



**Brooklyn Center Community Fix-up Fund
Home Improvement Loan Program
Repair, Remodel or Install Energy Saving Improvements
Secured and Unsecured Loan Options**

The Greater Metropolitan Housing Corporation (GMHC) is a Minnesota Housing Finance Agency (MHFA) lender offering the Fix-up Fund Loan Program in your community.

<u>Loan Options</u>	<u>Loan Amount</u>	<u>Rate</u>	<u>Term</u>
Home Improvement Loan Secured by a Mortgage	\$2,000 - \$50,000	3%*	Up to 20 year term
* The 3% interest rate is available for a limited time only.			
Unsecured Home Improvement Loan	\$2,000 - \$10,000	6.99% (6.49% with Monthly Automatic payment)	Up to 10 year term

Fix-up Fund Guidelines

- Gross annual household income limit is \$96,500 in the Twin Cities 11 county metro area
- Owner-occupied homes only
- Single-family homes, duplexes, triplexes and fourplexes are eligible
- Hire a contractor or do it yourself
- Funding cannot be provided for work in progress. Do not begin work prior to the loan closing. Loan closings are conducted at the HRC office.
- MHFA reserves the right to change the interest rate without notice.

How to Apply

1. Decide on your project, such as roof replacement, siding, new windows, furnace replacement, kitchen remodel, an addition or other project.
2. Fill out the application for the Fix-up Fund Loan.
3. Submit all required documentation with the application form (*see reverse side for a list of documents*) to GMHC's HousingResource Center™ nearest to you (*locations are listed below*).
4. The HousingResource Center staff will complete the loan process and notify you of your eligibility (*see reverse side for credit underwriting standards*).

Mail or drop off your application to the HousingResource Center - North:

Housing Resource Center – North
2148 44th Avenue N. Minneapolis, MN 55412
(612) 588 – 3033

Documentation Required for Fix-up Fund Application: If you have questions about any of the following, call the HRC for assistance:

- Minnesota Housing Credit Application and all of the enclosed attachments.
- 2 most recent Federal Income Tax Returns including all forms, schedules, W-2s and 1099s from all applicants on the credit application.
- Copy of current mortgage statement
- Copy of your current homeowner's insurance declaration page and the name and contract information of your insurance agent.
- Income verification from all household members who have an ownership interest in the property: applicant, applicant's spouse and any other resident with an ownership interest.
 - If you are employed as a wage-earner, provide two current and consecutive payroll statements from your employer.
 - If you receive Social Security income, provide the latest benefit/award letter from Social Security.
 - If you are self-employed, submit a year-to-date Income and Expense Statement for the current year. A separate Statement must be prepared for each business.
 - If you received other income (retirement, pension, child support, alimony), provide third party verification (bank statements cannot be used to verify).
- Copy of current Photo ID for all borrowers on the Credit Application. Minnesota Drivers License preferred. ID number must be legible.
- Divorce decree if applicable.
- Copy of bid from each contractor you intend to hire. If you are planning on doing some or all of the work yourself, call the HRC to discuss the sweat equity application process.
- Credit Report fee: \$15.00 per married couple; \$15.00 per non-married applicant. Please make check payable to Greater Metropolitan Housing Corporation.

Credit Underwriting Standards

- Minimum credit score for all borrowers: 620 for secured loans; 680 for unsecured loans. Borrowers with no credit score, contact the HRC to discuss alternative credit options.
- Loan-to-value on secured loans: up to 110% after improved value; not applicable on unsecured loans.
- Monthly debt-to-income ratio may not exceed 48% unless there is a guarantor, and:
 - borrower(s) monthly DTI does not exceed 55%; and
 - the combined monthly debt of the borrower and guarantor do not exceed 48%
- In the event of bankruptcy, a minimum 18 months following discharge of Chapter 7 or completion of repayment plan on Chapter 13.
- In the event of a foreclosure, a minimum of 18 months following the completion of the redemption period.



Fix Up Loan Credit Application

INSTRUCTIONS: Complete all information on this application and submit to a participating Minnesota Housing Lending Partner. Direct any questions to your Minnesota Housing Lending Partner.

Eligibility includes the total gross annual income of all owners who reside in the property to be improved, regardless of whether the co-owner will be a co-borrower on the loan. The amount must not exceed \$96,500, except when box below is checked.

In the following loan types, there is no maximum household income limit:

<input type="checkbox"/>	Incentive Rate Energy Conservation and Accessibility Loan – Lender must qualify eligibility of improvements as listed on Minnesota Housing’s website.
<input type="checkbox"/>	Fix Up Accessibility Loan – Lender must qualify all improvements as directly related to the accessibility needs of the household resident and must request prior approval from Minnesota Housing.

Minnesota Housing Lending Partner Information:

Minnesota Housing Lending Partner _____

Date of Application _____

Borrower Information:

Last Name _____

First Name _____

MI

Yes No

SSN _____

Date of Birth _____

Dependents under 18 _____

Other Dependents _____

Disabled Household _____

Household Size _____

Move in Date _____

Home Phone _____

Mailing Address _____

Mailing Address 2 _____

City _____

State _____

Zip Code _____

Employment Information:

Self Employed

Yes No

Unemployed

Yes No

Employer Name _____

Address _____

City _____

State _____

Zip _____

Business Phone _____

How Long? _____

Credit/Debt Information:

Debts: For all Borrowers and Co-Borrowers, list all current fixed obligations (mortgage or contract for deed), alimony, child support, separate maintenance, installment accounts, revolving charge accounts, loans and debts to banks, finance companies and government agencies.

Creditor Names	Balance	Monthly Payment
		\$
		\$
		\$
		\$
		\$
If taxes and insurance are not included in payment, indicate monthly amount.		\$
Total Monthly Payment		\$ 0.00

Is your property being purchased on a Contract for Deed or mortgage from a private individual?

Yes No

Does the Contract for Deed or mortgage from a private individual have a balloon payment?

Yes No

Date of Balloon Payment _____

Amount of Balloon Payment

\$ _____

Is your ownership of the property subject to a reverse mortgage? (If yes, loan is ineligible)

Yes No

These questions apply to all Borrowers and Co-Borrowers. If any of you answer "yes", please provide a separate written explanation.

	Borrower	Co-Borrower
Are there any outstanding judgments or liens against any of you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have any of you been declared bankrupt within the last 36 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have any of you had any property foreclosed upon or given title or deed in lieu thereof?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you obligated to pay alimony, child support or separate maintenance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently have any outstanding Minnesota Housing indebtedness such as Fix Up Loan, Community Fix Up Loan, Home Energy or Revolving loans? If so, list under Credit/Debt Information on Page 2 or attach a separate sheet.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Property Information:

- Your property must be owner occupied and a year-around permanent residence.
- Your dwelling unit must be permanently attached by way of a foundation to land that you own, and be taxed as real estate.

Address _____ Address 2 _____

City _____ County _____ MN State Zip Code _____

Prior Address _____ City _____ State _____ Zip Code _____
 (If at present address less than 2 years)

Building Type	<input type="checkbox"/> Single Family	<input type="checkbox"/> Duplex	<input type="checkbox"/> Condo
	<input type="checkbox"/> Townhome	<input type="checkbox"/> Fourplex	<input type="checkbox"/> Manufactured Home Real Property
	<input type="checkbox"/> Twinhome	<input type="checkbox"/> Triplex	

Year Built _____ Purchase Price \$ _____ Date of Purchase _____

\$ _____ \$ _____ Valuation Source _____
 Property Value (Estimated Market Value from Property Tax Statement) Amount (Alternate value information used by Lending Partner)

Improvements:

Briefly describe the proposed improvements;	Materials Only Homeowner Labor	Or	Contractor Name	Amount
	<input type="checkbox"/>			\$
	<input type="checkbox"/>			\$
	<input type="checkbox"/>			\$
	<input type="checkbox"/>			\$
	<input type="checkbox"/>			\$
	<input type="checkbox"/>			\$
	<input type="checkbox"/>			\$
	<input type="checkbox"/>			\$
Pay off balance for existing Fix Up loan (if included in loan amount)	<input type="button" value="Clear"/>			\$

A. Total Cost of Improvements \$ 0.00

Funding Information:

Other Funding Sources: (Other Loans, Grants, Local Government Incentives)	
•	\$
•	\$
• Borrower(s) Cash Investment (if applicable):	\$
B. Total Other Funding Sources	\$ 0.00
C. Loan Amount Requested (A minus B)	\$ 0.00

Disclosures:

- Minnesota Housing or an authorized representative shall have the right to inspect the property to be improved at any time from the date of the Note, upon giving due notice to the occupants.
- The information requested in this credit application is legally required to determine if you qualify for participation in this Minnesota Housing Program. A portion of the data requested is classified as "private data on individuals" under Minnesota Statutes Section 462A.065. Use of the data is limited to that necessary for the administration and management of this program by Minnesota Housing personnel, those under contract with Minnesota Housing, and other governmental agencies when authorized by state statute or federal law.
- The disclosure of your Social Security Number or Minnesota Tax Identification Number is required for participation in this Minnesota Housing Program, by virtue of the Minnesota Revenue Recapture Act of 1980 (Sections 270A.01 to 270A.12 of Minnesota Statutes) as well as Section 6050H of the Internal Revenue Code of 1986. Supplying these numbers could result in the application of your taxpayer refunds to the payment of any delinquent indebtedness you may owe to Minnesota Housing under this or any other Minnesota Housing programs. These numbers may be made available to state or federal tax authorities, and state personnel involved in the collection of state obligations.
- Under Minnesota law a person who obtains funds through false representation is guilty of theft and may be prosecuted and sentenced accordingly.
- If the property ceases to be your principal residence or is sold, title is transferred or conveyed, or the maturity date of the Note has been reached, then the full amount of the loan will be due and payable.

Certifications:

- I/We understand that numerous local participating lenders offer these loans and that I/We may select the lender of my/our choice.
- I/We understand that I/We may select the contractor of my/our choice.
- I/We understand that Minnesota Housing is not, and will not be responsible for any work performed by any contractor, any contractor's failure to perform any work, the quality of any work performed, or the general competency of any contractor.
- I/We certify that work will comply with all applicable building or housing code regulations and ordinances, and all necessary permits and licenses shall be obtained.
- I/We hereby authorize the release of any information necessary for the lending institution to process this application.

- I/We certify that the loan funds will be used only for the eligible improvements listed in this Credit Application and that the improvements will be completed within **9 months** from the date of the Note. I/We understand if the loan funds are used for any other purpose, Minnesota Housing may pursue all legal remedies available, including civil actions and criminal prosecution.

- I/We certify that the statements contained in this application are true, accurate and complete to the best of my/our knowledge and belief.
- I/We understand that this loan may be selected by the Minnesota Housing for a quality control review. This review is designed to produce and maintain quality service for borrowers, and to confirm compliance with agency and investor guidelines. The quality control review may involve verification of the credit information (including employment history, income, bank accounts, and credit references) as well as the property valuation. I/We agree to cooperate to the extent necessary to accomplish this review.

Each of the undersigned hereby acknowledge that any owner of this loan, its servicers, successors and assigns, may verify or reverify any information contained in this application or obtain any information or data relating to the loan, for any legitimate business purpose through any source, including a source named in this application or a consumer reporting agency.

Borrower Signatures: All owners who reside in the property and whose income and credit history are relied upon for loan repayment must sign this application.

Borrower Signature

Date of Application

Co-Borrower Signature

Date of Application

Co-Borrower Signature

Date of Application

Guarantor Information:

Last Name

First Name

MI

Mailing Address

City

State

Zip Code

SSN

Business Phone

Extension

Home Phone

Guarantor Signature

Date

Print Name

The following information is requested for all borrowers by the federal government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing, and home mortgage disclosure law. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may not discriminate on the basis of this information, or on whether you choose to furnish it. However, if you choose not to furnish the information and you have made this application in person, under federal regulations the lender is required to note ethnicity, race, and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check below.

Borrower:

Sex	<input type="checkbox"/> Male	Ethnicity	<input type="checkbox"/> Hispanic or Latino
	<input type="checkbox"/> Female		<input type="checkbox"/> Not Hispanic or Latino
Marital Status	<input type="checkbox"/> Married	Race (select 1 or more)	<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="button" value="Clear"/>
	<input type="checkbox"/> Not Married		<input type="checkbox"/> Black or African American
	<input type="checkbox"/> Separated		<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander

I do not wish to furnish this information

Co-Borrower:

Sex	<input type="checkbox"/> Male	Ethnicity	<input type="checkbox"/> Hispanic or Latino
	<input type="checkbox"/> Female		<input type="checkbox"/> Not Hispanic or Latino
Marital Status	<input type="checkbox"/> Married	Race (select 1 or more)	<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="button" value="Clear"/>
	<input type="checkbox"/> Not Married		<input type="checkbox"/> Black or African American
	<input type="checkbox"/> Separated		<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander

Relationship to Borrower	<input type="checkbox"/> Co-Head of Household	<input type="checkbox"/> Other Adult
	<input type="checkbox"/> Dependent	<input type="checkbox"/> Spouse

I do not wish to furnish this information

Required to be completed by Lending Partner:

This application was taken:	<input type="checkbox"/> Face-to-face interview	<input type="checkbox"/> By mail	<input type="checkbox"/> By telephone
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Interviewer's Name	Interviewer's Signature	Date
Interviewer's Employer	Phone Number	

Required to be completed by Lending Partner's Underwriter:

	Eligibility Income*	Underwriting Income**
Debt-to-Income (DTI) Ratio	\$ _____ Borrower*	\$ _____ Borrower**
Combined Loan-to-Value (CLTV) Ratio	\$ _____ Co-Borrower*	\$ _____ Co-Borrower**
	\$ _____ Additional Household Members	
	\$ _____ 0.00	\$ _____ 0.00
	Total Eligibility Income*	Total Underwriting Income**

By signing below, I have reviewed and approved the content of this credit application and all supporting documentation and have approved the loan for compliance with the Fix Up Program Procedural Manual and our organization's underwriting guidelines:

Total Minnesota Housing outstanding Secured and unsecured debt for home improvement is less than or equal to \$50,000.
 Total Minnesota Housing outstanding Unsecured debt is less than or equal to \$15,000.

<input type="button" value="Clear"/>	<input type="checkbox"/> Secured	<input type="checkbox"/> Unsecured	<input type="checkbox"/> Auto Debit
Borrower Credit Score (min 620)	Co-Borrower Credit Score (min 620)	Borrower Credit Score (min 680)	Co-Borrower Credit Score (min 680)
Additional Underwriting Comments:			

Underwriter's Name	Underwriter's Signature	Date
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***Eligibility Income** is the gross annual projected household income from all sources for Borrower, Borrower's spouse if any, and any other household resident who has ownership interest in property to be improved. See Fix Up Program Procedural Manual, Section 2.08 or Fix Up Loan Income Calculation Worksheet.

Note: Eligibility Income does not apply to Incentive Rate Energy Conservation and Accessibility Loans as defined in Section 2.05 of Fix Up Program Procedural Manual. Such loans are only subject to the Underwriting, below.

****Underwriting Income** is gross annual income that has been verified and documented as stable and likely to continue. This income is used to determine the debt-to-income ratio for the Borrower(s) and Guarantor if any and for establishing that the loan constitutes a prudent investment risk.

Combined Tennessen Warning and Privacy Act Notice

Private data requested to enable processing of your application is legally required to determine if you qualify for participation in this Minnesota Housing Finance Agency (Minnesota Housing) program and to help Minnesota Housing manage the program.

Financial information, such as credit reports, financial statements and net worth calculations, is classified as private data on individuals by Minnesota Statutes 462A.065. You are not required to provide this information, but if you refuse to provide it, we will be unable to determine your eligibility for this program and approve your application. The information will be shared with Minnesota Housing staff, its loans servicers and contractors whose jobs require them to see it. Where access to the data is authorized by state statute or federal law, it may be made available to others as so authorized.

Your Social Security Number (SSN) is classified as private data by Minnesota Statutes 13.355. However, disclosure of your SSN is mandatory, as provided by the following authorities: (1) Title 42 of the United States Code, Section 405(c)(2)(C)(i), which permits the state to require disclosure of your social security number to establish your identity for purposes of administering tax laws of the state; and, (2) Minnesota Statutes, Sections 270A.01 to 270A.12, which established the Revenue Recapture Act, enables the state to collect delinquent debts owed to it by capturing tax refunds and other payments that you may otherwise be entitled. Section 270A.04, subdivisions 3 and 4; require the disclosure of a debtor's social security number for this purpose.

If you disclose your SSN, Minnesota Housing may share it with the Commissioner of the Minnesota Department of Revenue and the Minnesota Attorney General for the purposes of debt collection under the Revenue Recapture Act. If you do not disclose your SSN, you will not be eligible for this assistance.

Disclosure of your SSN for the purposes of verifying your income and credit is voluntary. However, if adequate verification of your income and credit is impossible without your SSN, we may be unable to determine your eligibility.

If you apply for a loan, your name, address, and amount of assistance you apply for and receive are classified as public data under Minnesota Statutes 13.462 subdivision 2.

Print Name

Print Name

Signature

Signature

Date: _____

Date: _____

THIS FORM MUST BE SIGNED AND RETURNED WITH THE APPLICATION

MHFA Fix-Up Fund Loan Program

AUTHORIZATION TO RELEASE INFORMATION

I have applied for a loan or grant through the Greater Metropolitan Housing Corporation (GMHC), at the HousingResource Center™. As part of the application process, employees of GMHC may verify information contained in my/our loan or grant application and in other documents required in connection with the loan. This verification process can be conducted either prior to closing or subsequent to closing, and may be performed either by employees of GMHC or by independent third parties, as a part of the origination, processing, underwriting, closing or quality control programs of GMHC.

I authorize you to provide to GMHC and to any investor to whom GMHC may sell my loan, to any servicer or any funder of the program for which I have applied, any and all information and documentation that they request. Such information includes, but is not limited to employment history, income; bank, money market and other financial account balances; credit history; copies of income tax returns and property information.

A copy of this authorization may be accepted as an original.

Your prompt reply is appreciated.

Thank you

Print Name

XXX-XX-
Social Security Number – last 4 digits Date

Signature

NOTE: Use a separate form for each individual who is an applicant, guarantor or other individual whose information is considered in the application. Only one person signs each form.

THIS FORM MUST BE SIGNED AND RETURNED WITH THE APPLICATION

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I authorize you to provide to GMHC and to any investor to whom GMHC may sell my loan, to any servicer or any funder of the program for which I have applied, any and all information and documentation that they request. Such information includes, but is not limited to employment history, income; bank, money market and other financial account balances; credit history; copies of income tax returns and property information.

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Print Name

XXX-XX-
Social Security Number – last 4 digits Date

Signature

NOTE: Use a separate form for each individual who is an applicant, guarantor or other individual whose information is considered in the application. Only one person signs each form.

General Instructions

Purpose of form. Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

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 RAVS teams, send your request to the team 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)

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
Florida, Georgia (After June 30, 2011, send your transcript requests to Kansas City, MO)	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 770-455-2335
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 512-460-2272
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 559-456-5876
Connecticut, Delaware, District of Columbia, 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 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 801-620-6922
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 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.

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 Internal Revenue Code 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 the 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.

Business Name: _____
Business Address: _____

Date: _____ through Date: _____

Interim Statement

Revenue:

Gross Income \$ _____

Expenses:

Advertising \$ _____
Bank Charges, Cr Card Fees \$ _____
Contract Labor \$ _____
*Gross Wages to Employees \$ _____
*Gross Wages to Self \$ _____
*Employer Social Security Taxes \$ _____
Insurance-business \$ _____
Interest-loans \$ _____
Maintenance, Repairs \$ _____
Office Expenses, supplies, etc. \$ _____
Office Equipment \$ _____
Permits and Licenses \$ _____
Professional Fees \$ _____
Property Taxes \$ _____
Rent \$ _____
Travel \$ _____
Utilities \$ _____
Vehicle Expenses \$ _____
Depreciation \$ _____
Other: \$ _____
Other: \$ _____

Total Expenses: \$ _____

Net Income (Loss): \$ _____

This is an accurate summary of my YTD Income and Expenses.

Signature

Date

Name (print)