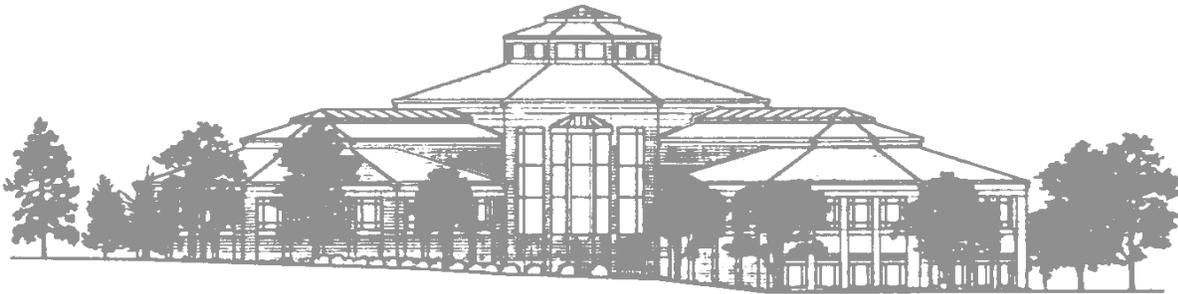


# **2021**

# **City of Springdale**

# **Home Improvement Repair**

# **Program**



**SPRINGDALE BUILDING DEPARTMENT**  
**11700 SPRINGFIELD PIKE**  
**SPRINGDALE, OH 45246**  
**PH: 513-346-5730**  
**FAX: 513-346-5747**

### What is the Home Improvement Repair Program?

The City of Springdale Home Improvement Repair Program assists owner-occupied homeowners in Springdale with needed repairs and improvements to the exterior of their homes. The homeowner is reimbursed for repair/improvement costs incurred up to a maximum of \$2,000.00.

### Who is eligible to participate?

All Springdale owner-occupied homeowners whose household income does not exceed that shown on the chart below based on family size. Homeowners may only take advantage of this program once per year.

MAXIMUM INCOME PER HOUSEHOLD TO QUALIFY FOR HOME IMPROVEMENT REPAIR GRANT (2021) (subject to updates as received by the County)								
Number Of Persons In Household	1	2	3	4	5	6	7	8
Household Income Must Be Less Than or Equal to	\$47,850	\$54,650	\$61,500	\$68,300	\$73,800	\$79,250	\$84,700	\$90,200

### What repairs/improvements are eligible?

Repairs and improvements to the exterior of residential structures and property are eligible. The following improvements are not eligible:

1. Swimming pools, spas or hot tubs
2. Landscaping, plant materials, gardens
3. Underground utilities, storm lines
4. Play equipment
5. New detached accessory structures or additions to such structures.

If you are unsure whether your improvement qualifies, contact the Springdale Building Department at 346-5730.

### Who will do the work?

Either the homeowner or a qualified contractor may complete the work. Three (3) estimates of the work to be performed must be submitted and building permits, if required, must be obtained. Please be aware that the homeowner will not be reimbursed for his/her labor.

### How do I apply?

To apply for the Springdale Home Improvement Repair Program complete the enclosed application and income affidavit and submit it along with proof of ownership to the City of Springdale Building Department, 11700 Springfield Pike, Springdale, Ohio 45246. Once the application is received, it will be reviewed and a City representative will inspect the property for the needed repairs. If eligibility requirements are met, you will be mailed an approval letter with further instructions on completing the work.

**Note: work covered by the application may not be started until you receive notification that the application has been approved**

### How am I reimbursed?

When the necessary repairs are completed, all receipts are submitted to the Springdale Building Department. Homeowners will not be reimbursed for their own labor or for labor of any family member. The work will be inspected by the Building Department representative who will certify that the work is completed in an acceptable manner. After the work is certified, the homeowner will be reimbursed or the contractor will be paid.

**Note: All work approved for reimbursement under this program must be completed within 3 months of the date of the approval letter.**

**CITY OF SPRINGDALE  
APPLICATION FOR HOME IMPROVEMENT REPAIR PROGRAM**

**NAME** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE NO:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

Provide description of work to be done:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated cost: \$ \_\_\_\_\_

\_\_\_\_ Include at least three (3) estimates from contractors, if work is to be performed by a contractor. (Estimates are required to be for the same scope of work from each contractor.)

\_\_\_\_ Include an itemized list of materials with costs if work is to be performed by the homeowner. (Example: a printed cart list from a local store such as Lowes, HomeDepot, Menards, etc.)

Estimated date of completion: \_\_\_\_\_ (**NOTE: WORK MUST NOT BEGIN UNTIL LETTER OF APPROVAL IS RECEIVED FROM THE BUILDING DEPARTMENT**).

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This application and the following information/documents must be submitted to:

***City of Springdale Building Department  
11700 Springfield Pike, Springdale, OH 45246***

1. The attached Income Verification Application including:
  - a. Copy of the most recent Federal income tax return for **ALL** those living in the household (must be less than 12 months old)
  - b. Supporting documentation for **ALL** income sources.
  - c. Initialed and signed Eligibility Release form.
  - d. Completed and signed *4506-T Request for Transcript of Tax Return*
2. Copy of deed to the home or other proof of ownership.
3. Written estimate from at least three (3) contractors if a contractor is performing the work
4. A list of materials and item costs if the homeowner is performing the work.

You must receive a letter of approval and have a pre-work inspection from the Building Department ***before beginning the work.***

***ANY QUESTIONS, PLEASE CALL THE CITY OF SPRINGDALE BUILDING DEPARTMENT AT 513-346-5730***

5/27/2021

## HAMILTON COUNTY COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) Income Verification Application

PLEASE COMPLETE THIS APPLICATION IN ITS ENTIRETY. FAILURE TO PROVIDE TRUE AND COMPLETE INFORMATION MAY DELAY THE PROCESSING OF YOUR APPLICATION. **DO NOT** LEAVE ANY SPACES BLANK.

### **PART A: HOUSEHOLD COMPOSITION AND CHARACTERISTICS**

<b><u>Applicant:</u></b>		
Last Name / First Name / M.I.	Date of Birth / /	Marital Status (circle) Single Married Divorced
Address (City / State / Zip)	Daytime Phone #	Social Security #
<b>Are you a U.S. citizen? (YES / NO) If NO, provide documentation of legal residence with application.</b>		
<b><u>Spouse/Co-Applicant</u></b>		
Last Name / First Name / M.I.	Date of Birth / /	Marital Status (circle) Single Married Divorced
Address (City / State / Zip)	Daytime Phone #	Social Security #
<b>Are you a U.S. citizen? (YES / NO) If NO, provide documentation of legal residence with application.</b>		

<b><u>Race</u></b> (you may circle more than one race):
1. White    2. Black / African-American    3. American Indian / Alaska Native    4. Asian    5. Hawaiian Native / Pacific Islander 6. Other: _____
<b><u>Ethnicity</u></b> (circle one):
1. Hispanic or Latino    2. Non-Hispanic or Latino

*Other Household Members - List requested information for all other members of household. Attach separate sheet if necessary.*

Last Name / First Name / M.I.	Relationship to Applicant(s)	Date of Birth / /	Social Security #
		/ /	
		/ /	
		/ /	

### **PART B: HOUSEHOLD INCOME**

DOES ANY HOUSEHOLD MEMBER: (circle YES or NO and fill in applicable information)

1. Work full-time, part-time, seasonally, or on call – including wages, fees, tips, bonuses, money for services? (YES / NO) If yes, provide:

Household Member Name	Employer Name & Full Address	Fax #	Start Date	Position Held	Gross Earnings (circle interval)
					\$ wkly/bi-wkly/mnthly/yrly

2. Work for someone who pays cash? (YES / NO) If yes, provide:

Household Member Name	Employer Name & Full Address	Fax #	Start Date	Position Held	Gross Earnings (circle interval)
					\$ wkly/bi-wkly/mnthly/yrly

3. Receive unemployment benefits, workers compensation, or severance pay? (YES / NO) If yes, provide:

Household Member Name: \_\_\_\_\_  
 Type of Benefit: \_\_\_\_\_  
 Amount: \_\_\_\_\_ How often received? \_\_\_\_\_

4. Receive alimony? (YES / NO) If yes, provide:

Household Member Name: \_\_\_\_\_ Amount: \_\_\_\_\_  
 How often? \_\_\_\_\_ Former Spouse Name: \_\_\_\_\_

5. Receive Social Security or SSI benefits? (YES / NO) If yes, provide:

Household Member Name: \_\_\_\_\_ Taxable Monthly Amount: \_\_\_\_\_  
 Household Member Name: \_\_\_\_\_ Taxable Monthly Amount: \_\_\_\_\_

6. Receive taxable income from IRA distributions, pensions or annuity payments? (YES / NO) If yes, provide:

Household Member Name: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Type of Retirement/Pension/Annuity: \_\_\_\_\_  
 Claim #: \_\_\_\_\_

7. Receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, and income from stocks or bonds? (YES / NO) If yes, provide:

Household Member Name: \_\_\_\_\_  
 Type of Asset: \_\_\_\_\_  
 Amount of Income/Interests Received: \_\_\_\_\_

Acct. in Name Of:	Name, Address & Phone # of Financial Institution	Type of Instrument (checking, savings, C.D., stock, etc.)	Balance / Value

8. Receive income from rental real estate, royalties, partnerships, S corporations, trusts, etc.? (YES / NO) If yes, provide:

Household Member Name: \_\_\_\_\_  
 Source of Income: \_\_\_\_\_  
 Amount of Income Received: \_\_\_\_\_

9. Own a business or self-employed? (YES / NO) If yes, provide:

Household Member Name: \_\_\_\_\_  
 Business Name: \_\_\_\_\_ Business Address: \_\_\_\_\_  
 Amount of Income: \_\_\_\_\_ Amount of Business Expenses: \_\_\_\_\_

10. Receive any type of military pay/allotment? (YES / NO) If yes, provide:

Household Member Name: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Source of Pay/Allotment: \_\_\_\_\_

11. Other income received in household? (e.g. lottery/raffle winnings, prizes, awards, gambling, etc.) (YES / NO)

If yes, list income: \_\_\_\_\_  
 \_\_\_\_\_

**PART C: HOUSEHOLD INCOME DEDUCTIONS**

The following items may be deducted from the household’s gross annual income calculation. Please fill out the table below if you or any household member claims any of the following deductions:

Income Deductions	Household Member Name(s)	Annual Amount
1. Health savings account deduction		
2. Moving Expenses		
3. Deductible part of self-employment tax		
4. Self-employed SEP, SIMPLE, and qualified plans		
5. Self-employed health insurance deduction		
6. Penalty on early withdrawal of savings		
7. Alimony Paid		
8. IRA deduction		
9. Student Loan Interest deduction		

**PART D: HOUSEHOLD ADJUSTED GROSS INCOME**

- Number of persons in Household: \_\_\_\_\_
- Number of persons in Household earning income: \_\_\_\_\_
- Total of all income listed in Part B, questions 1 – 11: \_\_\_\_\_
- Total of all income deductions listed in Part C, items 1 – 9: \_\_\_\_\_
- Subtract line 4 from line 3. **This is your Household’s Adjusted Gross Income:** \_\_\_\_\_

**PART E: APPLICANT CERTIFICATION**

I/we certify that the information given to Hamilton County Community Development on this application is accurate and complete to the best of my knowledge and belief. I/we understand that false statements or information are punishable under Federal Law and grounds for denial of housing assistance.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant / Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATION SUBMISSION CHECKLIST**

Failure to enclose all necessary documentation will cause delays in the processing of your application.

- \_\_\_\_\_ Signed and dated application
- \_\_\_\_\_ Supporting documentation for ALL income sources
- \_\_\_\_\_ Copy of submitted Federal Income Tax Return for all household members required to file (must be less than 12 months old)
- \_\_\_\_\_ Properly initialed and signed Eligibility Release form
- \_\_\_\_\_ Properly completed and signed 4506-T Form – Request for Transcript of Tax Return

**Community Development Block Grant Program (CDBG)  
Eligibility Release Form**

Hamilton County Community Development  
138 East Court Street, Room 1002  
Cincinnati, OH 45202  
513-946-8234

<p><b>PURPOSE:</b> YOUR SIGNATURE ON THIS 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:</p> <p>COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM</p> <p><b>PRIVACY ACT NOTICE STATEMENT:</b> 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 CDBG PROGRAM AND THE AMOUNT OF ASSISTANCE NECESSARY USING CDBG FUNDS. THIS INFORMATION WILL BE USED TO ESTABLISH LEVEL OF BENEFIT ON THE CDBG 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.</p>	<p>INFORMATION COVERED: INQUIRIES MAY BE MADE ABOUT ITEMS INITIALED BY APPLICANT.</p> <table border="1" data-bbox="846 489 1435 695"> <thead> <tr> <th></th> <th>VERIFICATION REQUIRED</th> <th>INITIALS</th> </tr> </thead> <tbody> <tr> <td>INCOME (ALL SOURCES)</td> <td>X</td> <td></td> </tr> <tr> <td>INCOME EXCLUSIONS (ALL SOURCES)</td> <td>X</td> <td></td> </tr> <tr> <td>ASSETS (ALL SOURCES)</td> <td>X</td> <td></td> </tr> </tbody> </table>		VERIFICATION REQUIRED	INITIALS	INCOME (ALL SOURCES)	X		INCOME EXCLUSIONS (ALL SOURCES)	X		ASSETS (ALL SOURCES)	X	
	VERIFICATION REQUIRED	INITIALS											
INCOME (ALL SOURCES)	X												
INCOME EXCLUSIONS (ALL SOURCES)	X												
ASSETS (ALL SOURCES)	X												
<p><b>INSTRUCTIONS:</b> EACH ADULT MEMBER OF THE HOUSEHOLD MUST SIGN A CDBG 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.</p> <p><b>NOTE:</b> 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.</p>	<p><b>AUTHORIZATION:</b> I AUTHORIZE THE ABOVE-NAMED CDBG PARTICIPATING JURISDICTION AND HUD TO OBTAIN INFORMATION ABOUT ME AND MY HOUSEHOLD THAT IS PERTINENT TO ELIGIBILITY FOR PARTICIPATION IN THE CDBG PROGRAM.</p> <p>I ACKNOWLEDGE THAT:</p> <ol style="list-style-type: none"> <li>(1) A PHOTOCOPY OF THIS FORM IS AS VALID AS THE ORIGINAL.</li> <li>(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).</li> <li>(3) I HAVE THE RIGHT TO COPY INFORMATION FROM THIS FILE AND TO REQUEST CORRECTION OF INFORMATION I BELIEVE INACCURATE.</li> <li>(4) ALL ADULT HOUSEHOLD MEMBERS WILL SIGN THIS FORM AND COOPERATE WITH THE OWNER IN THIS PROCESS.</li> </ol>												
<p>_____ <b>HEAD OF HOUSEHOLD-SIGNATURE, PRINTED NAME AND DATE: HOUSEHOLD MEMBER-HEAD</b></p> <p>_____ OTHER ADULT HOUSEHOLD MEMBER-SIGNATURE, PRINTED NAME AND DATE: <b>HOUSEHOLD MEMBER #3</b></p>	<p>_____ OTHER ADULT MEMBER OF HOUSEHOLD-SIGNATURE, PRINTED NAME AND DATE: <b>HOUSEHOLD MEMBER #2</b></p> <p>_____ OTHER ADULT HOUSEHOLD MEMBER-SIGNATURE, PRINTED NAME AND DATE: <b>HOUSEHOLD MEMBER #4</b></p>												

**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).

OMB No. 1545-1872

**Tip.** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](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>5a</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.	
<b>5b</b> Customer file number (if applicable) (see instructions)	

**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 5a, 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 each quarter or tax period separately.

/ /	/ /	/ /	/ /
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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"/> 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
<b>Sign Here</b> ▶ _____ 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](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.

**What's New.** 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, is shown on the transcript.

A new optional Customer File Number field is available to use when requesting a transcript. You have the option of inputting a number, such as a loan number, in this field. You can input up to 10 numeric characters. The customer file number should not contain an SSN. This number will print on the transcript. The customer file number is an optional field and not required.

**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 5a) 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  855-587-9804
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 S-2 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, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin, 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
Maine, Massachusetts, New Hampshire, New York, Pennsylvania, Vermont	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999  855-821-0094

**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 5b.** 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 be blank 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 other 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 office, state, 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.

**HUD Funded Project Beneficiary Questionnaire**  
**Mail to: Hamilton County Community Development**  
**138 East Court St. Room 1002, Cincinnati, Ohio 45202**

All individuals that benefit from programs administered with US Department of Housing and Urban Development (HUD) funds must complete this questionnaire. Please answer all questions as accurately as possible. Responses are strictly confidential.

Name \_\_\_\_\_ Address \_\_\_\_\_

Do you rent this dwelling? YES \_\_\_ NO \_\_\_ Is this a female headed household? YES \_\_\_ NO \_\_\_ Is the head of household elderly (62+ years of age)? YES \_\_\_ NO \_\_\_

Select the race and ethnicity of the head of household in the boxes below:

<b>Single Race:</b>	Alaskan Native or American Indian ___	Asian ___	Black or African-American ___	Native Hawaiian or Pacific Islander ___	White ___
<b>Multi-Race:</b>	Alaskan Native or American Indian and White ___	Asian and White ___	Black or African-American and White ___	Alaskan Native or American Indian and Black or African American ___	Other Multi Racial Group ___

**Ethnicity:** Please check one  
 Hispanic \_\_\_ Non-Hispanic \_\_\_

**Step 1:** In the chart below, circle the total number of persons living in the household. (1-8).  
**Step 2:** In the column below the household number selected in Step 1, circle total gross (before taxes) household income. Household income includes the income of all persons 18 years or older residing in household.

	Number of Persons in Household							
	1	2	3	4	5	6	7	8
	<b>Total Household Income</b>							
\$14,850 or less	\$17,000 or less	\$20,160 or less	\$24,300 or less	\$28,440 or less	\$32,580 or less	\$36,730 or less	\$40,890 or less	
14,851 – 24,750	17,001 – 28,300	20,161 – 31,850	24,301 – 35,350	28,441 – 38,200	32,581 – 41,050	36,731 – 43,850	40,891 – 46,700	
24,751 – 39,600	28,301 – 45,250	31,851 – 50,900	35,351 – 56,550	38,201 – 61,100	41,051 – 65,600	43,851 – 70,150	46,701 – 74,650	
39,601 or more	45,251 or more	50,901 or more	56,551 or more	61,101 or more	65,601 or more	70,151 or more	74,651 or more	

I verify that all information listed on this survey is true and correct to the best of my knowledge. I realize that I may be held civilly or criminally liable under federal, state and/or local law for knowingly providing false or fraudulent information.

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