

**MAYOR'S OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT
CITY SECOND LOAN PROGRAM (CSLP)
TRANSMITTAL FORM**

YOU MUST BOUND THE APPLICATION IN A LEGAL SIZE MANILA FOLDER WITH TWO FASTENERS

A completed Transmittal Form Must Accompany Each Application

Property Address: 	Name of Borrowers:
--------------------------------------	---------------------------------------

The following documents are enclosed as indicated by [X], all CSLP forms must include original wet signatures:

Left side of the folder:

- ☐ Preliminary Report (top)
- ☐ Ratified Purchase Agreement and Short Sale Approval by Bank
- ☐ Wire Instructions
- ☐ Receipt for Escrow Deposit
- ☐ First Loan Application-1003 Form signed and dated by the borrower
- ☐ Underwriting Summary-1008 Form
- ☐ First Loan Approval
- ☐ Copy of Good Faith Estimate (GFE)
- ☐ Copy of borrower's credit report
- ☐ Inspection or contractor report of the property
- ☐ Fair Market Appraisal (bottom)

Right side of the folder:

- ☐ CSLP Transmittal Form (top)
- ☐ The CSLP application fee check for \$_____ (cashier's check)
- ☐ CSLP-1 Loan Application
- ☐ CSLP-2 Lender's Certification
- ☐ CSLP-3 Income Tax Affidavit
(Must be submitted when applying from Jan 1 through Feb. 28 in lieu of tax return for previous year)
- ☐ CSLP-4 First Time Homebuyer Affidavit
- ☐ HomeownershipSF Consent Form
- ☐ Homebuyer Education Certificate
(renew every 6 months)
 - ☐ Asian, Inc.
 - ☐ MEDA
 - ☐ CCCSSF
 - ☐ SFHDC
 - ☐ LGBT Center

- ☐ Borrower(s) three most current & consecutive pay stubs or VOE
- ☐ Unemployed Affidavit (if applicable)
- ☐ Self-Employed Affidavit (if applicable)
- ☐ Signed and dated-Profit and Loss Statement
- ☐ Complete set of past three year tax returns (signed and dated):
 - ☐ 2012 + ___W2 Forms,
 - ☐ 2011 + ___W2 Forms,
 - ☐ 2010 + ___W2 Forms.
- ☐ Form 4506 – Request for copy of Tax Return (wet signature)
- ☐ Last 3 months Bank Statements.
- ☐ Gift Letter (if applicable)
- ☐ General Release and Waiver of Liability

LENDER NAME: _____	
BRANCH ADDRESS: _____	
SUBMITTED BY -NAME: _____	TITLE: _____
SIGNATURE: _____	DATE: _____
TELEPHONE: _____	FAX: _____
EMAIL ADDRESS: _____	

CSLP LOAN APPLICATION

PROPERTY ADDRESS _____ **No. of Bedrooms:** _____
(Property to be purchased)

1. NAME OF BORROWER _____

2. NAME OF CO-BORROWER _____

OCCUPATION _____

OCCUPATION _____

HOME TEL. # _____

HOME TEL. # _____

WORK TEL. # _____

WORK TEL. # _____

Email: _____

Email: _____

3. Borrower Ethnicity: _____ American Indian or Alaskan Native African American Asian or Pacific Islander White Hispanic Other
(Optional, for Statistical purposes)

4. Co-Borrower Ethnicity: _____ American Indian or Alaskan Native African American Asian or Pacific Islander White Hispanic Other
(Optional, for Statistical purposes)

5. Household Size _____ **6. Head of Household: Female** _____ **Male** _____ **7. Age of Head of Household** _____

8. Name, Age and Relationship of all persons or dependents other than named borrowers who will occupy the residence:

Name	Age	Relationship to Borrower	Dependent for Tax Purpose? (Y/N)

9. CURRENT ADDRESS: _____
City State Zip Code

10. PREVIOUS ADDRESSES (If residing at the current address for less than 3 yrs., complete the following):

Address	Date of Residency		Indicate whether was owned, rented or "other"*
	Beginning	Ending	

* All answers of "owned" OR "other" must be fully explained; use additional paper if necessary.

11. INCOME (Gross Annual Income)

Income Sources	Borrower	Co-Borrower	Other HH Members over 18	Total
Base Employment Income				\$
Overtime				
Commissions/Bonuses				
Interest/Dividends				
S. S. Payment/Pension				
Child Support/Alimony				
Other Income				
Total Household Income	\$		\$	\$

12. DETAIL OF PURCHASE**13. ASSETS**

A. Purchase Price	\$	Description (List Checking & Savings accounts below)	Cash or Market Value
B. Est. Closing Costs		Checking or Savings Account #	\$
C. Est. Prepaid Escrow		Name of Bank, S & L, or Credit Union	
Total (A+B+C)	\$	Address	
D. Amount of First Mortgage	()	Checking or Savings Account #	
E. Amount Requested From City <i>Not to exceed 15% of purchase price</i>	()	Name of Bank, S & L, or Credit Union	
F. Other Financing	()	Address	
G. Other Credits (explain)	()	Stocks & Bonds (Acct. No./Description)	
H. Amount of Cash Deposit	()	SUBTOTAL LIQUID ASSETS	
I. Cash from Borrower	\$	Other Assets	

14. DECLARATIONS

(please circle the answers below)

- | | <u>Borrower</u> | | <u>Co-Borrower</u> | |
|---|------------------------|-----|---------------------------|-----|
| | No | Yes | No | Yes |
| • Have you ever owned any property as a principal residence? | | | | |
| • Do you intend to occupy the property within 60 days of close of escrow? | | | | |
- If you answer "yes" to any of the following questions, please provide explanation.
(If necessary, attach additional paper)
- | | | | | |
|--|----|-----|----|-----|
| • Are there any outstanding judgments against you? | No | Yes | No | Yes |
| • Have you been declared bankrupt within the past 7 years? | No | Yes | No | Yes |

15. ACKNOWLEDGMENT AND AGREEMENT

THE UNDERSIGNED SPECIFICALLY ACKNOWLEDGE (S) AND AGREE (S) THAT: 1) THE LOAN REQUESTED BY THIS APPLICATION WOULD BE SECURED BY A SECOND DEED OF TRUST ON THE PROPERTY DESCRIBED HEREIN, 2) THE PROPERTY WILL BE USED SOLELY AS THE PRINCIPAL RESIDENCE OF THE UNDERSIGNED, 3) ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND MADE FOR THE PURPOSE OF OBTAINING A CITY SECOND LOAN PROGRAM (CSLP) LOAN FROM THE CITY AND COUNTY OF SAN FRANCISCO. VERIFICATION MAY BE OBTAINED FROM ANY SOURCE NAMED IN THIS APPLICATION. I/WE FULLY UNDERSTAND THAT TO KNOWINGLY MAKE ANY FALSE STATEMENTS CONCERNING THIS APPLICATION WILL RESULT IN THE CITY'S DENIAL OF A CSLP LOAN OR WILL BE A DEFAULT UNDER A CSLP LOAN, AS APPLICABLE.

Borrower's Signature

Date

Co-Borrower's Signature

Date

LENDER'S CERTIFICATION OF BORROWER ELIGIBILITY

1. _____ ("Lender") states the following:

The Lender has accepted and reviewed the City Second Loan Program ("CSLP") application for:

(Borrower's Name)
Who shall be referred to as "Borrower(s)"

(Co-Borrower's Name)
Who shall be referred to as "Co-Borrower(s)"

(Current Address)

(City, Zip Code)

2. The application was made in connection with Borrower(s) for a first mortgage loan for the purchase of a Principle Residence home (the "Residence") located at:

San Francisco, CA _____
(Street Address of Residence to be purchased)

3. The Lender is considering a mortgage loan to the Borrower(s) in the amount of \$_____.
4. The Lender has obtained the Borrower's Application Affidavit, true, complete and signed copies of Borrower's federal tax returns for the three-year period prior to _____ (date of application) or an Income Tax Affidavit, whichever is appropriate. After reasonable investigation, the Lender hereby certifies that the Residence is _____ bedroom single-family home, townhouse/condominium (please circle one) located in the City and County of San Francisco and is reasonably expected to become the Borrower's principal residence within sixty (60) days after the escrow is closed.
5. The purchase price for the residence is \$_____ and said amount is within CSLP limits.
6. Based on borrower(s) representation and Lenders review of Borrower(s) 3 years federal tax returns, credit report and/or any land Title information to which the lender may have access, the Borrower(s) is/are first time homebuyer.
7. The mortgage loan which the Borrower(s) will receive will not be used for acquisition or replacement of an existing mortgage on the Residence.
8. No person who is a related person to the Borrower has an interest as a creditor in the mortgage loan to be made for acquisition of the Residence.
9. The Borrower's gross annual household income as defined below is \$_____, which amount is within CSLP income limits. (Gross income listed should match income noted on Application Affidavit). Verification of income is attached.
10. Lender has provided borrower with a Good Faith Estimate with an explanation of all costs or charges related to the financing of the mortgage loan. Before issuing a loan commitment, lender has not directly or indirectly prohibited borrower from shopping for a mortgage loan from another lender.

11. The Lender has charged the Borrower(s) only those reasonable normal and customary fees as would be charged to a potential borrower applying for a mortgage loan not provided in connection with a CSLP loan.
12. Based upon reasonable investigation, the Lender has no reason to believe that the Borrower(s) has made any negligent, fraudulent or material misstatements in connection with the Borrower's application for a CSLP loan.
13. The Lender has reviewed Borrower's credit report and based on the Lenders verification has determined the Borrower has an acceptable credit history for a first mortgage loan.

By: _____
(Signature of Lender Representative)

Title: _____

Print Name

Date: _____

Attached: _____ Current Paystubs or Income Verification

_____ Profit and Loss Statement (self-employed)

_____ Completed set of Past 3 year Tax Returns and W-2 Forms

Other _____

INCOME DETERMINATION

The gross income of a Borrower (or Borrowers) (as defined by Revenue Ruling 86-124) promulgated by the Internal Revenue Service is the Borrower's annualized gross income. Annualized gross income is gross monthly income multiplied by 12. Gross monthly income is the sum of monthly gross pay; any additional income from overtime, part-time employment, bonuses, dividends, interest, royalties, pensions, Veterans Administration (VA) compensation, net rental income, etc; and other income (such as alimony, child support, public assistance, sick pay, social security benefits, unemployment compensation, income received from trusts, and income received from business activities or investments). Information with respect to gross monthly income may be obtained from available loan documents executed during the 4-month period ending on the date of the closing of the mortgage, provided that any gross monthly income not included on the loan documents must be included in determining gross monthly income. The income to be taken into account in determining gross income is income of the Borrower (or Borrowers) and any other person over 18 years of age who is expected to live in the residence being financed. Income includes the income of both spouses.

INCOME TAX AFFIDAVIT

1. I (We) the undersigned, being first duly sworn, state the following:

(Complete Paragraph 2 only if you were not required by law to file Federal Income Tax returns for any year during the preceding three years. Disregard if inapplicable.)

2. _____ I (We) hereby certify that I (we) was (were) not required by law to file a Federal Income Tax Return for the following year(s) _____ for the reason(s) below:

Please supply documentation supporting the above explanation.

3. _____ I (We) hereby certify that the application in connection with which I (we) am (are) applying for a loan is occurring between **January 1 and February 28**, and that I (we) have not yet filed our Federal Income Tax Return for the prior tax year. The income I (we) have for 20_____ was \$_____ and do not exceed the income limits for the CSLP, attached is copy of the last paystub or W-2 form for prior tax year.

(Check Paragraph 3 only if the closing for the financing in connection with your application for City Second Loan Program (CSLP) loan will occur between January 1 and February 28 and you have not filed your Federal Income Tax return for the immediately preceding year. Disregard if inapplicable)

4. I (We) acknowledge and understand that this Affidavit will be relied upon for purposes of determining my (our) eligibility for a CSLP loan. I (We) acknowledge that a material misstatement fraudulently or negligently made in this affidavit or in any other statement made by me (us) in connection with an application for a CSLP loan may constitute a federal violation punishable by a fine and/or denial of my (our) application for a CSLP loan, or, if a loan has been funded prior to discovery of the false statement will constitute a default under the CSLP loan and my (our) loan is immediately due and payable, which may be in addition to any criminal penalty imposed by law.

Date of Application

Signature of Applicant

Signature of Applicant

State of California

County of _____)

On _____ before me, _____,
(Here insert name and title of the officer)

Personally appeared _____,

Who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal

Signature of Notary Public

(Notary Seal)

FIRST TIME HOMEBUYER AFFIDAVIT

I (we) understand that I (we) am (are) eligible for the City Second Loan Program ("CSLP") from the City and County of San Francisco only if I (we) individually as Borrower(s) and any resident member of the household as defined by the CSLP Guidelines are "First Time Homebuyers". In order to qualify as a First Time Homebuyer, I (we) or any resident members of my household have never ever held an ownership interest in any property.

An ownership interest is defined as a fee simple ownership interest, including but not limited to an interest held individually; or a joint ownership interest by joint tenancy, tenancy in common, community property or a life estate interest.

I (We) certify that I (we) are "First Time Home Buyers" consistent with the above guidelines and definitions as of

_____ (date of application)

Signature of Applicant

Signature of Applicant

State of California

County of _____)

On _____ before me, _____,
(Here insert name and title of the officer)

Personally appeared _____,

Who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal

Signature of Notary Public

(Notary Seal)

MAYOR'S OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT
CITY AND COUNTY OF SAN FRANCISCO



EDWIN M. LEE
MAYOR

OLSON LEE
DIRECTOR

HOMEOWNERSHIP COUNSELING CONSENT FORM

The Mayor's Office of Housing and Community Development requires every adult household member applying for a City administered homeownership assistance program, in connection with the purchase of a residential unit, to:

1. Attend Pre-Purchase Homeownership workshop(s) for a cumulative minimum of 6 hours.
2. Meet with a counselor, from one of the City's participating, non-profit housing counseling agencies, to receive a one-on-one counseling session (see www.homeownershipsf.org for current list of approved housing counseling agencies.)
3. Receive a Certificate of Completion once requirements 1 and 2 noted above are completed.

I/We understand the Certificate of Completion requirement is in place to ensure first-time homebuyers are educated about the eligibility criteria and policies of the various City administered homeownership assistance programs AND:

- Assessing readiness to buy a home
- Financing a home
- Maintaining a home and finances
- Budgeting and credit
- Selecting a home
- Home-buying process

I/We understand and authorize the Mayor's Office of Housing and Community Development, its participating non-profit housing counseling agencies and HomeownershipSF to exchange information about my application, including information about my/our final settlement statement, which shall be used for statistical information or funder reports only.

I/We agree to be contacted by HomeownershipSF and/or its member, non-profit housing counseling agencies for additional services including post purchase counseling which includes budgeting, home maintenance and foreclosure prevention topics. I/We agree to be contacted by HomeownershipSF and/or its member, non-profit housing counseling agencies for referral/counseling services in case of any financial hardship or loan default.

Name as it will appear on Title:	Signature(s):	Date:

Property to be purchased: (Enter N/A if not yet identified)

Street No.	Street Name:	Unit No.:	San Francisco, CA	Zip code:
			San Francisco, CA	

GENERAL RELEASE AND WAIVER OF LIABILITY

I hereby acknowledge that I am applying for City Second Loan Program ("CSLP") from the City and County of San Francisco (the "City"), acting by and through the Mayor's Office of Housing and Community Development.

By participating in this program, I hereby waive any right to recover from, and forever release and discharge City, its officers, employees, agents, contractors and representatives, and their respective heirs, successors, legal representatives and assigns, from any and all demands, claims, legal or administrative proceedings, losses, liabilities, damages, penalties, fines, liens, judgments, costs or expenses whatsoever (including, without limitation, attorneys' fees and costs), whether direct or indirect, known or unknown, foreseen or unforeseen, that may arise on account of or in any way be connected with, any injury, loss or damage to any person or property in or about the property located at _____, San Francisco, CA 94_____, that I am about to purchase (the "Property") by or from any cause whatsoever including, without limitation, (i) any act or omission of persons performing work on the Property; (ii) any act or omission of persons occupying adjoining premises or any part of the building adjacent to or connected with the Property, (iii) theft, (iv) explosion, fire, steam, oil, electricity, water, gas or rain, pollution or contamination, (v) Property defects, and (vi) any other acts, omissions or causes.

In connection with the foregoing release, I expressly waive the benefits of Section 1542 of the California Civil Code, which provides as follows:

A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS OR HER FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN TO HIM OR HER MUST HAVE MATERIALLY AFFECTED HIS OR HER SETTLEMENT WITH THE DEBTOR.

I hereby assume full responsibility for all liability and all risk of injury or loss, in connection with the Property.

I affirm that the information I have provided is true; that I have reviewed the rules and regulations of the DALP. I further understand that the City and County of San Francisco reserve the right to take appropriate civil and/or criminal action against me for any proven fraudulent use of this DALP.

I agree that I have read and understand this General Release and Waiver of Liability.

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____

STATE OF CALIFORNIA

CITY AND COUNTY OF SAN FRANCISCO } SS.

On _____, before me, _____, Notary Public, personally appeared _____, personally known to me or prove to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal

(This area for official seal)

CITY AND COUNTY OF SAN FRANCISCO
MAYOR'S OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT
CITY SECOND LOAN PROGRAM (CSLP)
One S. Van Ness Avenue, 5th Floor
San Francisco, CA 94103

**CITY AND COUNTY OF SAN FRANCISCO
MAYOR'S OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT
CITY SECOND LOAN PROGRAM (CSLP)
UNEMPLOYED AFFIDAVIT**

Before me this ____ day of _____, 20____, personally appeared _____, who, being duly sworn, deposes and says:

I _____ (borrower's Name) am NOT presently employed and NOT currently receiving any income, and will NOT file for unemployment benefits in 20____.

I acknowledge and understand that this Affidavit will be relied upon for purposes of determining my eligibility for the City Second Loan Program (CSLP) loan. I acknowledge that a material misstatement fraudulently or negligently made in this affidavit or in any other statement made by me in connection with a loan application may constitute a federal violation punishable by a fine and/or denial of my application for the CSLP loan.

Signature:

Borrower

Date

State of California

County of _____

On _____ before me, _____,
(Here insert name and title of the officer)

Personally appeared _____,

Who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature of Notary Public

(Notary Seal)

CITY AND COUNTY OF SAN FRANCISCO
MAYOR'S OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT
CITY SECOND LOAN PROGRAM (CSLP)
One S. Van Ness Avenue, 5th Floor
San Francisco, CA 94103

**CITY AND COUNTY OF SAN FRANCISCO
MAYOR'S OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT
CITY SECOND LOAN PROGRAM (CSLP)
SELF-EMPLOYED AFFIDAVIT**

Before me this _____ day of _____, 20 ____, personally appeared _____, who, being duly sworn, deposes and says:

I am currently self-employed and am submitting a Profit and Loss Statement from the most recent quarter that is a true and accurate reflection of my income to the Mayor's Office of Housing and Community Development for the purpose of applying for City Second Loan Program (CSLP) loan.

I (We) acknowledge and understand that this Affidavit will be relied upon for purposes of determining my (our) eligibility for the City Second Loan Program (CSLP) loan. I (We) acknowledge that a material misstatement fraudulently or negligently made in this affidavit or in any other statement made by me (us) in connection with an application for a City Second Loan Program (CSLP) loan may constitute a federal violation punishable by a fine and/or denial of my (our) application for a CSLP loan.

I have been self-employed from the following month and year forward: ____ / ____

This affidavit must be accompanied by a signed and dated Profit and Loss Statement that reflects the most recent quarter. The Profit and Loss Statement must be modeled on Schedule C of the most current available federal tax form.

Signature:

Borrower

Date

State of California
County of _____

On _____ before me, _____,
(Here insert name and title of the officer)

Personally appeared _____,

Who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature of Notary Public

(Notary Seal)

Request for Transcript of Tax Return

OMB No. 1545-1872

► Request may be rejected if the form is incomplete or illegible.

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

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

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 IRS 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 1120A, Form 1120H, Form 1120L, 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 30 calendar 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 30 calendar 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 2010, filed in 2011, will not be available from the IRS until 2012. 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 45 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. _____

Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved **identity theft** on your federal tax return ☐

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, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

Sign Here		Phone number of taxpayer on line 1a or 2a
	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.

What's New

The IRS has created a page on IRS.gov for information about Form 4506-T at www.irs.gov/form4506. 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.

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.

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 "Order a Transcript" or call 1-800-908-9946.

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 the "Internal Revenue Service" at:
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	RAIVS Team Stop 6716 AUSC Austin, TX 73301
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	RAIVS Team Stop 37106 Fresno, CA 93888
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	RAIVS Team Stop 6705 P-6 Kansas City, MO 64999
	512-460-2272
	559-456-5876
	816-292-6102

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to the "Internal Revenue Service" at:
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, or A.P.O. or F.P.O. address	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409
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	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250
	801-620-6922
	859-669-3592

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P. O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note. If the address on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address.

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

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

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.

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.

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.

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 Products Coordinating Committee
SE:W:CAR:MP:T:M:S
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.

GIFT LETTER

For consideration of a gift of funds received by a loan applicant, the donor of the gift must complete the following information and return the form to the Mayor's Office of Housing for verification.

I, _____ (Donor), do hereby certify the following:
(Print Name of Donor(s))

I have made a gift of \$ _____ (amount) to _____ (recipient) whose relationship is: _____ (relationship)

- (1) This gift is to be applied toward the purchase of the property located at: _____ (property address)
- (2) These funds: _____ are currently on deposit and will be transferred to applicant on _____.
_____ were on deposit and transferred to applicant on _____.
_____ will be given to applicant for deposit at loan closing in the form of a cashier's check with Donor as the remitter.

I/we understand that this gift will require documentation, including proof that I/we have the ability to give the gift and receipt of gift by applicant. Mayor's office of Housing may verify my/our funds by contacting:

Name of Bank/Depository: _____

Street Address, City/State/Zip: _____

Account Number: _____

- (3) No repayment of the gift is expected or implied in the form of cash or by future services of the recipient.
- (4) The funds given to the homebuyer were not made available to the donor from any person or entity with an interest in the sale of the property including the seller, real estate agent or broker, builder, loan officer, or any entity associated with them.

_____/_____
Donor Signature Date

_____/_____
Donor Signature Date

Donor Street Address

Donor Street Address

City/State/Zip

City/State/Zip

Telephone #

Telephone #

APPLICANT'S CERTIFICATION

I/we acknowledge that the funds listed above were not borrowed in any way nor did they come from any interested person (s) associated with this transaction (builder, seller, mortgage brokers or real estate agent, etc.)

Applicant, Printed Name

_____/_____
Applicant Signature Date

Co-applicant, Printed Name:

_____/_____
Co-applicant Signature Date

Applicant Phone Number

Applicant email address

Applicant Address

City/State/Zip

You may attach additional pages, as necessary.