



CHILL Program Application Packet

Overview:

The CDBG Housing Improving Local Livability (CHILL) program is to help low-to-moderate income homeowners do home repairs. Funds up to \$40,000 per household are available for residents of Mason County with incomes at or below 80% of the area medium income (AMI).

This packet will verify if applicants are within the income eligibility to participate in the CHILL program.

Who is Eligible?

Households under 80% of AMI who own homes that need to be repaired. The home must be the primary residence of the homeowners for a minimum of 12 months.

Household Size	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Income Limit at 80% AMI	\$45,600	\$52,080	\$58,560	\$65,040	\$70,520	\$75,520	\$80,720	\$85,920

What Home Repair Projects Can Be Completed?

Eligible repairs include:

- Roof replacement or repair
- Wells and septic systems
- Porches
- Handrail installation
- Hot water heater replacement
- Electrical repairs
- Plumbing replacement or repair
- Hazardous tree removal or tree trimming
- Retaining walls
- Window and door replacement
- Waterproofing
- Tuck-pointing
- Insulation
- Concrete, asphalt, and masonry replacement or repair
- Furnace and/or air conditioner replacement or repairs
- Accessibility modifications
- Lead remediation
- Interior walls and ceilings
- Floor coverings
- Foundation repairs (crack repairs, leaks, sump pump installation, etc.)

How to Apply:

Applications can be found and accepted at FiveCAP, Inc. (302 Main Street N., Scottville, MI 49454) and the Mason County Administration Department at the Mason County Airport Terminal (5300 W US-10, Ludington, MI 49431). Applications will be reviewed on a first-come-first-served basis.

Checklist:

- ☐ Application for CHILL Program (10-C)
- ☐ Family Composition Form (10-D)
- ☐ Authorization for Release (10-E)
- ☐ Declaration of Section 214 Status (10-F)
- ☐ Checklist for Head of Household (10-G)
- ☐ Request for Transcript of Tax Return (10-M)

Additional Supporting Documentation May Include:

- ☐ Self-Employment Verification
- ☐ Check Stubs
- ☐ Benefits Letter
- ☐ IRA, 401K, Keogh

INCOME PACKET SUBMISSION

Use this Income Packet Submission to verify all **FULLY COMPLETED** documents have been received and are in the order below.
 Use the Income Limit in effect as of the date the entire packet has been received and final calculations are being made.
 Show income calculations entered by entering in the Calculator tab(s) of the Workbook and/or notating on bottom of document.

For all applicants, file all documentation and worksheets in the activity file or folder. If applicant is over income or otherwise ineligible, retain income packet with grant file for entire retention period.

An entire, complete income packet is submitted to CDBG:

- when it is the **FIRST** income packet for each activity type,
- the gross annual income falls within \$5,000 or 10% of the upper income limit, or
- upon request by Specialist.

If Specialists are viewing, they will reply to Grantee within 10 business days of receipt of income packet.

	Income Workbook (10-B)	dated, signed by Grantee staff
	Application for CHILL Program (10-C)	
	Family Composition (10-D)	dated, signed by head of household
	Authorization for Release (10-E)	dated, signed by all 18 and over
	Declaration of Section 214 Status (10-F)	dated, signed by all per instructions
	Request for Transcript of Tax Return (10-M)	1040 method only - dated, signed
	Checklist for Head of Household (10-G)	dated, signed by Adult 1
	supporting documentation for all items checked YES on Checklist submitted in order	documentation cannot be older than 6 months from date of Checklist
	self-employment	<i>If reviewing income Jan-Jun, use the last two years of Schedule C, E, F forms and average. If reviewing income Jul-Dec, use applicant provided monthly statements for current year. Use monthly statements to project current year earnings and average with previous year Schedule C, E, F. If applicant does not have monthly statements, use Worksheet for Self Employed YTD Income & Expenses on website.</i>
	check stubs	2 months, current and consecutive, verification form not required
	benefits letter	may be older than 6 months (i.e. Social Security, SSI, etc.)
	bank statements	checking accounts require 6-month average (may be listed on page 1 of bank statement OR verification of resources completed by bank – mailed by grantee OR 6 months of bank statements)
	IRA, 401K, Keogh	statement and/or verification of early withdrawal penalty amount
	Checklist for Other Adults (10-G)	dated, signed
	supporting documentation	as noted above
	Tax Return	Federal only. Previous year. If self-employed, TWO years tax returns.
	Verification Log (10-H)	

Grantee Staff signature

Date

CDBG Staff signature **APPROVING CALCULATIONS**

Date



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APPLICATION FOR CHILL PROGRAM

PART I - GENERAL INFORMATION

Name of Applicant		Social Security #		Date of Birth	
Name of Co-Applicant		Social Security #		Date of Birth	
Address		City	State MI	County/Township	Zip Code
Home Phone #		Work Phone #		Mobile Phone #	
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (includes widowed, divorced, or single)					
Contact Person (in your absence)		Mobile Phone #		Work Phone #	
Address		City	State	Zip Code	Relationship
How long have you lived at this address?					
Year house was built?					
Is this a Land Contract?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever purchased a home?		<input type="checkbox"/> Yes <input type="checkbox"/> No			

PART II - HOUSEHOLD INFORMATION

<input type="checkbox"/> Yes <input type="checkbox"/> No		Is there anyone listed on the title to your property who does <u>not</u> live in the household? If Yes, please list Name(s) and Relationship below.
	NAME	RELATIONSHIP
1.		
2.		
3.		
How many people live permanently in your household?		

LIST ALL HOUSEHOLD MEMBERS, their annual gross income and source of income including Social Security Number, Wages, Pensions, DHS, Child Support or Alimony, SSI, General Assistance, self-employment, farm income, and rental income (For self-employed persons, farm, and rental property income, use the appropriate line for "adjusted gross income" from the 1040 IRS Income Tax Return.)

	NAME	AGE	ANNUAL GROSS INCOME	SOURCE OF INCOME
1.				
2.				

3.				
4.				
5.				
6.				
7.				
8.				
<input type="checkbox"/> Yes <input type="checkbox"/> No		Have you received any assistance or loan from MSHDA's Neighborhood Housing Initiatives Division (NHID) within the past 5 years? If yes, provide names of program(s) and amount? NHID has a \$75,000 maximum per address.		

FOR HOMEOWNER IMPROVEMENT PROJECT (HIP) ONLY	
From your last property tax statement (answer the following):	
What is the estimated market value of your home?	\$ _____
What are your yearly property taxes?	\$ _____
Are your property taxes current?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your home insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list the name of your home insurance company.	_____
List homeowner improvement project items you are requesting to be completed.	_____

PART III - CERTIFICATION

Conflict of Interest – The Unit of Local Government cannot provide assistance to an employee, an employee's immediate family member, or any individual associated with the CHILL program. Exceptions may be possible, on a case-by-case basis, if a Conflict of Interest Disclosure is submitted outlining why participation is warranted, and MSHDA legal approves the disclosure request.

I certify that the information stated above is true and correct to the best of my knowledge. I understand that giving false information will result in disqualifying me from assistance in the Homeowner Improvement Project (HIP) or Demolition Reconstruction Resale (DRR).

Applicant Signature

Date

Co-Applicant Signature

Date

FAMILY COMPOSITION

Issued under P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937.

Head of Household Name		Home Telephone Number
Unit Address	City, State, ZIP Code	Work Telephone Number
Mailing Address	City, State, ZIP Code	Message Telephone Number

List yourself and all other persons who will live in the unit:

Name	Social Security # <small>If no SS# use Alien Registration Number</small>	Relationship to Head of Household	Student? Yes/No	Birth Date	Age <small>HUD defines elderly as at least 62</small>	Sex M or F	Disabled? Yes/No	Hispanic or Latino? Yes/No	Race Code # <small>(See Below)</small>	US Citizen? Yes/No
		Head of Household								

Race Code #'s

- | | |
|---|--|
| 1 – White | 6 – American Indian or Alaska Native AND White |
| 2 – Black/African American | 7 – Asian AND White |
| 3 – Asian | 8 – Black or African American AND White |
| 4 – American Indian or Alaska Native | 9 – American Indian or Alaska Native AND Black or African American |
| 5 – Native Hawaiian or Other Pacific Islander | 10 – Other Multi-Racial |

If there are new births, please send a copy of proof of birth and social security card. Head of Household — Please complete the following section (for statistical purposes only):

Enter Code #

- Marital Status
1. Married
 2. Single
 3. Widowed
 4. Divorced
 5. Separated

I certify that only the people listed above will occupy the unit.

Signature of Head of Household

Date

Do you, as a person with a disability, require SPECIFIC accommodation(s) to fully use our programs and services?

☐ No ☐ Yes [List specific accommodation(s) required]

After completing this form, please return to:

Penalties which may be imposed for intentionally submitting false or misleading information in obtaining Authority financing are set forth in the Michigan State Housing Development Authority Act of 1966 (MCLA 125.1447).



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Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)
U.S. Department of Housing and Urban Development, Office of Public and Indian Housing

PHA or IHA requesting release of information (full address, name of contact person, and date):

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD, and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n. This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

Public Housing
Housing Choice Voucher
Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self-employment information and payments of retirement income as referenced at Section 6103(I)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages; and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAS that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

Signatures:

_____		_____	
Head of Household	Date		
_____		_____	
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____		_____	
Spouse	Date	Other Family Member over age 18	Date
_____		_____	
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____		_____	
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Advisory. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). Purpose: This form authorizes HUD and the above-named HA to request income information to verify your household's income in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent: HUD and the HA (or any employee of HUD or the HA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

DECLARATION OF SECTION 214 STATUS

This form is required by P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937. Failure to file could affect benefits.

Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

The following footnotes pertain to non-citizens who declare eligible immigration status in one of the following categories:

1. **Eligible immigration status and 62 years of age or older.** For non-citizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
2. **Immigrant status under section 101(a)(15) or 101(a)(20) of Immigration and Nationality Act (INA).** A non-citizen lawfully admitted for permanent residence, as defined by section 101(a)(20) of the INA, as an immigrant, as defined by section 101(a)(15) of the INA {8 U.S.C. 1101(a)(20) and 1101(a)(15)} respectively [*immigrant status*]. This category includes a non-citizen admitted under section 210 or 210A of the INA {8 U.S.C. 1160 or 1161}, [*special agricultural worker status*], who has been granted lawful temporary resident status.
3. **Permanent residence under section 249 of INA.** A non-citizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA {8 U.S.C. 1259} [*amnesty granted under INA 249*].
4. **Refugee, asylum, or conditional entry status under section 207, 208, or 203 of INA.** A non-citizen who is lawfully present in the U.S. pursuant to the admission under section 207 of the INA {8 U.S.C. 1157} [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA {8 U.S.C. 1158} [*asylum status*]; or because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
5. **Parole status under section 212(d)(5) of INA.** A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General's withholding deportation under section 212(d)(5) of the INA {8 U.S.C. 1182(d)(5)} [*parole status*].
6. **Threat to life or freedom under section 243(h) of INA.** A non-citizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under section 243(h) of the INA {8 U.S.C. 1253(h)} [*threat to life or freedom*].
7. **Amnesty under section 245A of INA.** A non-citizen lawfully admitted for temporary or permanent residence under section 245A of the INA {8 U.S.C. 1255a} [*amnesty granted under INA 245A*].

Instructions to Grantee: Following verification of status claimed by persons declaring eligible immigration status (other than for non-citizens age 62 or older and receiving assistance on June 19, 1995), Grantee must enter INS/SAVE Verification Number and date that it was obtained. Grantee signature is not required.

Instructions to Family Member For Completing Form: On opposite page, print or type first name, middle initial(s), and last name. Place an "X" in the appropriate boxes. Attach USCIS document(s) evidencing eligible immigration status. Sign and date.

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CHECKLIST

Issued under P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937.

Penalties which may be imposed for intentionally submitting false or misleading information in obtaining Authority financing are set forth in the Michigan State Housing Development Authority Act of 1966 (MCLA 125.1447).

Complete a separate form for each household member who is age 18 or older. For all items checked YES, provide ORIGINAL verification (not photocopies) additional information as requested. Complete in ink, initial any/all changes.

Household Member Name	Head of Household Name	
	Address	City

Each item must be fully completed. Please print clearly using black or blue ink.

Section A – Income

	Yes	No	
A-1	<input type="checkbox"/>	<input type="checkbox"/>	I am self-employed . If yes, describe _____.
A-2	<input type="checkbox"/>	<input type="checkbox"/>	I earned \$_____ in the last 12 months. I have _____ job(s) and receive money/wages . Name of Employer: ¹⁾ _____ ²⁾ _____ Date of Hire: _____ Name of Employer: ³⁾ _____ ⁴⁾ _____ Date of Hire: _____
A-3	<input type="checkbox"/>	<input type="checkbox"/>	I receive tips . If yes, in the amount of \$_____ per week.
A-4	<input type="checkbox"/>	<input type="checkbox"/>	I am unemployed . If yes, I have been unemployed since _____ (date). I receive unemployment/subpay benefits since _____ (date). I <input type="checkbox"/> will <input type="checkbox"/> will not receive an extension.
A-5	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from Workers' Compensation . If yes, Amount \$_____
A-6	<input type="checkbox"/>	<input type="checkbox"/>	I receive military active-duty allotments. If yes, Amount \$_____
A-7	<input type="checkbox"/>	<input type="checkbox"/>	I receive Veteran's Administration benefits. If yes, Amount \$_____ VA File # _____
A-8	<input type="checkbox"/>	<input type="checkbox"/>	I receive Social Security . If yes, Amount \$_____
A-9	<input type="checkbox"/>	<input type="checkbox"/>	I receive Supplemental Security Income (SSI) . Federal Amount \$_____ State Amount \$_____
A-10	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from retirement funds or pensions . If yes, how many? _____ Source Name: ¹⁾ _____ Amount: \$_____ per Source Name: ²⁾ _____ Amount: \$_____ per
A-11	<input type="checkbox"/>	<input type="checkbox"/>	I receive disability or death benefits other than Social Security . If yes, from how many sources? _____ Source Name: ¹⁾ _____ Amount: \$_____ per Source Name: ²⁾ _____ Amount: \$_____ per
A-12	<input type="checkbox"/>	<input type="checkbox"/>	I receive a CASH Public Assistance grant (FIP, SDA, RAP). DHS Case #: _____ Amount: \$_____ per
A-13	<input type="checkbox"/>	<input type="checkbox"/>	I receive child support . If yes, from how many persons do you receive support? _____ How many Friend of the Court(s) do you receive support from? _____ If yes, is child support paid directly to Department of Human Services (DHS)? Yes No If not paid directly to DHS: Friend of the Court Name: ¹⁾ _____ Amount: \$_____ per Friend of the Court Name: ²⁾ _____ Amount: \$_____ per Friend of the Court Name: ³⁾ _____ Amount: \$_____ per
A-14	<input type="checkbox"/>	<input type="checkbox"/>	I receive alimony . If yes, from how many persons do you receive alimony? _____ How many Friend of the Court(s) do you receive alimony from? _____ If yes, is alimony paid directly to Department of Human Services (DHS)? <input type="checkbox"/> Yes <input type="checkbox"/> No If not paid directly to DHS: Friend of the Court Name: ¹⁾ _____ Amount: \$_____ per Friend of the Court Name: ²⁾ _____ Amount: \$_____ per

Yes No

A-15 ☐ ☐ I receive **adoption assistance payments**. If yes, how many sources? _____
 Source Name: 1) _____ Amount: \$ _____ per
 Source Name: 2) _____ Amount: \$ _____ per

A-16 ☐ ☐ I receive periodic payments from a **trust, annuity, or inheritance**. If yes, how many sources? _____
 Source Name: 1) _____ Amount: \$ _____ per
 Source Name: 2) _____ Amount: \$ _____ per

A-17 ☐ ☐ I receive periodic payments from **insurance policies**. If yes, how many sources? _____
 Source Name: 1) _____ Amount: \$ _____ per
 Source Name: 2) _____ Amount: \$ _____ per

A-18 ☐ ☐ I receive periodic payments from **lottery winnings**.
 Source Name: 1) _____ Amount: \$ _____ per
 Source Name: 2) _____ Amount: \$ _____ per

A-19 ☐ ☐ I am a **full-time student**.
 Name of School: _____
 Address City State Zip: _____

A-20 ☐ ☐ I receive **CASH** contributions or gifts including rent, groceries, car payments, or utility payments on an ongoing basis from persons not living with me. If yes, from how many sources? _____ (List each source separately)
 Source Name: 1) _____ Amount: \$ _____ per
 Source Name: 2) _____ Amount: \$ _____ per

A-21 ☐ ☐ I have **cryptocurrency or other income** than those listed above.
 Describe: _____

 Source Name: 1) _____ Amount: \$ _____ per
 Source Name: 2) _____ Amount: \$ _____ per

To be filled out on Head of Household's form only. Leave blank if you are not the Head of Household.

Yes No

A-22 ☐ ☐ I have a family member(s) age 17 or under who has **unearned** income (examples: Social Security, SSI).
 List their names and type(s) of income:

Name	Type	Amount	Name	Type	Amount

A-23 ☐ ☐ I have a family member(s) age 17 or under who has **earned** income (list each job separately).

Name	Amount	Name	Amount

Section B – Assets

Yes No

B-1 ☐ ☐ I have the following accounts ☐ **Savings** ☐ **Checking** ☐ **Retirement account provided by Employer**
 [check which one(s)]: ☐ **IRA's or Keogh** ☐ **Other** _____
 How many banks, credit unions, savings and loans, etc. do you have accounts with? _____ (List each separately)
 Name of bank: 1) _____ Acct # _____
 Name of bank: 2) _____ Acct # _____
 Name of bank: 3) _____ Acct # _____

B-2 ☐ ☐ I own **additional real estate**. Describe: _____

B-3 ☐ ☐ I have a **land contract(s)**. Describe: _____

B-4 ☐ ☐ I own a **mobile home**. Describe: _____

Yes No

B-5 ☐ ☐ I receive **income from rental** of real estate or personal property. Describe _____

B-6 ☐ ☐ I receive income from **Indian Trust Land**. Describe _____

B-7 ☐ ☐ I have **personal property held for investment** purposes (gems, jewelry, coin or stamp collections, etc.)
Describe: _____

B-8 ☐ ☐ I have **Treasury Bills, Stocks or Bonds**. Check which one(s): ☐ Treasury Bills ☐ Stocks ☐ Bonds
How many do you have? _____ (List each separately)
Name of each source: ¹⁾ _____ Account # _____
Name of each source: ²⁾ _____ Account # _____
Name of each source: ³⁾ _____ Account # _____

B-9 ☐ ☐ I have a **life insurance policy with a cash surrender value**.
Source Name: ¹⁾ _____ Policy #: _____
Source Name: ²⁾ _____ Policy #: _____

B-10 ☐ ☐ I have **sold, given away, or otherwise transferred ownership of assets** within the last two (2) years.
List items: _____ Sale amount \$ _____

B-11 ☐ ☐ I have **cryptocurrency or other assets** than those listed above.
Describe: _____
Source Name: ¹⁾ _____ Amount: \$ _____ per
Source Name: ²⁾ _____ Amount: \$ _____ per

To be filled out on Head of Household's form only. Leave blank if you are not the Head of Household.

B-12 Yes No ☐ ☐ I have a family member(s) age 17 or under who has assets (example: savings accounts, bonds, etc.).

Name	Type	Amount	Name	Type	Amount

How many banks, credit unions, savings and loans, etc. do you have accounts with? _____ (List each separately)
Name of bank: ¹⁾ _____ Acct # _____
Name of bank: ²⁾ _____ Acct # _____
Name of bank: ³⁾ _____ Acct # _____

Section C – Rental Rehabilitation Only ☐ NA for DRR ☐ NA for HIP

Yes No

C-1 ☐ ☐ I am disabled and receive Supplemental Security Income (SSI).

To be filled out on Head of Household's form only. Leave blank if you are not the Head of Household.

C-2 Yes No ☐ ☐ I have a family member(s) under age 6 who has an *identified* Environmental Intervention Blood Lead Level (EIBLL).
List their names: _____

Please return to:

Certification:

I certify that only the people listed on the Family Composition form will occupy the unit.
I certify the house will be my principal residence.
I will not live anywhere else without notifying MSHDA immediately in writing.
I will not sublease my assisted residence.
I hereby attest that I have reviewed this entire form, and all information has been accurately reported.
I understand that providing false information will result in denial or termination of benefits.

Signature _____

Date _____



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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.

OMB No. 1545-1872

Tip: Get faster service: Online at www.irs.gov, **Get Your Tax Record** (Get Transcript) or by calling 1-800-908-9946 for specialized assistance. We have teams available to assist. **Note:** Taxpayers may register to use [Get Transcript](#) to view, print, or download the following transcript types: **Tax Return Transcript** (shows most line items including Adjusted Gross Income (AGI) from your original Form 1040-series tax return as filed, along with any forms and schedules), **Tax Account Transcript** (shows basic data such as return type, marital status, AGI, taxable income and all payment types), **Record of Account Transcript** (combines the tax return and tax account transcripts into one complete transcript), **Wage and Income Transcript** (shows data from information returns we receive such as Forms W-2, 1099, 1098 and Form 5498), and **Verification of Non-filing Letter** (provides proof that the IRS has no record of a filed Form 1040-series tax return for the year you request).

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 end date of the tax year or period requested in mm/dd/yyyy format. This may be a calendar year, fiscal year or quarter. Enter each quarter requested for quarterly returns. Example: Enter 12/31/2018 for a calendar year 2018 Form 1040 transcript.

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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"/> 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
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Signature (see instructions) </div> <div style="width: 45%;"> Date </div> </div>	
Title (if line 1a above is a corporation, partnership, estate, or trust)	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Spouse's signature </div> <div style="width: 45%;"> Date </div> </div>	

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.

The filing location for the Form 4506-T has changed. Please see **Chart for individual transcripts** or **Chart for all other transcripts** for the correct mailing location.

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 shows two different addresses, send your request to the address based on the address of your most recent return.

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 5. 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.

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.

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, Arkansas, Florida, Georgia, Louisiana, Mississippi, North Carolina, Oklahoma, South Carolina, 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
Delaware, Illinois, Indiana, Iowa, Kentucky, Maine, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Vermont, Virginia, Wisconsin	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094
Alaska, Arizona, California, Colorado, Connecticut, District of Columbia, Hawaii, Idaho, Kansas, Maryland, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Dakota, Utah, Washington, West Virginia, Wyoming	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-298-1145

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, 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
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094



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.