



REQUIRED DOCUMENT CHECKLIST

- 1. Most recent mortgage statement** with loan number and lender/servicer contact information
- 2. Proof of Unemployment Benefits** – award letter or other documentation from the Department of Labor and Training or another provider
- 3. Copy of government issued identification** – Driver’s License, State Issued ID with photo, Passport, Military ID, or Permanent Resident Card
- 4. 2019 Federal Tax Return**
- 5. Proof of income for all adults residing in the household**
 - Two most recent paystubs for adults 23 of years of age or older. Paystubs for full-time students not needed.
 - Social Security Award letter, Pension Award letter, proof of Unemployment Benefits, or similar proof of income for non-working individuals receiving other forms of income.

Borrower Information

BORROWER		CO-BORROWER	
Borrower's Name		Co-Borrower's Name	
Social Security Number - -	Date of Birth (month/day/year) / /	Social Security Number - -	Date of Birth (month/day/year) / /
Primary Phone Number with Area Code () -		Primary Phone Number with Area Code () -	
Secondary Phone Number		Secondary Phone Number	
Email Address		Email Address	
Mailing Address		Mailing Address	
Present Address (If Same as Mailing Address, Write "Same")		Present Address (If Same as Mailing Address, Write "Same")	
<input type="checkbox"/> Married <input type="checkbox"/> Unmarried (includes single, divorced, widowed) <input type="checkbox"/> Separated		<input type="checkbox"/> Married <input type="checkbox"/> Unmarried (includes single, divorced, widowed) <input type="checkbox"/> Separated	
Yrs School _____		Yrs School _____	
Military Status: <input type="checkbox"/> N/A <input type="checkbox"/> Active <input type="checkbox"/> Veteran		Military Status: <input type="checkbox"/> N/A <input type="checkbox"/> Active <input type="checkbox"/> Veteran	
Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a Permanent Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a Permanent Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Number of people in household. _____

Name of Household Member	Relationship to Applicant	Age

Employment Information

BORROWER	CO-BORROWER
<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-employed	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-employed
Employer _____	Employer _____
Work Phone Number with Area Code () - _____	Work Phone Number with Area Code () - _____
# of Years at Current or Most Recent Job _____	# of Years at Current or Most Recent Job _____
Position/Title _____	Position/Title _____

Property Information

<input type="checkbox"/> Single Family <input type="checkbox"/> Multi-family (1-4 Units) <input type="checkbox"/> Condo Property Purchase Date _____	
Property Condition: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Estimated Property Value _____	
I want to: <input type="checkbox"/> Keep the Property <input type="checkbox"/> Sell the Property	This property is my: <input type="checkbox"/> Primary Residence <input type="checkbox"/> Second Home <input type="checkbox"/> Investment
Is the property listed for sale? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you contacted a credit-counseling agency for help? <input type="checkbox"/> Yes <input type="checkbox"/> No
For Sale by Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide counselor contact information below.
Agent's Name: _____	Counselor's Name: _____
Agent's Phone Number: _____	Counselor's Phone Number: _____
Have you received an offer on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No	Counselor's Email: _____
Date of Offer _____ Amount of Offer \$ _____	
Have you received a foreclosure sale date? <input type="checkbox"/> Yes Foreclosure Date _____ <input type="checkbox"/> No	
Have you received a notice of Mediation or Conciliation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 13 Filing Date: _____	
Has your bankruptcy been discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No Bankruptcy Case Number: _____ Attorney: _____	



Mortgage Information

First Mortgage Lender/Service Name		
First Mortgage Loan Number	Balance	Interest Rate
Monthly Payment Amount (Principal, Interest, Taxes, and Insurance)		
Monthly Mortgage Insurance Payment (If applicable)		
Are you current on your First Mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, are you in danger of falling delinquent? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has your mortgage ever been modified or have you entered into a forbearance plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you received Hardest Hit Funds in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Who pays the real estate tax bill on your property?	Who pays the hazard insurance policy for your property?	
Are the taxes current? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the policy current? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Condominium or HOA Fee: <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No		
Paid to: _____		
Do you have a second mortgage/ HomeEquity Loan? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide detail below.		
Second Mortgage Lender/Service Name		
Second Mortgage Loan Number	Balance	Interest Rate
Monthly Payment Amount (Principal, Interest, Taxes, and Insurance)		
Monthly Mortgage Insurance Payment (If Applicable)		
If there are other Liens/Mortgages or Judgments on this property, please provide the following: (Please attach addition pages if more space is needed)		
Lien Holder's Name/Service _____		Balance _____
Contact Number _____	Loan Number _____	

Information for Government Monitoring Purposes

The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. **You are not required to furnish this information but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it.** If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request for a loan or grant in person. **If you do not wish to furnish the information, please check the box below.**

BORROWER	<input type="checkbox"/> I do not wish to furnish this information	CO-BORROWER	<input type="checkbox"/> I do not wish to furnish this information
Ethnicity:	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity:	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Race:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Male

COVID-19 Hardship Affidavit

Briefly explain how the COVID-19 pandemic has affected your employment. Please include important dates, the reason for the reduction of hours or unemployment and whether you are back to work or have been notified that you will be returning to work.

If additional space is needed for Explanation, please include an additional page.



ACKNOWLEDGEMENT AND AGREEMENT

In making this request for consideration to review my loan terms I/We certify under penalty of perjury:

- That all of the information in this document is truthful and the event(s) identified is/are the reason that I/we need to request HHFRI assistance.
- I/we understand that RIHousing, the U.S. Department of the Treasury, or its agents may investigate the accuracy of my/our statements and/or may require me/us to provide supporting documentation. I/we also understand that knowingly submitting false information may violate Federal law.
- I/we understand that RIHousing will pull a current credit report on all HHFRI obligated borrowers.
- I/we understand that if I/we have intentionally defaulted on my/our existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this document, RIHousing may cancel any assistance through Hardest-Hit Fund.
- I/we have not received a condemnation notice; and there has been no change in the ownership of the Property since I/we signed the documents for the mortgage that I/we are seeking HHFRI assistance.
- I/we certify that I/we will seek debt management counseling through a HUD approved counseling agency, if it is determined that my/our financial hardship is related to excessive debt.
- I/we am willing to provide all requested documents and to respond to all RIHousing questions in a timely manner.
- I/we understand that RIHousing will use the information in this document to evaluate my/our eligibility for HHFRI assistance, but RIHousing is not obligated to offer me/us assistance based solely on the statements in this document.
- I/we understand that RIHousing will collect and record personal information, including, but not limited to, my/our name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about account balances and activity. I/we understand and consent to the disclosure of my/our personal information and the terms of any HHFRI assistance by RIHousing to (a) the U.S. Department of the Treasury, (b) any investor, insurer, guarantor or servicer that owns, insures, guarantees or services my/our first lien or subordinate lien (if applicable) mortgage loan(s); (c) companies that perform support services in conjunction with HHFRI; and (d) any HUD certified housing counselor.
- My/Our property is owner occupied; I/we intend to reside in this property for the next twelve months.
- My/Our property is not owner occupied.

NOTICE TO BORROWERS

Be advised that you are signing the following documents under penalty of perjury. Any misstatement of material fact made in the completion of these documents including but not limited to misstatement regarding your occupancy in your home, hardship circumstances, and/or income will subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud, and wire fraud. The information contained in these documents is subject to examination and verification. Any potential misrepresentation will be referred to the appropriate law enforcement authority for investigation and prosecution. By signing the enclosed documents you certify, represent and agree that: "Under penalty of perjury, all documents and information I have provided in connection with this Agreement, including the documents and information regarding my eligibility for the program, are true and correct."



If you are aware of fraud, waste, abuse, mismanagement or misrepresentations affiliated with the Troubled Asset Relief Program, please contact the SIGTARP Hotline by calling **1-877-SIG-2009** (toll-free), 202-622-4559 (fax), or www.sigtar.gov. Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.

Please be aware we will not be able to process your request until all parts of the application have been completed and all supporting documentation has been supplied.

Borrower Signature

Date

Co-Borrower Signature

Date





Asset Certification

The undersigned certifies, under the pains and penalties of perjury, as follows:

(a) I am seeking assistance through the Housing Finance Agency Innovation Fund for Hardest-Hit housing markets, which was established by the U.S. Department of the Treasury (“U.S. Treasury”) and is administered by Rhode Island Housing and Mortgage Finance Corporation (“RIHousing”) as the HHFRI Program.

(b) I acknowledge and understand that participation in the HHFRI Program is limited to Rhode Island homeowners who have less than \$20,000 in “liquid assets.” I understand that “liquid assets” include, but may not be limited to, cash accounts, stocks, savings bonds and investments and cash value of life insurance policies. I also understand that, for purposes of the HHFRI program, “liquid assets” do not include retirement accounts.

(c) I understand that RIHousing, the U.S. Department of the Treasury, or its agents may verify information contained in the documents that constitute my HHFRI program application and in other documents required in connection with the HHFRI program, either before my loan is closed or after closing, and may require me to provide them with supporting documentation.

(d) I understand that knowingly submitting false information in my HHFRI program application and in other documents required in connection with the HHFRI program may violate Federal law.

(e) I certify, under the pains and penalties of perjury, that I have less than \$20,000 in liquid assets as of the date that this Asset Certification has been signed by me.

Borrower Name (print)	Signature	Date
-----------------------	-----------	------

Co-Borrower (print)	Signature	Date
---------------------	-----------	------





Dodd-Frank Certification

The following information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203). **You are required to furnish this information.** The law provides that no person shall be eligible to receive assistance from the Hardest Hit Program, authorized under the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 *et seq.*), or any other mortgage assistance program authorized or funded by that Act, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony larceny, theft, fraud, or forgery, (B) money laundering or (C) tax evasion.

I/we certify under penalty of perjury that I/we have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:

- (a) felony larceny, theft, fraud, or forgery,
- (b) money laundering or
- (c) tax evasion.

I/we understand that Rhode Island Housing and Mortgage Finance Corporation (“Rhode Island Housing”), the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/we also understand that knowingly submitting false information may violate Federal law.

This Certificate is effective on the earlier of the date listed below or the date received by your servicer.

Borrower Name	Date
---------------	------

Co-Borrower Name	Date
------------------	------



Third Party Authorization Form

Mortgage Lender/Servicer Name

[Account][Loan] Number

The undersigned Borrower and Co-Borrower (if any) (individually and collectively, "Borrower" or "I"), authorize the above mortgage lender/servicer and its successors and assigns (individually and collectively, "Servicer") and the following third parties

RIHousing

(401) 277-1500

[State HFA Entity]

[State HFA Contact Phone Number]

 Hardest Hit Fund provider

[Relationship of Other Third Party to Borrower and Co-Borrower]

(individually and collectively, "Third Party") to obtain, share, release, discuss, and otherwise provide to and with each other public and non-public personal information contained in or related to the mortgage loan of the Borrower. This information may include (but is not limited to) the name, address, telephone number, social security number, credit score, credit report, income, government monitoring information, loss mitigation application status, account balances, program eligibility, and payment activity of the Borrower. I also understand and consent to the disclosure of my personal information and the terms of any agreements under the Making Home Affordable or Hardest Hit Fund Programs by Servicer or State HFA to the U.S. Department of the Treasury or their agents in connection with their responsibilities under the Emergency Economic Stabilization Act.

The Servicer will take reasonable steps to verify the identity of a Third Party but has no responsibility or liability to verify the identity of such Third Party. The Servicer also has no responsibility or liability for what a Third Party does with such information.

Before signing this Third Party Authorization, beware of foreclosure rescue scams!

- It is expected that a HUD-approved housing counselor, HFA representative or other authorized third party will work directly with your lender/mortgage servicer.
- Please visit <http://makinghomeaffordable.gov/counselor.html> to verify you are working with a HUD-approved housing counseling agency.
- Beware of anyone who asks you to pay a fee in exchange for a counseling service or modification of a delinquent loan.

This Third-Party Authorization is valid when signed by all borrowers and co-borrowers named on the mortgage and until the Servicer receives a written revocation signed by any borrower or co-borrower.

I UNDERSTAND AND AGREE WITH THE TERMS OF THIS THIRD-PARTY AUTHORIZATION:

Borrower

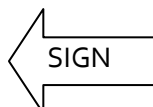
Co-Borrower

 Printed Name

 Printed Name

 Signature

 Signature



 Date

 Date



FACTS

WHAT DOES RIHOUSING DO WITH YOUR PERSONAL INFORMATION?

Why?	<p>Financial companies choose how they share your personal information. Federal law gives customers the right to limit some but not all sharing. Federal law also gives customers the right to view personal records, and to correct a record that is inaccurate or incomplete. Federal law requires us to tell you how we collect, share, and protect your personal information.</p> <p>We provide this notice to customers at the time of application for RIHousing programs, products, or services, and annually thereafter. From time to time, we may revise this notice to reflect changes in the law or changes in our policies. Please read this notice carefully to understand what we do.</p>
What?	<p>The types of personal information we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> ▪ Social Security Number ▪ Income ▪ Account balance ▪ Payment history ▪ Credit history ▪ Credit score ▪ Date of birth ▪ Medical information and blood lead level test results (for lead hazard reduction programs) <p>When you are no longer our customer, we continue to share your information as described in this notice.</p>
How?	<p>All financial companies need to share customers’ personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers’ personal information; the reason RIHousing chooses to share; and whether you can limit this sharing.</p>

Reasons we can share your personal information	Does RIHousing share?	Can you limit this sharing?*
For our everyday business purposes – such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes – to offer our products and services to you	Yes	No
For joint marketing with other financial companies	No	N/A
For our affiliates’ everyday business purposes – information about your transactions and experiences	No	N/A
For our affiliates’ everyday business purposes – information about your creditworthiness	No	N/A
For nonaffiliates to market to you	No	N/A

**If N/A, RIHousing does not share your personal information so your ability to limit is not applicable.*

Questions?	Call (800) 854-1180 or (401) 457-1180
-------------------	---------------------------------------

Who we are	
Who is providing this notice?	Rhode Island Housing and Mortgage Finance Corporation (“RIHousing”)
What we do	
How does RIHousing protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal and state law and regulation. These measures include computer safeguards and secured files and buildings.
How does RIHousing collect my personal information?	<p>We collect your personal information, for example, when you:</p> <ul style="list-style-type: none"> ▪ Apply for financing ▪ Give us your contact information ▪ Give us your employment history ▪ Give us your income information ▪ Show us your driver’s license <p>We also collect your personal information from government agencies, public sources, and others, such as credit bureaus, affiliates, or other companies.</p>
Why can’t I limit all sharing?	<p>Federal law gives you the right to limit only:</p> <ul style="list-style-type: none"> ▪ Sharing for affiliates’ everyday business purposes – information about your creditworthiness ▪ Affiliates from using your information to market to you ▪ Sharing for nonaffiliates to market to you
Definitions	
Affiliates	<p>Companies related by common ownership and control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> ▪ <i>Our affiliates include Rhode Island Housing Development Corporation, Rhode Island Housing Equity Corporation, Rhode Island Housing Equity Pool, L.P., and Rhode Island Housing Equity Pool-I, L.P.</i>
Nonaffiliates	<p>Companies not related by common ownership or control. They can be financial or nonfinancial companies.</p> <ul style="list-style-type: none"> ▪ <i>RIHousing does not share your personal information with nonaffiliates so they can market to you.</i>
Joint marketing	<p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> ▪ <i>RIHousing does not jointly market.</i>
Other important information	
<p>Service providers with whom we share information for everyday business purposes may include coupon or statement printers, billing services, payment processing companies, mail, print, and telephone service companies, insurers, property inspection firms, government agencies, attorneys, laboratories, community action programs, auditors, quality control vendors, consultants, or other service providers.</p>	
Provisions pertaining to protected medical information	
<p>In the context of carrying out certain residential lead hazard reduction programs, RIHousing may receive certain medical information. A customer’s rights with respect to protected medical information include (a) the right to request restrictions on certain uses and disclosures, subject to denial by RIHousing; (b) the right to receive confidential communications of the information; (c) the right to inspect and copy the information; (d) the right to amend the information; (e) the right to receive an accounting of disclosures of the information; and (f) the right to obtain a paper copy of this notice upon request. A customer may complain to RIHousing if they believe their privacy rights have been violated by writing a letter addressed to RIHousing, 44 Washington Street, Providence, RI 02903, ATTN: Lead Program. A customer will not be retaliated against for filing a complaint.</p>	



Program Authorization / Disclosure Form

I understand that I am seeking assistance through the Housing Finance Agency Innovation Fund for Hardest-Hit housing markets (“HHF” or “Hardest- Hit Fund”), which was established by the U.S. Department of the Treasury (“U.S. Treasury”) and is administered by Rhode Island Housing and Mortgage Finance Corporation (“RIHousing”).

I authorize RIHousing to contact the mortgage lender/servicer identified on my Financial Information Form, or any other designated third party (collectively, the “Servicer”), regarding any loan (the “Loan”) secured by my property located at _____ and to obtain from such party any information regarding my Loan.

I have provided RIHousing with information regarding my personal finances (“Financial Information”) and I understand and agree that RIHousing will use the Financial Information to evaluate my options. I understand that Financial Information will be discussed with the Servicer and that I may or may not be present during these discussions.

I authorize RIHousing to obtain a credit report on me in order to process my request for HHF assistance. In addition, if HHF assistance is provided by RIHousing on my behalf, I authorize RIHousing to obtain credit reports in the future in order to monitor the status of my participation and in order to obtain information that RIHousing is required to report to U.S. Treasury under the Hardest-Hit Fund Program.

I understand that RIHousing receives federal funds from the U.S. Treasury and, as such, may be required to share my Financial Information with U.S. Treasury program administrators or their agents for purposes of program monitoring, compliance and evaluation. I authorize RIHousing to disclose to U.S. Treasury my Financial Information as required to comply with requirements of the Hardest-Hit Fund.

I may be referred to other housing services of RIHousing or another agency or agencies, as appropriate, that may be able to assist with particular issues that have been identified. I understand that I am not obligated to use any of the services offered to me.

I acknowledge that I have received a copy of RIHousing’s Privacy Policy.

Borrower Name (print)

Signature

Date

Co-Borrower (print)

Signature

Date





Borrower's Certification and Authorization Form

The undersigned certify the following:

- (a) I have applied for a mortgage loan from RHODE ISLAND HOUSING AND MORTGAGE FINANCE CORPORATION. In applying for the loan, I completed a loan application containing various information on the purpose of the loan, employment and income information, and assets and liabilities. I certify that all of the information in the loan application is true and complete. I made no misrepresentations in the loan application or other documents, nor did I omit pertinent information.
- (b) I fully understand that it is a Federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements when applying for this mortgage, as applicable under the provisions of Title 18, United States Code, Section 1014.

Authorization to Release Information

- I have applied for a mortgage loan from RHODE ISLAND HOUSING AND MORTGAGE FINANCE CORPORATION. As part of the application process, RHODE ISLAND HOUSING AND MORTGAGE FINANCE CORPORATION may verify information contained in my loan application and in other documents required in connection with the loan, either before the loan is closed or as a part of its quality control program.
- I authorize you to provide RHODE ISLAND HOUSING AND MORTGAGE FINANCE CORPORATION with any and all information and documentation that they request. Such information includes, but is not limited to, employment history and income; bank, money market, and similar account balance; credit history; and copies of income tax returns.
- RHODE ISLAND HOUSING AND MORTGAGE FINANCE CORPORATION may address this authorization to any party named in the loan application.
- A copy of this authorization may be accepted as an original.
- Your prompt reply to RHODE ISLAND HOUSING AND MORTGAGE FINANCE CORPORATION is appreciated.

Borrower Signature

Date

Co-Borrower Signature

Date





Consent to the Use of Tax Return Information

I understand, acknowledge, and agree that Rhode Island Housing and Mortgage Finance Corporation and its affiliates, agents, service providers, successors and assigns (collectively, “RIHousing”) can obtain, use, and share my tax return information with the Loan Participants for the purpose of providing me with foreclosure prevention services or as otherwise permitted by applicable law, including state and federal privacy and data security laws. The Loan Participants include any actual or potential owners of my loan, or acquirers of any beneficial or other interest in my loan, any mortgage insurer, guarantor, any servicers or service providers for these parties and any of the aforementioned parties’ successors and assigns.

I understand that I am seeking assistance through the Housing Finance Agency Innovation Fund for Hardest Hit housing markets (“HHF” or “Hardest Hit Fund”), which was established by the U.S. Department of the Treasury (“U.S. Treasury”) and is administered by RIHousing. I acknowledge and agree that RIHousing can share my tax return information with U.S. Treasury or their agents for purposes of program monitoring, compliance, and evaluation purposes.

Acknowledgment: By signing below I hereby acknowledge and agree that I have read and understood the information that is set forth above.

Borrower Signature

Date

Co-Borrower Signature

Date



Request for Transcript of Tax Return

Form **4506-T**
(June 2019)
Department of the Treasury
Internal Revenue Service

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Request may be rejected if the form is incomplete or illegible.
- ▶ For more information about Form 4506-T, visit www.irs.gov/form4506t.

OMB No. 1545-1872

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

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 Customer file number (if applicable) (see instructions)	

Note: Effective July 2019, the IRS will mail tax transcript requests only to your address of record. See **What's New** under **Future Developments** on Page 2 for additional information.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ _____

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days

c Record of Account, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days

7 Verification of Nonfiling, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days

8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

/	/	/	/
---	---	---	---

Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.

	Date	Phone number of taxpayer on line 1a or 2a
▶ Signature (see instructions)		
▶ Title (if line 1a above is a corporation, partnership, estate, or trust)		
▶ Spouse's signature		

Sign Here

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506-T and its instructions, go to www.irs.gov/form4506t. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

What's New. As part of its ongoing efforts to protect taxpayer data, the Internal Revenue Service announced that in July 2019, it will stop all third-party mailings of requested transcripts. After this date masked Tax Transcripts will only be mailed to the taxpayer's address of record.

If a third-party is unable to accept a Tax Transcript mailed to the taxpayer, they may either contract with an existing IVES participant or become an IVES participant themselves. For additional information about the IVES program, go to www.irs.gov and search IVES.

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. 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.

Customer File Number. The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, are shown on the transcript.

An optional Customer File Number field is available to use when requesting a transcript. This number will print on the transcript. See Line 5 instructions for specific requirements. The customer file number is an optional field and not required.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:	Mail or fax to:
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716AUSC Austin, TX 73301 855-587-9604
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888 855-800-8105
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-298-1145
Maine, Massachusetts, New Hampshire, New York, Pennsylvania, Vermont	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094

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

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

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

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

Line 5b. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number **should not** contain an SSN. Completion of this line is not required.

Note. If you use an SSN, name or combination of both, we will not input the information and the customer file number will reflect a generic entry of "999999999" on the transcript.

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

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

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

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Note: If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.