



Dear Homeowner,

Thank you for requesting assistance for foreclosure prevention by RIHousing.

To complete your request, you must first fill out our Financial Information Package and send us the required documents which are needed to process your request for assistance. Please use the required documents checklist attached. **Please do not send original documents.** You can send the completed application and required documents packet to us by facsimile, mail, or e-mail.

You may also simply drop them off at our office:

RIHousing HelpCenter  
44 Washington Street  
Providence, RI 02903  
Fax: 401-450-1373

**Please return your financial information packet as soon as possible, as this is a time-sensitive process.**

Once we have received your application packet, you will be assigned to a HUD Counselor. The HUD Counselor will follow up with you to review your options and/or discuss additional information that may be needed.

**If you have any questions or need any assistance with the application, please contact us at:  
(401) 457-1130.  
TTY: (401) 450-1394.**

Thank you for reaching out to the RIHousing HelpCenter.

Sincerely,  
RIHousing HelpCenter

**NOTE:** *If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about our housing counseling program, please inform our housing counselor program staff so alternative accommodations may be arranged.*



## REQUIRED DOCUMENTS CHECKLIST

Please **DO NOT** Send Originals

Single-sided Copies Please

- ☐ 1. **Most recent pay stubs** – 30 consecutive days of pay stubs for all borrowers/ contributors (person other than mortgage holder). Contributors must send signed and dated contribution amount letter.
- ☐ 2. **Proof of all other sources of income** for borrowers/contributors (SSI, SSDI, child support, rental income etc.) Most recent benefit award letter for all SSI, SSDI, TDI and/or Unemployment income being received. If receiving Government Assistance (ex. SNAP), please include the Quarterly Benefit Statement. Rental income leases.
- ☐ 3. **Two years of recent Federal Tax Returns** – signed tax returns for the last two years (personal and business) with all schedules and W-2's. If no tax returns, then a letter, signed and dated, explaining why no taxes were filed.
- ☐ 4. **Two months of recent bank statements** from all saving & checking accounts, all pages, front and back, for the last two months (personal and business). Transaction history is not acceptable.
- ☐ 5. **Self-employed borrowers** must provide most recent quarterly or year-to-date Profit & Loss Statement. Statement must be signed and dated.
- ☐ 6. **Most recent utility bill** – at least one gas, electric, or cable bill.
- ☐ 7. **Most recent mortgage statement** with loan number and lender/servicer contact information.
- ☐ 8. **Delinquency letters/notices** – mediation, conciliation, tax sale, or foreclosure notices, if applicable.
- ☐ 9. **Property tax bill** – only if current mortgage payment does not include an escrow payment.
- ☐ 10. **Homeowners Insurance Policy** – declaration page(s). Only if current mortgage payment does not include and escrow payment.
- ☐ 11. **Bankruptcy discharge notice**, if applicable.
- ☐ 12. **Court Orders** – Final Divorce Decree, Alimony, and Child support payments, if applicable
- ☐ 13. **Homeowners Association Fee Statement**, if applicable.
- ☐ 14. **Help Center Authorization, Dodd Frank, 4506T, Homeowner/Counselor Agreement, and Consent to the Use of Tax Return Information Forms** – signed and dated by all borrowers (pgs. 7-13)
- ☐ 15. **Hardship Letter** – signed and dated by all borrowers (pg. 6).
- ☐ 16. **Copy of Drivers License or State ID**

## 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	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 complete 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?  <hr/>  Are the taxes current? <input type="checkbox"/> Yes <input type="checkbox"/> No  Condominium or HOA Fee: <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No  Paid to: _____	Who pays hazard insurance policy for your property?  <hr/>  Is the policy current? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a second mortgage/ Home Equity 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)		
List other Liens/Mortgages or Judgments on this property, please name the person(s), company or firm and their telephone numbers.  <div style="display: flex; justify-content: space-between;"> <span>Lien Holder's Name/Service</span> <span>Balance</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <span>Contact Number</span> <span>Loan Number</span> </div>		



## 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.**

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

# Monthly Income/Expenses For Household

## INCOME/EXPENSES FOR HOUSEHOLD

### 1 - Monthly Household Income

### 2 - Household Assets

### 3 - Monthly Household Expenses/Debt

	Borrower 1	Borrower 2				
			Estimated Value of this Property	\$	First Mortgage Payment	\$
Gross Salary/Wages = total monthly income before any tax withholding or employer deductions.	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed  Employment Start Date: _____	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed  Employment Start Date: _____	Estimated Value of Other Real Estate Owned	\$	Property Taxes (If not escrowed)	\$
			Checking Account(s) Balance	\$	Insurance – Hazard, Wind, Flood etc. (If not escrowed)	\$
			Saving Account(s)/Money Market Balance	\$	HOA/Condo Fees	\$
			Life Insurance Cash Value	\$	Other Mortgages	\$
			IRA/Keogh Account(s) Balance	\$	Liens/Rents	\$
			401K/ESOP Account(s) Balance	\$	Alimony Payment	\$
			Stocks/Bonds/CDs Balance	\$	Child Support Payment	\$
Gross Salary/Wages	\$	\$				
Overtime	\$	\$	Other Investments	\$	Dependent Care Payment	\$
Tips, commissions, and/or bonus income	\$	\$			Personal Loans/Student Loans	\$
Self employed	\$	\$			Auto Loans	\$
Child Support Income/Alimony Income*	\$	\$			Auto Expenses/Gasoline	\$
Social Security/SSDI	\$	\$			Auto Insurance	\$
Other monthly income from pensions, annuities or retirement plans	\$	\$			Medical Expenses	\$
Rental income	\$	\$			Medical Insurance	\$
Unemployment Income	\$	\$			Phone(s)/Cable/Internet	\$
Food Stamps/Welfare	\$	\$			Credit Card(s)/ Installment Loans	\$
Contributor Income	\$	\$			Groceries/Household Supplies	\$
Other (investment, income, royalties, interest, dividends, etc.)	\$	\$			Spending Money	\$
					Utilities/Water/Sewer	\$
					Donations	\$
			Other _____	\$		
Total Income (Gross)	\$	\$	Total Assets	\$	Total Debt/Expenses	\$

\*\*\*\* ALL INCOME MUST BE DOCUMENTED \*\*\*\*

Include combined expenses from the borrower and co-borrower (if any).

If you include income and expenses from a household member who is not a borrower, please specify using a separate page if necessary.

\*You are not required to disclose Child Support, Alimony or Separation Maintenance Income, unless you choose to have it considered by your lender/servicer.

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

# Hardship Affidavit

**I am having difficulty making my monthly payment because of financial difficulties created by (Please check all that apply):**

<input type="checkbox"/> <b>Borrower Death</b>	<input type="checkbox"/> <b>Reduction of Income</b>	<input type="checkbox"/> <b>Military Service</b>	<input type="checkbox"/> <b>Payment Adjustment</b>
<input type="checkbox"/> <b>Illness of Borrower</b>	<input type="checkbox"/> <b>Excessive Financial Obligations</b> (Examples may be large medical bills, or delinquent real estate taxes)	<input type="checkbox"/> <b>Unemployment</b>	<input type="checkbox"/> <b>Ownership Transfer is Pending</b> (If the home is in the process of being sold)
<input type="checkbox"/> <b>Illness of Family Member</b>	<input type="checkbox"/> <b>Property Problem</b> (Anything that may be defective about the property such as a costly repair that needs to be made)	<input type="checkbox"/> <b>Business Failure</b> (Examples would be loss of business income)	<input type="checkbox"/> <b>Tenant not Paying</b>
<input type="checkbox"/> <b>Death of Family Member</b>	<input type="checkbox"/> <b>Inability to Sell Property</b>	<input type="checkbox"/> <b>Bankruptcy Filed</b>	<input type="checkbox"/> <b>Incarceration</b> (Sentenced to a city, county, state, or federal jail)
<input type="checkbox"/> <b>Marital Difficulties</b> (Examples include going through a legal separation or filing for divorce)	<input type="checkbox"/> <b>Inability to Rent Property</b>	<input type="checkbox"/> <b>Casualty Loss</b> (Unexpected event such as hurricane, flood, or earthquake that damages the property)	
<input type="checkbox"/> <b>Other</b> _____			

**Explanation (Required):**

[illegible]

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







## HelpCenter Authorization / Disclosure

I understand that RIHousing provides foreclosure prevention counseling ("Counseling") and I request that RIHousing provide me such assistance. An overview of the range of Counseling services that I am entitled to receive is set forth on Attachment A. I understand that I have a choice with respect to HUD-approved counseling agencies, and I am not required to use RIHousing to provide counseling.

I authorize RIHousing to contact my mortgage lender or servicer \_\_\_\_\_ (collectively, the "Mortgagee") on my behalf regarding any loan secured by my property located at \_\_\_\_\_ the "Loan") and to obtain from such Mortgagee any information regarding my Loan that RIHousing deems necessary to provide the Counseling.

I have provided RIHousing information regarding my personal finances and authorize RIHousing to obtain a credit report on me in order to provide the Counseling (this information, along with the information obtained from the Mortgagee, the "Financial Information").

I understand and agree that RIHousing will use the Financial Information to evaluate my options regarding the Loan and to develop an action plan consisting of recommendations for handling of the Loan and my finances, which will be presented to me.

I authorize RIHousing to share the Financial Information with the Mortgagee and to discuss the Loan and the Financial Information with the Mortgagee. I understand that I may or may not be present during these discussions.

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 understand that RIHousing provides a variety of lending and mortgage products, including: mortgage loans to low- and moderate-income homebuyers and homeowners; home repair loans; septic system replacement loans; sewer tie-in loans; lead abatement loans; and loans for home modification to assist disabled residents. The loans described above may also be originated by participating lenders or third-party brokers, who are compensated by RIHousing for their origination services. I further understand that I am not obligated to use or receive any other products or services from RIHousing or its participating lenders or brokers.

RIHousing offers a variety of mortgage-related services, including first-time homebuyer training and landlord training. I understand that I am not obligated to use or receive any of these other services from RIHousing. If I already receive mortgage-related services from RIHousing, I understand that I am not obligated to use RIHousing for Counseling services and may choose from among HUD-approved housing counseling agencies.

I understand that RIHousing's HelpCenter is a U.S. Department of Housing and Urban Development ("HUD") certified counseling agency and that, as such, RIHousing may receive federal funds from HUD or another funding source. Due to the nature of these relationships, RIHousing may be required to make information relating to my loan, my financial information, and any other information in my counseling file available to HUD or another funding source for program monitoring and compliance purposes. Further, I authorize RIHousing, HUD, or any other funding source to contact me for program evaluation purposes.

I understand that a counselor may answer questions and provide information, but not provide legal advice. Counseling is not a substitute for legal advice. If I want legal advice, I will be referred for appropriate assistance.

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

Loan Number \_\_\_\_\_

Name (printed) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (printed) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Attachment A**

## **Outline of Counseling Services**

**The following is an outline of the Counseling Services which are provided as part of this program.**

1. The Intake Counselor reviews the homeowner's financial situation. In order to complete this review, the counselor obtains a credit report and collects income and expense documentation. This allows the Counselor to analyze the homeowner's financial capacity and determine if there is a hardship.
2. If, based upon this intake and initial file, mortgage fraud is suspected, we may refer the case to the Consumer Protection Division of the Rhode Island Attorney General and the Rhode Island Department of Business Regulation.
3. Based on the review of the information developed through the intake, and any supplemental information submitted, we will work with you to develop an action plan to seek relief, including steps you may need to take to control household expenses, and any additional documents you must submit.
4. We will review your situation to determine potential eligibility for loss mitigation options using investors and lender's proprietary programs.
5. If appropriate, we will inform you of other local programs and resources that may be available to assist you. Examples of these services and programs include Food Stamps, Heating Assistance programs, Community Action Program agencies, alternative housing options, financial management assistance (through Money Management International), legal assistance (through Rhode Island Legal Services or the Rhode Island Bar Association), and the like.
6. If appropriate, we will assist you in preparing a hardship letter for submission to your lender/servicer to support your request for a work out option. We will maintain communication with you and your lender/servicer to monitor the status of your loan workout request and to ensure that all necessary documentation is submitted ontime.
7. We will review and evaluate any written work out proposal you receive from your lender/servicer to help you determine whether to accept the proposal.
8. We will ask you whether you have been offered questionable mortgage foreclosure prevention assistance, including proposals that guarantee a successful outcome; require payment in advance of the provision of assistance; require that you stop making mortgage payment or require redirection of your mortgage payments to someone other than your lender/servicer; involve signing over title to your home to a third-party. If we suspect that improper practices are present we will report the practices to the Consumer Division of the Rhode Island Attorney General and the Loan Modification Scam alert website.

## 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 Making Home Affordable Program, or 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: 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 servicer, 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 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Borrower Signature

\_\_\_\_\_  
Date

## Request for Transcript of Tax Return

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

OMB No. 1545-1872

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

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number or individual taxpayer identification number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
<b>4</b> Previous address shown on the last return filed if different from line 3 (see instructions)	
<b>5</b> 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.

<input type="checkbox"/> <b>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.</b> See instructions.	Phone number of taxpayer on line 1a or 2a
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>Signature</b> (see instructions)         </div> <div style="width: 40%;"> <b>Date</b> </div> </div>	
<b>Title</b> (if line 1a above is a corporation, partnership, estate, or trust)	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>Spouse's signature</b> </div> <div style="width: 40%;"> <b>Date</b> </div> </div>	

**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](http://www.irs.gov/form4506t). Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

**What's New.** 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](http://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](http://IRS.gov) and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

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

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

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

If you filed an individual return and lived in:

Mail or fax to:

Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301  855-587-9604
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 "9999999999" 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.





### Homeowner/Counselor Agreement

The RIHousing Help Center and its counselors agree to provide the following services:

- Development of a financial budget to determine homeowner's income, expenses and affordability
- Analysis of the mortgage default, including the amount and cause of default
- Presentation and explanation of reasonable options available to the homeowner
- Submit homeowner's file to the lender for review for all retention and/or liquidation options available, based on the homeowner's eligibility and needs
- Communicate with the mortgage servicer and/or investor and provide the homeowner with requests for any additional/updated information as needed
- Timely completion of action plan
- Explanation of collection and foreclosure process
- Identify and provide homeowner with information on additional resources that may be available
- Confidentiality, honesty, respect and professionalism in all services
- The HelpCenter cannot control the lender's processing time or decision
- The HelpCenter cannot and does not provide legal advice or representation. The informational services provided by the HelpCenter are not a substitute for legal advice. The HelpCenter encourages homeowners to contact an attorney if they feel they need legal advice or services

I/We \_\_\_\_\_ agree to the following terms of service:

I/We will always provide honest and complete information to my/our counselor, whether verbally or in writing.  
I/We will be on time for appointments and understand that if I/we are late for an appointment, the appointment may have to be rescheduled  
I/We will call within 24 hours of any future scheduled appointment(s) if I/we will be unable to attend an appointment.  
I/We will follow up with our mortgage servicer and/or investor, on a bi-weekly basis, and provide the counselor with any updates as well as provide the counselor with any correspondence or requests for any additional documentation.  
I/We will provide all necessary documentation and follow-up information within 72 hours from the time requested.  
I/We will contact the counselor about any changes in my/our situation immediately.  
I/We will make an appointment with my/our counselor should any follow up face to face meeting be needed.  
I/We understand that RIHousing will provide one counseling session per calendar year.  
I/We understand that breaking this agreement may cause the HelpCenter to terminate its service assistance to me/us.  
I/We understand that the HelpCenter is not providing legal advice or representation, and that the informational services provided by the HelpCenter are not a substitute for legal advice. I/We understand that I/we should contact an attorney if we wish to receive legal advice or services.

_____ Homeowner	_____ Date
_____ Homeowner	_____ Date
_____ Homeowner	_____ Date
_____ Counselor	_____ Date
_____ Counselor	_____ 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 counseling 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 RIHousing’s HelpCenter is a housing counseling agency that is approved by the United States Department of Housing and Urban Development (“HUD”). I acknowledge and agree that RIHousing can share my tax return information with HUD for its program monitoring and compliance 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

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"> <li>▪ Social Security Number</li> <li>▪ Income</li> <li>▪ Account balance</li> <li>▪ Payment history</li> <li>▪ Credit history</li> <li>▪ Credit score</li> <li>▪ Date of birth</li> <li>▪ Medical information and blood lead level test results (for lead hazard reduction programs)</li> </ul> <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?*
<b>For our everyday business purposes</b> – such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	<b>Yes</b>	<b>No</b>
<b>For our marketing purposes</b> – to offer our products and services to you	<b>Yes</b>	<b>No</b>
<b>For joint marketing with other financial companies</b>	<b>No</b>	<b>N/A</b>
<b>For our affiliates' everyday business purposes</b> – information about your transactions and experiences	<b>No</b>	<b>N/A</b>
<b>For our affiliates' everyday business purposes</b> – information about your creditworthiness	<b>No</b>	<b>N/A</b>
<b>For nonaffiliates to market to you</b>	<b>No</b>	<b>N/A</b>

\*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
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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"> <li>▪ Apply for financing</li> <li>▪ Give us your contact information</li> <li>▪ Give us your employment history</li> <li>▪ Give us your income information</li> <li>▪ Show us your driver's license</li> </ul> <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"> <li>▪ Sharing for affiliates' everyday business purposes – information about your creditworthiness</li> <li>▪ Affiliates from using your information to market to you</li> <li>▪ Sharing for nonaffiliates to market to you</li> </ul>

Definitions	
Affiliates	<p>Companies related by common ownership and control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> <li>▪ <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></li> </ul>
Nonaffiliates	<p>Companies not related by common ownership or control. They can be financial or nonfinancial companies.</p> <ul style="list-style-type: none"> <li>▪ <i>RIHousing does not share your personal information with nonaffiliates so they can market to you.</i></li> </ul>
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"> <li>▪ <i>RIHousing does not jointly market.</i></li> </ul>

Other important information
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.

Provisions pertaining to protected medical information
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.



# Fax

**To:** HelpCenter

**From:**

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**Fax:** 401-450-1373

**Pages:**

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**Date:**

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**Re:** HelpCenter Financial Information Package

Comments: