



**TOWN OF BABYLON (TOB)**  
***Next Generation Down Payment Assistance Program***  
***For First Time Homebuyers***

**PROGRAM GUIDELINES**

**I. Grant Assistance**

Under this program the Town of Babylon will match the first time home buyers down payment, dollar for dollar, up to \$15,000. Grant funds will be allocated to qualifying applicants on a first come first serve basis. This program can be coupled with most other types of assistance programs and mortgages available. Full amount of grant assistance must be repaid upon sale or refinancing of the home. Funding is limited so we encourage eligible households to apply early.

**II. Income Guidelines**

The maximum permitted annual household income for purchasers in the Town of Babylon Down Payment Program shall not exceed 120% of the median annual household income for the area as determined by HUD. **Applicants must have an annual income ABOVE 80% of the median annual household income to qualify for this program.** Those persons who are at or under the 80% AMI threshold may be eligible for the Town of Babylon’s HOME Down Payment Assistance Program for First Time Homebuyers. That application may be obtained separately by calling the Long Island Housing Partnership at (631) 435-4710.

<u>Household Size</u>	<u>Minimum Annual Income (80%)</u>	<u>Maximum Annual Income (120%)*</u>
1	\$57,001	\$85,600
2	\$65,151	\$97,800
3	\$73,301	\$110,000
4	\$81,451	\$122,200
5	\$87,951	\$132,000
6	\$94,451	\$141,800
7	\$101,001	\$151,600
8 or more	\$107,501	\$161,400

\* Includes all income – overtime, bonuses, pensions, social security, 401K distributions, tips, etc. Your gross income cannot exceed the maximum annual income for your household size. LIHP must anticipate the income that will be received for the upcoming 12-month period. Tax returns will be required for all household members whose earnings will be used as part of the income qualification. Any person whose earnings will be used to qualify for the program will be required to sign a ‘4506’ tax release form to verify their tax returns with the Internal Revenue Service.

**III. Property Value Limit**

The appraised value of the property to be purchased must not exceed the HUD 203(b) mortgage limit for our area for the type of housing being purchased. The limit on the maximum appraised value of a single-family unit changes every year. **The limit on the maximum appraised value of a single-family unit for 2008 was \$396,150.**

**IV. Preference (as established by the Town of Babylon)**

Applications shall be evaluated and certified on a first come, first served basis on the availability of funds with preference being extended in the following order:

- Category A - Complete applications of those who live or work in Nassau or Suffolk County
- Category B – All others
- Incomplete applications - These applications **will not be processed** until all documentation is received.

**V. First-Time Homebuyer Requirement**

The program is limited to first-time homebuyers (defined by HUD as a household that has not owned a home during the three-year period immediately prior to the purchase of a residence).

**VI. Eligible Housing Types**

Eligible homes are pre-existing or newly constructed single-family residence located within the Town of Babylon and occupied as a principal residence and include:

- Town Houses
- Condominiums
- Co-operative Apartments
- Manufactured homes

**VII. Residency Requirement**

Applicants must occupy the property as their Principal Residence.

**VIII. Pre-purchase Guidelines**

Applicant cannot have entered into a contract to purchase a home prior to participation in this program. Applicant cannot close on a home prior to receiving a purchase certificate and the approval from LIHP and TOB.

**IX. Homebuyer Selection Area**

All homes must be purchased within Town of Babylon, which consists of the following towns and villages:

- AMITYVILLE
- BABYLON
- COPIAGUE
- DEER PARK
- FARMINGDALE (SUFFOLK COUNTY)
- LINDENHURST
- NORTH BABYLON
- WEST BABYLON
- WHEATLEY HEIGHTS
- WYANDANCH

**X. Mortgage Ability & Mortgage Counseling Requirements**

Applicants must have adequate resources and credit to qualify for a home mortgage. **Eligible Applicants are required to attend The Long Island Housing Partnership’s pre-purchase mortgage counseling and obtain a pre-approval from a recognized lending institution.** (This counseling session is **free of charge** and takes approximately one hour. LIHP is a HUD certified mortgage-counseling agency). LIHP assists qualified applicants in securing a mortgage. (However, it is the responsibility of the applicant to secure a mortgage.) Applicants must submit to LIHP all standard documentation required for mortgage review, including signed copies of the last three years of their Federal Income Tax Returns, W-2 forms, four (4) most recent consecutive pay stubs, and most recent three (3) months bank statements and investment accounts showing assets needed for down payment and closing costs.

- Note:**
1. **Private mortgages are not acceptable.**
  2. **Mortgages must be with a recognized lending institution**
  3. **“No Doc” Loans, 100% financing, and 80/20 loans are not permitted**

**XI. Mortgage Counseling Certificate Issuance**

After attending a one-on-one mortgage counseling session and obtaining a pre-approval from a recognized lending institution applicants will be provided with a Mortgage Counseling Certificate. The Mortgage Counseling Certificate and pre-approval **must be forwarded to the Program Manager of the Down Payment Program.**

## **XII. Purchaser Certificate Issuance**

Upon receipt of a Mortgage Counseling Certificate and a Pre-approval from a recognized lending institution approved applicants will be issued a Purchaser Certificate providing them three months from date of the certificate to enter into contract to buy a home within the boundaries of Town of Babylon.

After entering into a contract to purchase, applicants are given three months to secure a mortgage with a recognized lending institution and close on the home.

At the discretion of Town of Babylon, any applicant who does not close on a house within six (6) months of the date of issuance of the "Purchase Certificate" **will** be required to resubmit four (4) most recent consecutive pay stubs, and most recent three (3) months bank statements and investment accounts showing assets to ascertain that they still meet the eligibility requirements of the program. Please note that a 45-day extension may be permitted but is not guaranteed.

## **XIII. Proof of No Lead Based Paint**

The purchase of a residential property, constructed prior to 1978, must pass a **visual** lead based paint assessment conducted by a certified lead based paint inspector. LIHP must be provided with written certification of this assessment. **The program will not fund homes that do not pass this initial assessment.** Homes built after 1978 are not required to have this assessment, however, it is the responsibility of the applicant, under the program, to provide LIHP with proof that the home being purchased was constructed after 1978. Neither LIHP nor Town of Babylon will be responsible for the cost of the assessment. Qualified applicants will be provided with a Lead Paint Information Packet and a list of certified lead paint inspectors at the time the Purchaser Certificate is issued.

## **XIV. Pre-Contract Agreement**

**The purchaser of the home cannot displace an existing tenant.** Both the purchaser and the seller will be required to sign a Pre-Contract Agreement to verify that this restriction is not being violated.

The applicant must not have entered into a contract to purchase the house prior to participation in this program. All homes must be purchased within the Town of Babylon. Absolutely no reimbursement of funds will be issued if a closing occurs prior to the issuance of a purchaser's certificate.

## **XV. Annual Monitoring**

After purchasing the home, a monitoring form is mailed annually to the grant recipient. This form will ask the grant recipient to verify in writing that they are maintaining the following required guidelines:

- They are the current owners of the property or home
- The home or property is being occupied as their primary residence
- The property or home is insured and maintained in compliance with the terms of the Note(s) and Mortgage(s)
- No interest in property or home has been sold, rented or transferred

## **XVI. Closing**

After all documents (Pre-Contract Agreement, Contract of Sale, Mortgage Application (1003), Appraisal, Mortgage Commitment, Lead Based Paint Assessment, Title and Certificate of Occupancy) have been forwarded to the Long Island Housing Partnership, as agent for TOB, LIHP will submit a voucher which will allow the Town of Babylon office to draw down the funds and have them available at closing. **Four (4) weeks** should be allotted between when the signed documents are in the hands of the Long Island Housing Partnership and the date of the closing.

At closing, the recipient will be required to sign a Certification of Family Income and a Town of Babylon Note & Mortgage which is subordinate to the prime lender (institution providing the primary mortgage). The Down Payment Assistance Program funds are essentially a deferred payment, non-interest loan, to assist the buyer in a first-time home purchase, which are to be repaid to the Town of Babylon if the home is sold or transferred.

**The Town of Babylon at the closing will provide the Down Payment Assistance Program monies to the buyer. A representative of the Town of Babylon Town Attorney's office will attend the closing and will provide the check once legal matters have been satisfied.**

**XVII. Long Island Green Homes Program\***

Down payment assistance recipients will automatically be enrolled in the Long Island Green Homes Program. Within six (6) months from the date of purchase the Town of Babylon will contact the new homeowner(s) to schedule a Benefit Assessment. The Long Island Green Homes Program enables homeowners to make energy efficient improvements to their homes at little or no cost and without assuming new debt. Information is available for the Long Island Green Homes Program at: [ligreenhomes.com](http://ligreenhomes.com)

\*This program does not apply to Co-ops.

**XVIII. Complete Application Requirement**

A non-refundable application fee of \$75 made payable to the Long Island Housing Partnership, Inc. is required with the application. Therefore, before you make an application for entrance into this program, read the guidelines thoroughly to be certain that you qualify. **Only one application is allowed. Applicants who submit more than one application *will be disqualified*. After being submitted, any changes to an application must be requested in writing *and* must be approved by the program review committee. Applications will be reviewed on a first come, first serve basis.**

Applications shall be completed in full and returned with the \$75.00 application fee to:

The Long Island Housing Partnership, Inc.  
180 Oser Avenue, Suite 800  
Hauppauge, NY 11788  
Attention: Town of Babylon Next Generation Down Payment Assistance Program

**Town of Babylon Next Generation Down Payment Assistance Program Application  
The Long Island Housing Partnership**

**Applicant:**

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

Social Security #: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone #: \_\_\_\_\_

**Current Employment**

Name of Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
\_\_\_\_\_

Employer Telephone #: \_\_\_\_\_

Occupation: \_\_\_\_\_

Gross Monthly Income: \_\_\_\_\_

Pay Period: (weekly, bi-monthly, etc.) \_\_\_\_\_

How many years at position: \_\_\_\_\_

*If less than two years at current employer, please list prior employment history including job description:*

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

**Co-Applicant:**

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

Social Security #: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone #: \_\_\_\_\_

**Current Employment**

Name of Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
\_\_\_\_\_

Employer Telephone #: \_\_\_\_\_

Occupation: \_\_\_\_\_

Gross Monthly Income: \_\_\_\_\_

Pay Period: (weekly, bi-monthly, etc.) \_\_\_\_\_

How many years at position: \_\_\_\_\_

*If less than two years at current employer, please list prior employment history including job description:*

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

**List All Household Members**

<u>Names:</u>	<u>Relationship to Applicant/Co-Applicant</u>	<u>Date of Birth</u>	<u>Monthly Income:</u>
_____	<u>Self</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total number of individuals (family members) planning to live in the home: \_\_\_\_\_



**Town of Babylon Next Generation Down Payment Assistance Program Application  
The Long Island Housing Partnership**

**Additional Employment**

Applicant       Co-Applicant

**Name of Employer:** \_\_\_\_\_

Employer Address: \_\_\_\_\_  
\_\_\_\_\_

Employer Telephone #: \_\_\_\_\_

Occupation: \_\_\_\_\_

Gross Monthly Income: \_\_\_\_\_

Pay Period: (weekly, bi-monthly, etc.)  
\_\_\_\_\_

How many years at position: \_\_\_\_\_

\* \* \*

Applicant       Co-Applicant

**Name of Employer:** \_\_\_\_\_

Employer Address: \_\_\_\_\_  
\_\_\_\_\_

Employer Telephone #: \_\_\_\_\_

Occupation: \_\_\_\_\_

Gross Monthly Income: \_\_\_\_\_

Pay Period: (weekly, bi-monthly, etc.)

**Additional Household Member:**

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

Social Security #: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone #: \_\_\_\_\_

**Employment**

Name of Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
\_\_\_\_\_

Employer Telephone #: \_\_\_\_\_

Occupation: \_\_\_\_\_

Gross Monthly Income: \_\_\_\_\_

Pay Period: (weekly, bi-monthly, etc.) \_\_\_\_\_

How many years at position: \_\_\_\_\_

*If less than two years at current employer, please list  
prior employment history including job description:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Real Estate Information**

Have you (the applicant) or co-applicant ever owned a home, property or shares of a home or property (co-ops) and/or do you currently own any real estate?      Yes       No

If yes, please provide details as to dates and circumstances of ownership.

\_\_\_\_\_

**NOTE:** Only those who have ***not*** owned a principal residence, property, or shares of a principal residence, or property during the past **three years** are eligible for the program.



**Town of Babylon Next Generation Down Payment Assistance Program Application**  
**The Long Island Housing Partnership**  
**BANKING INFORMATION**

**THIS IS IMPORTANT SO IT CAN BE DETERMINED THAT YOU HAVE SUFFICIENT FUNDS FOR THE DOWN PAYMENT**

Applicant

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

\_\_\_\_\_

Savings  Checking  Other  \_\_\_\_\_

Account #: \_\_\_\_\_

Balance: \_\_\_\_\_

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

\_\_\_\_\_

Savings  Checking  Other  \_\_\_\_\_

Account #: \_\_\_\_\_

Balance: \_\_\_\_\_

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

\_\_\_\_\_

Savings  Checking  Other  \_\_\_\_\_

Account #: \_\_\_\_\_

Balance: \_\_\_\_\_

Co-Applicant

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

\_\_\_\_\_

Savings  Checking  Other  \_\_\_\_\_

Account #: \_\_\_\_\_

Balance: \_\_\_\_\_

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

\_\_\_\_\_

Savings  Checking  Other  \_\_\_\_\_

Account #: \_\_\_\_\_

Balance: \_\_\_\_\_

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

\_\_\_\_\_

Savings  Checking  Other  \_\_\_\_\_

Account #: \_\_\_\_\_

Balance: \_\_\_\_\_

Will you be able to obtain a gift if you do not have adequate funds to cover closing costs? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, \*

Amount: \_\_\_\_\_

From Whom: \_\_\_\_\_

(Relationship, i.e., Parent, Sister, Etc.)

**\*Please provide a letter stating that the money provided is in the form of a gift and will not have to be returned.**



**Town of Babylon Next Generation Down Payment Assistance Program Application  
The Long Island Housing Partnership**

**Additional Financial Information**

Please list any other monthly household income. Include alimony/maintenance, income from a pension fund, SSI, SSD or any other supplementary income received.

<u>Applicant</u>	<u>Amount</u>	<u>Co-Applicant</u>	<u>Amount</u>
<u>Source</u>		<u>Source</u>	
_____		_____	
_____		_____	
_____		_____	

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**DISCLAIMER  
CREDIT STATEMENT AGREEMENT**

I/We authorize the release of financial information on my/our behalf in relation to an application and the financing made available to me/us. This authorization includes the release to LIHP and Affiliates by any lender, to which I/we have applied for a mortgage, of all financial information and documentation relating to my/our application.

I/We understand that providing false information may disqualify me/us for consideration in this program. If any of this information changes prior to a signed contract, it is my/our responsibility to notify the Long Island Housing Partnership, Inc. so that an updated determination can be made on my/our status.

I/We understand that after review of my financial status, LIHP may determine that I/we do not qualify for the home selected based on my/our ability to qualify for and/or carry the mortgage required.

If anything changes with my/our income or status on our application, prior to the time of entering into contract, I/We must notify LIHP immediately as this may affect applicant's ability to qualify for a home in this program. LIHP has the right to re-verify applicant's program status up until a formal contract is signed.

As you progress through the mortgage application process it will be necessary to keep us informed and send us copies of the following documents as you receive them: 1) Contract of Sale, 2) Mortgage Application (Form 1003), 3) Mortgage Commitment, 4) Residential Mortgage Appraisal. All documents must be submitted prior to closing!

**Disclaimer:** It is understood that this is not an offer and that the Town of Babylon may change the terms and conditions at any time. It is further understood that notices by the Town of Babylon may be made in such manner as the Town of Babylon may determine, including solely by advertisement.

**MUST BE SIGNED BY APPLICANT AND CO-APPLCANT**

\_\_\_\_\_  
**Applicant's signature**

\_\_\_\_\_  
**Co-Applicant's signature**

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

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



**Town of Babylon Next Generation Down Payment Assistance Program Application  
The Long Island Housing Partnership**

CHECK LIST OF REQUIRED DOCUMENTATION

	<u>APPLICANT</u>	<u>CO-APPLICANT</u>
1. Application form completed with signature(s) and \$75 non-refundable application fee payable to: <b>Long Island Housing Partnership, Inc.</b>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
2. Copies of <b>SIGNED</b> Federal Tax Returns with required schedules and W-2 statement for the last three (3) years.	2007 Yes <input type="checkbox"/> 2006 Yes <input type="checkbox"/> 2005 Yes <input type="checkbox"/>	Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/>
3. Completed and <b>SIGNED</b> IRS Tax Form 4506	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
4. Four (4) most recent consecutive pay stubs that indicate year-to-date gross income. If year-to-date is not included on pay stub, a letter from employer on company stationery is required.	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
5. Three (3) months most recent consecutive bank statements (All Account/All Pages)	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
6. Documentation for Social Security, Pensions, Disability, Unemployment, etc.	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
6. School transcripts for family members over 18 (if applicable)	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
7. Proof of Town of Babylon Residency or Employment:		
A. Proof of Residency (Driver's License, Phone/Electric/Gas Bill, Permanent Residency Card)	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
B. Proof of Employment (Copy of pay stubs)	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
8. If applicable, copy of separation agreement or divorce decree	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>

Comments: \_\_\_\_\_

*I understand that I may be required to supply/submit additional documentation to complete and substantiate my eligibility.*

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CO-APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE



**Town of Babylon Next Generation Down Payment Assistance Program Application  
The Long Island Housing Partnership**

To be completed by both applicant and co-applicant

	<u>Applicant</u> Yes or No	<u>Co-Applicant</u> Yes or No
Have you had any outstanding judgments in the last 7 years?	_____	_____
Have you declared bankruptcy?	_____	_____
Have you had property foreclosed upon or given title or deed in lieu thereof?	_____	_____
Are you a co-maker or endorser on a note? (If yes, please explain)	_____	_____
Are you a party in a lawsuit?	_____	_____
Are you obligated to pay alimony or separated maintenance?	_____	_____
Are you a U.S. citizen?	_____	_____
If “no” are you a resident alien?	_____	_____
Will you occupy the home you purchase as your principal residence?	_____	_____

**PLEASE BRING OR MAIL THE COMPLETED APPLICATION TO:**

Long Island Housing Partnership, Inc.  
180 Oser Avenue, Suite 800  
Hauppauge, NY 11788  
(631) 435-4710

ATTN: Town of Babylon Next Generation Down Payment Assistance Program

This application will be used to determine eligibility for the Town of Babylon’s Down Payment Assistance Program. Questions about the application should be directed to LIHP at 631-435-4710.

***A Seventy-five-dollar (\$75) non-refundable application fee must accompany the application to cover the cost of processing.***

Please make checks payable to: **Long Island Housing Partnership, Inc.**



### Request for Copy of Tax Return

- ▶ **Do not sign this form unless all applicable lines have been completed. Read the instructions on page 2.**
- ▶ **Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.**

**Tip:** You may be able to get your tax return or return information from other sources. If you had your tax return completed by a paid preparer, they should be able to provide you a copy of the return. The IRS can provide a **Tax Return Transcript** for many returns free of charge. The transcript provides most of the line entries from the tax return and usually contains the information that a third party (such as a mortgage company) requires. See **Form 4506-T**, Request for Transcript of Tax Return, or you can call 1-800-829-1040 to order a transcript.

<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 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 if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
<b>4</b> Previous address shown on the last return filed if different from line 3	
<b>5</b> If the tax return is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax return.	

**Caution: DO NOT SIGN** this form if a third party requires you to complete Form 4506, and lines 6 and 7 are blank.

**6 Tax return requested.** (Form 1040, 1120, 941, etc.) and all attachments as originally submitted to the IRS, including Form(s) W-2, schedules, or amended returns. Copies of Forms 1040, 1040A, and 1040EZ are generally available for 7 years from filing before they are destroyed by law. Other returns may be available for a longer period of time. Enter only one return number. If you need more than one type of return, you must complete another Form 4506. ▶ \_\_\_\_\_  
**Note.** If the copies must be certified for court or administrative proceedings, check here. . . . .

**7 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 eight years or periods, you must attach another Form 4506.

____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____
____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____

<b>8 Fee.</b> There is a \$57 fee for each return requested. <b>Full payment must be included with your request or it will be rejected. Make your check or money order payable to "United States Treasury." Enter your SSN or EIN and "Form 4506 request" on your check or money order.</b>	<b>\$ 57.00</b>
<b>a</b> Cost for each return . . . . .	\$
<b>b</b> Number of returns requested on line 7 . . . . .	\$
<b>c</b> Total cost. Multiply line 8a by line 8b . . . . .	\$

**9** If we cannot find the tax return, we will refund the fee. If the refund should go to the third party listed on line 5, check here . . .

**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 return 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 on behalf of the taxpayer.

<b>Sign Here</b>	▶ <b>Signature</b> (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a (    )
	▶ <b>Title</b> (if line 1a above is a corporation, partnership, estate, or trust)		
	▶ <b>Spouse's signature</b>	Date	

## General Instructions

Section references are to the Internal Revenue Code.

**Purpose of form.** Use Form 4506 to request a copy of your tax return. You can also designate a third party to receive the tax return. See line 5.

**How long will it take?** It may take up to 60 calendar days for us to process your request.

**Tip.** Use Form 4506-T, Request for Transcript of Tax Return, to request tax return transcripts, tax account information, W-2 information, 1099 information, verification of non-filing, and record of account.

**Where to file.** Attach payment and mail Form 4506 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 returns (Form 1040 series) and one for all other returns.

If you are requesting a return for more than one year and the chart below shows two different RAIVS teams, send your request to the team based on the address of your most recent return.

**Note.** You can also call 1-800-829-1040 to request a transcript or get more information.

### Chart for individual returns (Form 1040 series)

If you filed an individual return and lived in:	Mail to the "Internal Revenue Service" at:
District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York, Vermont	RAIVS Team Stop 679 Andover, MA 05501
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362
Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa, Kansas, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888
Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia	RAIVS Team Stop 6705-S-2 Kansas City, MO 64999

## Chart for all other returns

If you lived in or your business was in:	Mail to the "Internal Revenue Service" at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, 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, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250

**Partnerships.** Generally, Form 4506 can be signed by any person who was a member of the partnership during any part of the tax period requested on line 7.

**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.

**Signature by a representative.** A representative can sign Form 4506 for a taxpayer only if this authority has been specifically delegated to the representative on Form 2848, line 5. Form 2848 showing the delegation must be attached to Form 4506.

### 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 return(s) under the Internal Revenue Code. We need this information to properly identify the return(s) and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN or EIN, to process your request. 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, and the District of Columbia 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 will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 16 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 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:T:SP, 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.

## Specific Instructions

**Line 1b.** Enter your employer identification number (EIN) if you are requesting a copy of a business return. Otherwise, enter the first social security number (SSN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

**Signature and date.** Form 4506 must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the return be sent to a third party, the IRS must receive Form 4506 within 60 days of the date signed by the taxpayer or it will be rejected.

**Individuals.** Copies of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506 exactly as your name appeared on the original return. If you changed your name, also sign your current name.

**Corporations.** Generally, Form 4506 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.