

# County of Monterey

## First Time Homebuyer Down Payment Assistance Program

The County of Monterey offers a First Time Homebuyer (FTHB) Program with HOME funds provided by the State of California. The County can lend part of the down payment to purchase a home in the unincorporated areas of the County, to income-qualified households.

### Homebuyer Eligibility

- The homebuyer must qualify as “First Time Homebuyer” as defined under the *County of Monterey Homebuyer Program Guidelines*.
- The homebuyer must contribute 3.5% of the purchase price, but may contribute more if desired.
- The homebuyer must complete a HUD-approved homebuyer education class.
- All applicants must have incomes at or below 80% of the County’s area median income (AMI), adjusted for household size, as published by the California Department of Housing and Community Development.

<i>Number of Persons in Household</i>								
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
<b>80% of AMI</b>	\$46,800	\$53,450	\$60,150	\$66,800	\$72,150	\$77,500	\$82,850	\$88,200

### Maximum Purchase Price

- The current maximum purchase price is \$396,000.

### Eligible Housing Unit

- Single-family residences; condominiums; or manufactured homes placed on a permanent foundation system.
- Housing unit must be “modest” and not exceed three bedrooms, two bathrooms, and a two-car garage. Contact the County’s Housing Office if you have a large family or a disability that requires an exception.
- A housing unit that is currently owner-occupied or has been vacant for three months prior to the acceptance of a contract to purchase. A unit is ineligible if its purchase would result in the displacement of a tenant.
- The housing unit must be within the unincorporated areas of the County of Monterey.
- The housing unit must be owner-occupied, and may not be rented or leased.

### County Contact Information

If you are interested in the FTHB Program, please contact the Housing Office at (831) 755-5390 to discuss the home buying application process.



## The Primary Loan

- The primary loan must be fully amortized and have a term “all due and payable” in no fewer than 30 years. There shall not be a balloon payment due before the maturity date of the FTHB Program loan.
- The front-end (housing) debt-to-income ratio shall be between 25% and 35%. The back-end (total) debt-to-income ratio shall be between 25% and 44%.
- An impound account is required for the payment of taxes and insurance.
- The combined loan-to-value ratio, shall not exceed 100% of the sales price plus a maximum of up to 5% of the sales price to cover actual closing costs.

## The FTHB Program Loan

- The Maximum Loan Amount may not exceed the lesser of the maximum HOME subsidy limit, 20% of the purchase price, or the amount needed as determined by underwriting criteria. The maximum loan amount **shall never exceed the amount of the primary loan.**
- The loan shall be in a form of a deferred payment loan.
- The loan shall be for thirty (30) years.
- The loan shall bear a 3.00% simple interest rate.
- Borrowers may begin making voluntary payments at any time.
- The loan shall be paid to County upon sale or transfer of the housing unit or upon a violation of the HOME Program.
- Borrowers are required to comply with the County’s annual monitoring program.

## Loan Processing Summary

The homebuyer can expect to spend approximately 60 days in escrow (the time between the purchase offer being accepted and the property title transferring). A lot takes place during this time.

- Homebuyer obtains a Lender Pre-Qualification.
- Homebuyer completes and submits the County’s ***Application for Low-Income First-Time Homebuyer Program*** along with all the supporting documentation from the ***Application Checklist***.
- County staff communicates with homebuyer to discuss the FTHB Program eligibility requirements, application packet, and home purchase process. County staff may also communicate with primary lender and real estate agent to review the FTHB Program process and closing.
- County determines homebuyer’s eligibility to the HOME FTHB Program.
- Homebuyer enters into a purchase contract on an eligible housing unit in the unincorporated area of the County.
- County staff works with the primary lender, real estate agent, and escrow to obtain a complete Lender/Realtor Package.
- Homebuyer completes the homebuyer education class. See County staff for details.
- Loan is presented to the County’s Loan Committee for approval.
- County and primary lender coordinate a concurrent loan signing and escrow closing.



# MONTEREY COUNTY

## ECONOMIC DEVELOPMENT DEPARTMENT



### HOUSING OFFICE

David L. Spaur, Director

1441 Schilling Place - North  
Salinas, CA 93901  
(831) 755-5390  
Fax: (831)755-5398  
[www.co.monterey.ca.us](http://www.co.monterey.ca.us)

### County of Monterey First Time Homebuyer Down Payment Assistance Program Application Checklist

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Housing Unit: \_\_\_\_\_

Household size: \_\_\_\_\_

Documentation needed to begin the qualification process of your household for the HOME First Time Homebuyer Down Payment Assistance Program. PLEASE SUBMIT COPIES OF ORIGINALS. The list includes, but is not limited to:

- County of Monterey Application for Low-Income First-Time Homebuyer Program (3 pages)  
(signed by all adults in the household)
- County of Monterey HOME Program Income & Asset Inclusions Questionnaire (2 pages)
- HOME Program Eligibility Release Form  
(need one signed and dated from every adult in the household)
- HOME Program Verification of Employment form  
(need one signed and dated from every employed household member)
- HOME Program Verification of Assets on Deposit form  
(need one signed and dated from every adult household member who owns asset accounts)
- Fair Lending Notice  
(need one signed and dated from every adult in the household)
- Completed and signed IRS 4506-T form
- Most recent **3 months** of consecutive pay stubs for all income-earners in the household
- Most recent **3 months** of documentation of all other income sources including, but not limited to:  
self-employment, pensions, annuities, alimony, child support, CalWorks, worker's comp.,  
unemployment insurance, social security benefits, disability, etc.
- Most recent **3 years** of Federal Income Tax Returns including tax form 1040, all attachments and  
schedules, with W-2s and 1099s attached
- Most recent **6 months** of consecutive bank statements for checking accounts
- Most recent **3 months** of consecutive bank statements for savings, holiday savings account,  
brokerage accounts, stocks, bonds, retirement accounts and any other investment accounts
- Proof of identification (CA driver's license or other form of picture ID) for all applicants



# County of Monterey

## Application for Low-Income First-Time Homebuyer Program



Loan Processors \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_ EFFECTIVE DATE \_\_\_\_\_ File # \_\_\_\_\_

**NOTE: PLEASE READ "CERTIFICATION" ON PAGE 3 BEFORE FILLING OUT THIS APPLICATION**

NON-ENGLISH SPEAKING HOUSEHOLD? YES \_\_\_\_\_ NO \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Co-Applicant's Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address if different \_\_\_\_\_

County \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Applicant work phone: (\_\_\_\_) \_\_\_\_\_

Applicant cell phone: (\_\_\_\_) \_\_\_\_\_ Co-Applicant work phone: (\_\_\_\_) \_\_\_\_\_

Co-Applicant cell phone: (\_\_\_\_) \_\_\_\_\_

*For statistical/government monitoring purposes only. Enter code from list below (Information is voluntary)*

Applicant's race \_\_\_\_\_ Co-applicant's race \_\_\_\_\_

**Race of Household Code**

- 11-White    12-Black/African American    13-Asian    14-American Indian/Alaskan    15-Native Hawaiian/other Pacific Islander    16-
- American Indian/Alaskan Native & White    17-Asian & White    18-Black/African American & White    19-American Indian/Alaskan Native &
- Black/African American    20-Other Multi-Racial

Hispanic Origin:    Yes \_\_\_\_\_    No \_\_\_\_\_

Are any residents of the household employed by the Jurisdiction or its Program Operator? Yes _____ No _____	Has any of the applicants held ownership or interest in a property in the last three years? Yes _____ No _____ If yes, explain: _____
Do any residents of the household exercise any functions or responsibilities (or are they in a position to gain inside information) with respect to this housing program, including being a member of a governing body or agency of government that exercises housing policy, or have immediate family ties (by blood, marriage or adoption, including spouse, parent/step-parent, sibling, step-sibling, grandparent, grandchild and in-laws) to someone who does? Yes _____ No _____ If Yes to either, explain in box to the right.	(explanation) _____ _____ _____ _____ _____

**INCOME SUMMARY:** Check applicable sources of income currently and during the prior calendar year for any residents:

Wages _____	AFDC (TANF) _____	Interest _____	Other _____
SSA _____	Disability _____	Rentals _____	(explain):
SSI _____	Unemployment _____	Pension _____	_____

**STAFF USE ONLY BELOW THIS LINE**

Total persons who live at address _____ Total seniors in household _____ Annual Household Income _____ Previous _____ Projected _____ Year's Income _____ Income _____ \$ _____ \$ _____ HCD Definition (Circle) LI    VLI    XLI	In Target Area?    ___No ___Yes Conflict of Interest?    ___No ___Yes Handicapped:    ___No ___Yes FHOH?    ___No ___Yes Farm worker?    ___No ___Yes
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## HOUSEHOLD AND INCOME DETAILS

Last Name(s) \_\_\_\_\_ Address \_\_\_\_\_ File # \_\_\_\_\_

*LIST ALL PERSONS WHO WILL BE LIVING IN THE PROPERTY BEING PURCHASED, INCLUDING APPLICANT AND CO-APPLICANT(S). NOTE: INCOME MUST BE IDENTIFIED IN TERMS OF "GROSS MONTHLY". IF NONE, PUT "NONE".*

NAME	RELATIONSHIP	AGE	SEX	GROSS MONTHLY INCOME	OFFICE USE	
					ACTUAL INCOME	LS
	Applicant					

### INCOME INFORMATION

Gross household income would include income from any of the following sources or any other source of income. Wages, Self-Employment, Farming Income, Public Assistance, Social Security, Retirement Pensions, Veteran's or GI Benefits, Child/Spousal Support, Unemployment/Disability Insurance, Worker's Compensation, Contributions, Cash Gifts, Rental Income, Sale of Property, Foster Child Care, Interest, Dividends, Royalties, Scholarships, Grants and Loans for School.

PERSON RECEIVING INCOME	SOURCE OF INCOME	GROSS MONTHLY AMOUNT

EXPLANATION OF INCOME SOURCE, PATTERN(S), ANNUAL AMOUNT OR OTHER COMMENTS:

APPLICANT		CO-APPLICANT	
Name and Address of Employer <input type="checkbox"/> Self-Employed		Name and Address of Employer <input type="checkbox"/> Self-Employed	
Position/Title/Type of Business    Empl. Verif. Phone		Position/Title/Type of Business    Empl. Verif. Phone	
Years on Job/Years employed in this line of work		Years on Job/Years employed in this line of work	
OTHER HOUSEHOLD MEMBER/JOB		OTHER HOUSEHOLD MEMBER/JOB	
Name    Employer <input type="checkbox"/> Self-Employed		Name    Employer <input type="checkbox"/> Self-Employed	
Position/Title/Type of Business    Empl. Verif. Phone		Position/Title/Type of Business    Empl. Verif. Phone	
Years on Job/Years employed in this line of work		Years on Job/Years employed in this line of work	



**County of Monterey**  
**HOME Investment Partnerships Program (HOME): Income & Asset Inclusions**

<b>Type of Income</b>	<b>YES or NO</b>	<b>Type</b>	<b>Received from whom?</b>	<b>Amount Received Annually</b>
<b>1</b> The full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees tips, and bonuses, and other compensation for personal services.				
<b>2</b> The net income from the operation of a business or profession. Expenditures for business expansion or amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation of assets used in a business or profession may be deducted, based on straight-line depreciation, as provided in Internal Revenue Services Regulations. Any withdrawal of cash or assets from the operation or business will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested in the operation by the family.				
<b>3</b> Interest, dividends, and other net income of any kind from real or personal property. Expenditures for amortization of capital indebtedness shall not be used in determining net income. An allowance for depreciation is permitted only as authorized in number 2 (above). Any withdrawal of cash or assets from an investment will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested by the family.				
<b>4</b> The full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts, including lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount.				
<b>5</b> Payments in lieu of earnings, such as unemployment and disability compensation, and severance pay.				
<b>6</b> Welfare assistance, Welfare assistance made under the Temporary Assistance for Needy Families (TANF 45 CFR 260.31)) program.				
<b>7</b> Periodic and determinable allowances such as alimony and child support payments, and regular contributions or gift received organizations or from persons not residing in the dwelling.				
<b>8</b> All regular pay, special pay, and allowances of a member of the Armed Forces.				

	<b>Type of Assets:</b>	<b>YES or NO</b>	<b>Source</b>	<b>Value of Asset</b>	<b>Interest Earned Annually</b>
1a	Cash held in savings accounts (current balance)				
1b	Cash held in checking accounts (avg. balance for last 6 mos.)				
1c	Cash held in safe deposit boxes				
1d	Other cash				
2	Cash value of revocable trusts available to the applicant.				
3	Equity in rental property or other capital investments.				
4	Cash value of stocks or bonds.				
5a	Cash value of Treasury bills, certificates of deposit and money market accounts.				
5b	Individual retirement, 401(K), and Keogh accounts (even though early withdrawal could result in a penalty).				
6	Retirement and pension funds.				
7	Cash value of life insurance policies available before death.				
8	Personal property held as an investment such as gems, jewelry, coin collections, antique cars, etc.				
9	Lump sum or one-time receipts, such as inheritances, capital gains, lottery winnings, victim's restitution, insurance settlements and other amounts not intended as periodic payments.				
10	Mortgages or deeds of trust held by applicant.				
11	Assets (cash, property, etc.) gifted or sold below market value in last 24 months.				

**APPLICANT'S CERTIFICATION**

I/we certify that all information on this **County of Monterey HOME Investment Partnerships Program (HOME): Income and Asset Inclusions** form is true and correct to the best of my/our knowledge and I/we understand that any deliberate falsifications are grounds for rejection of the application. I/we consent to all verification of any information herein contained.

Applicant's Signature

Date

Co-Applicant's Signature

Date

Print Name

Print Name



**County of Monterey**  
**HOME Investment Partnerships Program (HOME): Income & Asset Inclusions**

<b>Type of Income</b>	<b>YES or NO</b>	<b>Type</b>	<b>Received from whom?</b>	<b>Amount Received Annually</b>
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	<b>Type of Assets:</b>	<b>YES or NO</b>	<b>Source</b>	<b>Value of Asset</b>	<b>Interest Earned Annually</b>
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6	Retirement and pension funds.				
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I/we certify that all information on this **County of Monterey HOME Investment Partnerships Program (HOME): Income and Asset Inclusions** form is true and correct to the best of my/our knowledge and I/we understand that any deliberate falsifications are grounds for rejection of the application. I/we consent to all verification of any information herein contained.

Applicant's Signature

Date

Co-Applicant's Signature

Date

Print Name

Print Name

State HDC Division of Financial Assistance  
**HOME Program**  
**Eligibility Release Form**



County of Monterey  
 Contact: Rosa Camacho-Chavez  
 (831) 755-5389

**Purpose:** Your signature on this HOME Program Eligibility Release Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named organization to obtain information from a third party relative to your eligibility and continued participation in the:

HOME TBRA Program

**HOME Homebuyer Program**

HOME Rental Rehabilitation Program

HOME Homeowner Rehabilitation Program

**Privacy Act Notice Statement:** The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant's eligibility in a HOME Program and the amount of assistance necessary using HOME funds. This information will be used to establish level of benefit on the HOME Program; to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, state, and local agencies when relevant to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

**Instructions:** Each adult member of the household must sign a HOME Program Eligibility Release Form prior to the receipt of benefit and on an annual basis to establish continued eligibility. Additional signatures must be obtained from new adult members whenever they join the household or whenever members of the household become 18 years of age.

**NOTE:** THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

Date: \_\_\_\_\_

**Information Covered:** Inquiries may be made about items initialed by applicant/tenant.

	Verification Required	Initials
Income (all sources)		
Assets (all sources)		
Child Care Expense		
Handicap Assistance eExpense (if applicable)		
Medical Expense (if applicable)		
Other (list) _____ _____		
Dependent Deduction ____ Full-Time Student ____ Handicap/Disabled Family Member ____ Minor Children		

**Authorization:** I authorize the above-named HOME Participating Jurisdiction and HUD to obtain information about me and my household that is pertinent to eligibility for participation in the HOME Program.

I acknowledge that:

- (1) A photocopy of this form is as valid as the original.
- (2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
- (3) I have the right to copy information from this file and to request correction of information I believe inaccurate.
- (4) All adult household members will sign this form and cooperate with the owner in this process.


Head of Household—Signature, Printed Name, and Date: Family Member HEAD

Other Adult Member of the Household—Signature, Printed Name, and Date: Family Member #2


Other Adult Member of the Household—Signature, Printed Name, and Date: Family Member #3

Other Adult Member of the Household—Signature, Printed Name, and Date: Family Member #4

## Verification of Employment

 <p>State HCD Division of Financial Assistance</p> <p>County of Monterey</p> <p>Contact: Rosa Camacho-Chavez _(831) 755-5389</p> <p><b>AUTHORIZATION:</b> Federal regulations require us to verify Employment Income of all members of the household applying for participation in the HOME Program which we operate and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p> <p>Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.</p>	<p>Employed since: _____ Occupation: _____</p> <p>Salary: _____</p> <p>Effective date of last increase: _____</p> <p>Base pay rate: \$_____/Hour; or \$_____/Week; or \$_____/Month</p> <p>Average hours/week at base pay rate: _____ Hours</p> <p>No. Weeks ____, or No. Weeks ____ worked per year</p> <p>Overtime pay rate: \$_____/Hour</p> <p>Expected weekly average number of hours overtime to be worked during next 12 months _____</p> <p>Any other compensation not included above (specify for commissions, bonuses, tips, etc.): For: _____ \$_____ per _____</p> <p>Is pay received for vacation? ___ If yes, no. of days/yr.____</p> <p>Total base pay earnings for past 12 mos. \$_____</p> <p>Total overtime earnings for past 12 mos. \$_____</p> <p>Probability and expected date of any pay increase: _____</p> <p>Does the employee have access to a retirement account? <span style="float: right;">Yes      No</span></p> <p>If Yes, what amount can they get access to: \$ _____</p>
<p><b>RELEASE:</b> I hereby authorize the release of the requested information.</p> <p>_____</p> <p>(Signature of Applicant)</p> <p>Date: _____</p> <p>or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached.</p>	<p>Signature of _____ or Authorized Representative _____</p> <p>Title: _____</p> <p>Date: _____</p> <p>Telephone: _____</p>
<p><b>WARNING:</b> Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.</p>	

## Verification of Assets on Deposit

 <p><b>State HCD</b> Division of Financial Assistance</p> <p>City/County of Monterey Contact: Rosa Camacho-Chavez (831) 755-5389</p> <p><b>AUTHORIZATION:</b> Federal regulations require us to verify Assets on Deposit of all members of the household applying for participation in the HOME Program which we operate and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p> <p>Your prompt return of the requested</p>	Checking Account No. _____ _____	Average Monthly Balance for Last 6 Months _____ _____	Current Interest rate _____ _____		
	Savings Account No. _____ _____	Current Balance _____ _____	Current Interest Rate _____ _____	Current Interest Rate _____ _____	
	Certificate of Deposit Account No. _____ _____	Amount _____ _____	Withdrawal Penalty _____ _____		
	Account No. _____ _____	Amount _____ _____	Withdrawal Penalty _____ _____	Current Interest Rate _____ _____	
<b>Retirement Savings (IRA, Keogh, 401(k))</b>					
<b>Money Market Funds</b>	Money Market Funds _____ _____	Amount (Average 6-month Balance) _____ _____	Interest Rate _____ _____		
<p><b>RELEASE:</b> I hereby authorize the release of the requested information.</p> <p>_____</p> <p>(Signature of Applicant)</p> <p>Date: _____</p> <p>Or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached.</p>	Signature of _____ or Authorized Representative _____ Title: _____ Date: _____ Telephone: _____				
<p><b>WARNING:</b> Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.</p>					

*The Housing Financial Discrimination Act of 1977*  
**Fair Lending Notice**

It is illegal to discriminate in the provision of or in the availability of financial assistance because of the consideration of:

1. Trends, characteristics or conditions in the neighborhood or geographic area surrounding a housing accommodation, unless the financial institution can demonstrate in the particular case that such consideration is required to avoid an unsafe and unsound business practice; or
2. Race, color, religion, sex, marital status, domestic partnership, national origin or ancestry.

It is illegal to consider the racial, ethnic, religious or national origin composition of a neighborhood or geographic area surrounding a housing accommodation or whether or not such composition is undergoing change, or is expected to undergo change, in appraising a housing accommodation or in determining whether or not, or under what terms and conditions, to provide financial assistance.

These provisions govern financial assistance for the purpose of the purchase, construction, rehabilitation or refinancing of one- to four-unit family residences occupied by the owner and for the purpose of the home improvement of any one- to four-unit family residence.

If you have any questions about your rights, or if you wish to file a complaint, contact the management of this financial institution or the agency noted below:

**California Department of Housing and Community Development (HCD)**  
**2020 West El Camino Avenue**  
**Sacramento, CA 95833**

**ACKNOWLEDGEMENT OF RECEIPT**

I/We received a copy of this notice.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*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](http://www.irs.gov/form4506t).**

**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](http://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.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number or individual taxpayer identification number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
<b>4</b> Previous address shown on the last return filed if different from line 3 (see instructions)	
<b>5</b> If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

**Caution:** If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your 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. ▶ \_\_\_\_\_

**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 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

**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

/	/	/	/
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**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"/> <b>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.</b> See instructions.	Phone number of taxpayer on line 1a or 2a
▶ _____ <b>Signature</b> (see instructions)	_____ Date
▶ _____ <b>Title</b> (if line 1a above is a corporation, partnership, estate, or trust)	
▶ _____ <b>Spouse's signature</b>	_____ Date

**Sign Here**

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](http://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](http://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	855-587-9604
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	855-800-8105
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	855-821-0094

**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	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 P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250	855-800-8015

**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. 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.