



**Habitat  
for Humanity®**

**Neighborhood  
Revitalization**

**Neighborhood Revitalization Program**  
**Application Documents Checklist**

**Applicant:** \_\_\_\_\_

**Co-Applicant:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Copies of the documents below are required from all applicants, co-applicants and household members (if applicable) ages 18 and over to have an application processed for our Neighborhood Revitalization Program. Please make copies and do not submit originals of the documents.**

**For Applicant and Co-Applicant**

Check Mark

Completed and signed Habitat for Humanity application \_\_\_\_\_

**For Applicant and Co-Applicant and ALL Household Members (ages 18 and over)**

Last 30 days paystubs  
(For example, last 3 paystubs if paid bi-weekly,  
or last 5 paystubs if paid weekly) \_\_\_\_\_

2020 Social security benefit letter or Veteran disability  
Income, etc. (if Applicable) \_\_\_\_\_

Most recent tax return for the last 1 year (if Applicable) \_\_\_\_\_

Most recent W2 or 1099 forms for the last 1 year (if Applicable) \_\_\_\_\_

Signed 4506T form (IRS Transcripts for last 1 year) \_\_\_\_\_

Copy of current homeowners insurance declaration page \_\_\_\_\_

Copy of a driver's license, passport, or other Government issued ID \_\_\_\_\_

Copy of Social Security Card per household member \_\_\_\_\_

Signed Authorization and Release \_\_\_\_\_

# Neighborhood Revitalization Program (NR)

The Neighborhood Revitalization (NR) program is a focused housing outreach program that provides a path for communities to come together to help homeowners with needed home repairs. This program aims to serve more families and desires to create new partnerships and empower residents to revive their neighborhood while enhancing the quality of life.

Habitat for Humanity of South Palm Beach County (HFHSPBC) is looking for homeowners to partner with to perform NR projects at a reduced cost to the homeowner. The goal of the program is to increase neighborhood livability, safety and real estate values. ***This is not an emergency program*** as repairs would take place over the next four to eight months. NR is another Habitat for Humanity program that is a hand-up, not a hand-out to increase decent, safe, affordable housing.

Applications must be completed and submitted to our office at 181 SE 5<sup>th</sup> Avenue Delray Beach, FL 33483 or [pjgreen@hfhboca.org](mailto:pjgreen@hfhboca.org).

## A Brush With Kindness

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A Brush With Kindness (ABWK) projects include exterior pressure cleaning, painting and yard cleanup for qualified families who have safety or insurance issues or code violations.

The work performed must be paid for in part by the homeowner (\$200).

## Critical Repairs

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Critical Repairs (CR) projects include exterior repairs like roof repair or replacement, new windows, doors, handicap ramps, soffit, and fascia board replacement for qualified families who have safety or insurance issues or code violations.

The Homeowner must be willing to repay the cost of the project over a period of time. The repayment amount is determined on a sliding scale which is based on the cost of the project and the homeowner's income. A payment plan is available for qualified applicants.





**Habitat  
for Humanity®**

**Neighborhood  
Revitalization**

**Application**



We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin.

**Dear Applicant:** Please complete this application for repairs on your home. Please fill out the application as completely and accurately as possible. All information you include will be kept confidential.

**SECTION 1 - Homeowner Information**

**Applicant**  
Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

**Social Security**  
Number: \_\_\_\_\_

Married  Single  Widowed  Divorced/Separated

**Co-applicant**  
Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

**Social Security**  
Number: \_\_\_\_\_

Married  Single  Widowed  Divorced/Separated

**Property Address:** \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Number of Years at this address: \_\_\_\_\_

**Contact Info:**  
Cell: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Co-applicant Contact Info:**  
Cell: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Other Household Members:** List the names, ages, and relationship to homeowner of all people living in the home

Name/Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

Is anyone in your household a veteran?  Yes  No Name: \_\_\_\_\_

Is anyone in your household currently in the military?  Yes  No Name: \_\_\_\_\_

Do you currently have an active homeowner's insurance policy?  Yes  No If not, why?

\_\_\_\_\_

## SECTION 2 - Special Needs

Is the homeowner or anyone in the home disabled?  Yes  No

If yes, please insert the name of the person disabled and indicate the type of disability below (check all that apply, please describe if "other"): Name (s) \_\_\_\_\_

Uses a Walker, Cane or Crutches  Wheelchair Bound  Blind  Hearing Impaired  
 Loss of Limb  Mentally Disabled  Other: \_\_\_\_\_

Is translation needed?  Yes  No If yes, what language: \_\_\_\_\_

## SECTION 3 – Employment Information

### Applicant:

Name and Address of Current Employer

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

Phone No.: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Years on this job: \_\_\_\_\_

Monthly (Gross) wages: \$ \_\_\_\_\_

### Co-applicant:

Name and Address of Current Employer

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

Phone No.: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Years on this job: \_\_\_\_\_

Monthly (Gross) wages: \$ \_\_\_\_\_

## SECTION 4 – Monitoring Information

Please Read This Statement Before Completing the Box Below: The following information is requested by Habitat for Humanity of South Palm Beach County, Inc., in order to monitor our compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. Habitat will neither discriminate on the basis of this information, nor on whether you choose to furnish it or not. However, if you choose not to furnish it, Habitat will note race and sex on the basis of visual observation or surname. If you do not wish to furnish the information below, please check the box below.

### Applicant:

#### Race/National Origin: (Check one or more)

- American Indian or Alaskan Native
- Native Hawaiian or Other Pacific Islander
- Black or African American
- White
- Asian
- I do not wish to furnish this information

#### Ethnicity: (Check one)

- Hispanic or Latino
- Not Hispanic or Latino
- I do not wish to furnish this information

#### Sex: (Check one)

- Female
- Male
- Other
- I do not wish to furnish this information

### Co-Applicant:

#### Race/National Origin: (Check one or more)

- American Indian or Alaskan Native
- Native Hawaiian or Other Pacific Islander
- Black or African American
- White
- Asian
- I do not wish to furnish this information

#### Ethnicity: (Check one)

- Hispanic or Latino
- Not Hispanic or Latino
- I do not wish to furnish this information

#### Sex: (Check one)

- Female
- Male
- Other
- I do not wish to furnish this information

## SECTION 5 – Home Repair Details

For additional details visit our website at <https://www.habitatsouthpalmbeach.org/home-repair.html>

**Habitat for Humanity of South Palm Beach County (HFHSPBC) provides exterior repairs only. Emergency repair services are not available.**

Homeowner must be a U.S. Citizen or Permanent Legal Resident.

The home must be in our focus area in Boca Raton, Delray Beach or Boynton Beach, Florida and be a single-family residence. Homes in gated communities, condominiums, townhouses, multi-family units, manufactured homes, and trailers do not qualify.

The home must be owner-occupied and serve as the primary residence of the applicant. Owners of multiple real estate properties are not eligible.

All owners of the home must be listed on the application and must have resided in the home for at least twelve (12) months.

Applicants **MUST** provide proof of home ownership, 1 year of tax returns for all members of the household, be current on mortgages and taxes as well as submit to a criminal & sex offender background check. Other documents may be requested.

Household income must be within the income eligibility guidelines that are subject to change on a yearly basis. Household income will be determined by assessing income for all members.

The Neighborhood Revitalization (NR) program is not offered for free, but instead provides the opportunity for the Partner Family to pay a portion of the costs of the repair based on income level and potentially receive a 0% interest loan. The Partner Family agrees to repay the loan amount over a period of time which is based on the cost of the project and the homeowner's income.

Homeowners and household members must be willing to complete Sweat Equity hours. Homeowners are credited with Sweat Equity hours by working on the home during the project, providing water and snacks, attending educational classes and/or being present at other HFHSPBC events or programs. This is a valuable tool in building the partnership between the homeowner, volunteers, and staff.

Homeowner(s) agree to keep a Habitat for Humanity sponsorship sign in their yard for the project duration.

**The home must be in need of repairs as determined by Habitat for Humanity staff. HFHSPBC will determine the scope of work after the completed application is submitted.**

**Please specify your exterior home repair needs below:**

### **A Brush With Kindness**

- Exterior Pressure Wash/Prime and Paint
- Yard Clean-up
- Mailbox Replacement
- Exterior Light Fixtures

### **Critical Repair**

- Roof
- Impact Window
- Doors
- Handicap Ramp
- Fascia Board/Soffit

Are you currently facing any code enforcement violations?  No  Yes\*

\*If yes please include a copy of your notice(s) with this application

## SECTION 6 – Family Questionnaire

What is your current occupation?

If retired, what was your previous occupation before retirement?

Tell us about yourself and your family?

Describe your involvement in your community?

What do you like to do with your free time?

Why should we consider you for repairs?

## SECTION 7 – Authorization and Release

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for the Habitat Neighborhood Revitalization program, my ability to repay an affordable loan and other expenses of homeownership, and my willingness to be a partner through sweat equity.

I understand that the evaluation will include personal home visits, a credit check, a criminal background check, and employment verification. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied and that even if I have already been selected to have repairs done on my home, I may be disqualified from the program and forfeit any rights or claims to repairs on my home. The original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved.

I also understand that Habitat for Humanity screens all applicants on the sex offender registry. By completing this application, I am submitting myself and all applicants to such an inquiry. I further understand that by completing this application, I am submitting myself and any other household member age 18 and over to a criminal background check.

**Photographic/Recording Release.** I hereby grant and convey unto Habitat for Humanity of South Palm Beach County, Inc. all right, title and interest in any and all photographs and video/audio/electronic recordings of me, including as to my name, image and voice, made by or on behalf of any of the Released Parties during my Activities with the Released Parties, including, but not limited to, the right to use such materials for any purpose and to any royalties, proceeds or other benefits derived from them. I understand that I will not have any ownership interest in or to such photographs, images and/or recordings, I have not been provided or promised any compensation to me, and I hereby waive any rights, privileges or claims based on any right of publicity, privacy, ownership or any other rights arising, relating to or resulting from the photographs, images and/or recordings. I understand and agree that this paragraph also applies to my minor child(ren) who are volunteering.

I/We hereby give my/our consent for information contained in this application and in other documents required in connection with this application, either before the application process is closed or as part of its quality control program, to be verified or re-verified by:

Habitat for Humanity of South Palm Beach County  
181 SE 5th Ave  
Delray Beach, FL 33483

And its agents, successors and assigns either directly or through a credit report agency.

Such information includes, but is not limited to, employment history; income; licensing; credit history, rental history and copies of income tax returns and/or W-2 forms; criminal background checks.

A photographic copy of the signature(s) of the undersigned may be deemed to be equivalent of the original and may be used as a duplicate original.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Co-Applicant Signature**

\_\_\_\_\_  
**Applicant Name**

\_\_\_\_\_  
**Co-Applicant Name**

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

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

**SECTION 7C – Authorization and Release Form for 18 Years Old & Older Only**

**AUTHORIZATION TO RELEASE INFORMATION  
BLANKET AUTHORIZATION  
(for those in household ages 18 years and older only)**

I/We hereby give my/our consent for information contained in this application and in other documents required in connection with this application, either before the application process is closed or as part of its quality control program, to be verified or re-verified by:

**Habitat for Humanity of South Palm Beach County  
181 SE 5<sup>th</sup> Ave  
Delray Beach, FL 33483**

**And its agents, successors and assigns either directly or through a credit report agency.**

Such information includes, but is not limited to, employment history; income; licensing; credit history, rental history and copies of income tax returns and/or W-2 forms; criminal background checks.

A photographic copy of the signature(s) of the undersigned may be deemed to be equivalent of the original and may be used as a duplicate original.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## 2020 Household Income Guidelines

Family Size	Minimum Income	Maximum Income
1 Person	\$18,450	\$49,200
2 Person	\$21,100	\$56,200
3 Person	\$23,750	\$63,250
4 Person	\$26,350	\$70,250
5 Person	\$30,680	\$75,900
6 Person	\$35,160	\$81,500
7 Person	\$39,640	\$87,150
8 Person	\$44,120	\$92,750

Income limits are subject to change



## Home Preservation Sliding Scale Repayment to Habitat

<b>% AMI</b>	<b>% Repayment to Habitat</b>
71-80%	60% of repair costs
61-70%	50% of repair costs
51-60%	40% of repair costs
41-50%	30% of repair costs
31-40%	20% of repair costs
30% and below	10% of repair costs



**Request for Transcript of Tax Return**

OMB No. 1545-1872

- ▶ **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).**

**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.

**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. Phone number of taxpayer on line 1a or 2a

▶ <b>Signature</b> (see instructions)	Date
▶ <b>Title</b> (if line 1a above is a corporation, partnership, estate, or trust)	
▶ <b>Spouse's signature</b>	Date

**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.