space provided on page 4 of this application

Monastery Senior Housing Program Application

SOURCES OF INCOME: ALL INCOME MUST BE REPORTED FOR THOSE INDIVIDUALS LISTED BELOW WHO ARE OVER THE AGE OF 18 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, and Native Corporation Dividends.

WAGES, SALARIES, BENEFITS (GROSS INCOME, before deductions). Use a separate sheet if necessary.

Name of Household Member	Source of Income	Total Annual Income
1.		$
2.		$
3.		$
4.		$
	TOTAL	**$** 0.00

DID EVERY FAMILY MEMBER RECEIVE AN ALASKA PERMANENT FUND DIVIDEND? ☐ **Yes** ☐ **No**

Number of PFDs Received:_____ If NO, please explain: _____

BUSINESS INCOME (NET INCOME, after expenses have been calculated). Use a separate sheet if necessary.

Name of Household Member	Source of Income	Total Annual Income
1.		$
2.		$

ASSETS/DIVIDEND INCOME (GROSS INCOME, before deductions)**:** included, but 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. Use a separate sheet if necessary.

Name of Household Member	Description of Asset	Current Value
Example	***Home****	$***(tax assessed value)***
1.		$
2.		$
3.		$

NATIVE CORPORATION SHARE AND DIVIDEND INCOME: Use a separate sheet if necessary.

Shareholder Name	Corporation Name	# Shares	Total Annual Income
1.			
2.			
3.			
4.			
5.			

BANK/RETIREMENT 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.		
4.		
5.		
6.		

Monastery Senior Housing Program Application

HOUSING STATEMENT: To ensure that available housing is assigned according to the Headwaters Rental Housing Program policy, this section must be filled out as completely and descriptively as possible.

Current Address:	City/State, Zip code:	
Number of Occupants:	Number of bedrooms:	Monthly Rent Amount: $
Name of Landlord:		
Address of Landlord:	City/State, Zip code:	
Phone of Landlord:		Fax/Email of Landlord:

COMMUNITY HOUSING NEED INFORMATION: Does any of the following apply to your current housing.

- ☐ **Homeless:** Are you currently living in a shelter, institution, or public space not designed for human habitation? Do you lack a regular nighttime residence?
- ☐ **Vouchers:** Are you currently approved or receiving housing assistance through the Housing Choice Voucher or HUD-VASH program?
- ☐ **Displaced:** Have you recently 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:** Is your current housing substandard and/or unsafe? ***If yes, please describe on page 4 of this application***.
- ☐ **None of the Above**

Previous Address:	City/State, Zip code:	
Number of Occupants:	Number of bedrooms:	Monthly Rent Amount: $
Name of Landlord:		
Address of Landlord**:**	City/State, Zip code:	
Phone of Landlord:		Fax/Email of Landlord:

PREVIOUS HOUSING ASSISTANCE: Choose all that apply for your household.

☐ I have been a BIHA tenant in the past ☐ I have been a tenant of public or tribal housing somewhere else: _____

APPLICANT CERTIFICATION AND DECLARATION OF TRUTH (PLEASE READ BEFORE SIGNING)

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.

_____
Head of Household (Print Name)

_____ _____
Signature of Head of Household Date Name and Signature of Spouse (if applicable) Date

_____ _____
Name and Signature of Other Adult (if applicable) Date Name and Signature of Other Adult(if applicable) Date

Monastery Senior Housing Program Application

ADDITIONAL INFORMATION (see page 2 and 3)

If any household member answered 'yes' to questions listed on page 2 of this application, please provide additional information below.

Additional information regarding **animals** (see:page 2):

_____

_____

_____

_____

_____

_____

_____

Additional information regarding **criminal history** (see:page 2):

_____

_____

_____

_____

_____

_____

_____

Additional information regarding **evictions and non-renewal of lease history** (see:page 2):

_____

_____

_____

_____

_____

_____

_____

Additional information regarding **substandard housing** (see:page 3):

_____

_____

_____

_____

_____

Baranof Island Housing Authority

245 Katlian Street, Sitka, AK 99835 Phone Toll Free: 1-866-962-6835 Fax: 907-531-2911

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

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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 email: info@bihasitka.org or by mail.

_____ _____
Signature of Head of Household Other Adult (If applicable)

****

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 **Evicted For Drug Related Activity:** ☐ 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: Toll Free 1-866-962-6835 Fax:907-531-2911

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

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.

Form **4506-T**
(November 2021)
Department of the Treasury
Internal Revenue Service

Request for Transcript of Tax Return

► **Do not sign this form unless all applicable lines have been completed.**
► **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.

☐ **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 "9999999999" 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.

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.

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