



Coquille Indian Housing Authority

2678 Mexeye Loop • Coos Bay, OR 97420

HOUSING APPLICATION

All programs are operated to first serve the affordable housing needs of low-income members of the Coquille Indian Tribe, then to serve members of the Confederated Tribes of Coos, Lower Umpqua, and Siuslaw Indians, and then other Native Americans and Alaska Natives. Eligibility is further determined by need, income, references from landlords and credit providers, criminal background checks, and household composition.

A complete application includes the following attachments:

- Copy of **document verifying enrollment** in a federally recognized tribe, NAHASDA-eligible state recognized tribe, or native entity within the State of Alaska; or BIA Certificate of Degree of Indian Blood (CDIB)
- Copy of current **photo ID for all** adult household members
- Copy of **Social Security card for all** household members
- Documentation of all **income for all** household members
- Documentation of all **assets for all** household members
- Authorization for **Release of Information form signed by all** adult household members
- Completed and **signed IRS Form 4506-T** (Request for Transcript of Tax Return) **for each adult** household member
- Verification of diagnosed disability, if applicable
- Documentation of a six-month stable family relationship (copy of a marriage certificate, bank account listing both names, rental agreement with both names, the birth certificate of a child listing both names as parents, or statement from someone testifying of a six-month stable family relationship), if applicable
- Verification of out-of-pocket medical and/or childcare expenses, if applicable

Programs

Low-Income Rental Program

The Low-Income Rental Program assists families with rental housing on Tribal Lands. Required monthly rental payments are based on a maximum of 30% of the household's adjusted gross annual income. Unit size is determined by family composition.

Monthly Housing Assistance Program (MHAP)

MHAP is a tenant-based, monthly rental assistance opportunity designed to help low-income Coquille Tribal members and other Native Americans pay rent for privately owned, decent, safe, and sanitary housing. The program is modeled after the HUD Section 8 Voucher Program and is similar in its operation. Units of assistance funded by HUD are available to low-income Coquille Tribal members and other Native Americans in Coos, Curry, Douglas, Jackson, and Lane counties in Oregon. Units of assistance funded by the Coquille Indian Tribe are available to low-income Coquille Tribal members throughout the United States.

Emergency Housing Program

The Emergency Housing Program provides special, short-term support to qualifying Native American individuals and families who are in crisis due to lack of housing and circumstances beyond their control. To be eligible for Emergency Housing, the applicant must be referred by a recognized social services agency that assists families in crisis.

Applications

1. CIHA reviews the tribal enrollment card, other enrollment verification, or BIA Certificate of Degree of Indian Blood (CDIB) to determine if an applicant is eligible to receive services.
2. Income verification is examined to determine whether the applicant is within the HUD-specified income eligibility guidelines.
3. A criminal background check is conducted. Offenses that may affect eligibility for certain programs include drug/alcohol-related offenses (including marijuana), offenses involving violence, or crimes against children.
4. An internet-based credit check is performed. Items that may affect eligibility for certain programs include debts to a prior landlord or to a utility company.
5. An internet-based database is checked to determine if the applicant owes money to another Public or Indian Housing Authority.
6. Former landlords are sent reference forms to complete. Questions include whether rent was fully paid each month in a timely manner, in what condition the unit was returned, how well the unit was maintained, how well the applicant maintained control over household members and guests, whether complaints were lodged, if the landlord would rent again to the applicant, and if the full deposit was returned to the applicant. An applicant will be determined ineligible for the Low-Income Rental Program on Tribal Lands if there is a history of habits and practices that may be expected to have a detrimental effect on other residents or on the housing project, such as a history of disturbing the neighbors, destroying property, or living or housekeeping habits which would adversely affect the health, safety, or welfare of other residents or Tribal property but may still be eligible for MHAP.

Staff will notify the applicant in writing of any items of concern. The applicant will be afforded an opportunity to respond to any information derived from any source. The response will be taken into consideration in determining the applicant's eligibility.

Families who have applied for housing will be notified in writing of their eligibility status. Eligible families will be placed on the waiting list.

Waiting List

1. The waiting list is managed on a computer database. Because all programs are operated to first serve the needs of members of the Coquille Indian Tribe, then to serve members of the Confederated Tribes of the Coos, Lower Umpqua, and Siuslaw Indians, and then other American Indians and Alaska Natives (AIAN); there are three different waiting lists. If a program slot becomes available and there are no Coquille Tribal members on the waiting list, the program slot will be offered to a member of another tribe.
2. In addition to determining preference by tribal affiliation, an applicant's position on the waiting list is determined using a point system that demonstrates need. Points are accumulated as follows:

<u>SELECTION PREFERENCE</u>	<u>POINTS</u>
For any of these three situations:	10
Involuntarily Displaced, <i>or</i>	(even if all 3 apply)
Substandard Housing, <i>or</i>	
Paying more than 50% of income for rent	
For Coquille Tribal members only:	
Not being served by another federally sponsored housing assistance program	1
For all applicants:	
Elderly (62 or older)	1
Person with disability	1
Each dependent	1

3. If there is a tied score, the applicant that has been on the waiting list the longest period of time based on the date and time the completed application was received by CIHA will have priority for housing.

It is impossible to estimate how long an applicant can expect to remain on the waiting list before being offered a program slot. Applicants with the greatest need are served first.

Selection is made from the top of the waiting lists of eligible applicants. The family is sent a letter inviting them to attend a program orientation. After the orientation, an applicant begins participation in the program.

For units on Tribal Lands, the resident receives the keys to their new home upon payment of the first month's rent and security deposit. The security deposit can be made in installments, if necessary. For tenant-based rental assistance (MHAP), participants receive a document of participation valid for 60 days.

Please keep pages 1- 4 for your information.
Return the remaining pages and required
documentation to:

Coquille Indian Housing Authority
2678 Mexeye Loop
Coos Bay, OR 97420

If you have any questions while completing the
application, please call CIHA at
(541) 888-6501 or toll free (800) 988-6501.

**Please complete the application in full.
Incomplete applications cannot be processed.**

FAMILY INFORMATION SHEET

Please use the legal name of each household member as it appears on the Social Security card for all persons who will be living in your home (including head of household). Please include all AKA's. **Please print using ink.**

Head of Household:

Name	AKA	Tribe
Physical Address	City, State, Zip	Phone
Mailing Address	City, State, Zip	Message Phone
Email Address	SSN	DOB M F

Other Household Members:

Name	AKA	Tribe
Relation to Head of Household	SSN	DOB M F
Name	AKA	Tribe
Relation to Head of Household	SSN	DOB M F
Name	AKA	Tribe
Relation to Head of Household	SSN	DOB M F
Name	AKA	Tribe
Relation to Head of Household	SSN	DOB M F
Name	AKA	Tribe
Relation to Head of Household	SSN	DOB M F

Please attach additional sheet if necessary.

HOUSEHOLD INCOME

List and provide documentation of ALL household income including employment, Social Security, disability, pension, public assistance, unemployment, child support, worker’s comp, food stamps, profit or loss from small business, per capita payments, etc.

Name of person receiving income	Type of Income	Monthly Amount of Income
Name of Employer/Income Source	Address of Employer/Income Source	Phone Number of Employer/Income Source
Name of person receiving income	Type of Income	Monthly Amount of Income
Name of Employer/Income Source	Address of Employer/Income Source	Phone Number of Employer/Income Source
Name of person receiving income	Type of Income	Monthly Amount of Income
Name of Employer/Income Source	Address of Employer/Income Source	Phone Number of Employer/Income Source
Name of person receiving income	Type of Income	Monthly Amount of Income
Name of Employer/Income Source	Address of Employer/Income Source	Phone Number of Employer/Income Source

HOUSEHOLD ASSETS

List all bank accounts, certificates, stocks, bonds, real estate, boats, mobile homes, pension or retirement accounts, life insurance with cash value, or any other assets held by household members:

Description of asset	Value of asset
Description of asset	Value of asset
Description of asset	Value of asset
Description of asset	Value of asset
Description of asset	Value of asset

<input type="checkbox"/> Yes During the last two (2) years have you sold, traded, or disposed of, for less than fair market value, any real property (i.e. real estate, bonds, notes, mobile homes, or other assets) to another person, or been party to a trust settlement or divorce proceeding? If yes, please attach explanation.
<input type="checkbox"/> No

HOUSEHOLD EXPENSES

<input type="checkbox"/> Yes	Do you have out-of-pocket childcare expenses that are necessary to enable a family member to be gainfully employed or further his/her education?
<input type="checkbox"/> No	
If yes, please attach documentation.	

This section to be completed ONLY by applicants 62 years or older, or applicants with a disability:

<input type="checkbox"/> Yes	Do you have out-of-pocket medical expenses?
<input type="checkbox"/> No	
<input type="checkbox"/> Yes	Do you pay for a care attendant or other equipment for a disabled member of household, which is necessary to permit that person or someone else in the household to work?
<input type="checkbox"/> No	
<input type="checkbox"/> Yes	Do you have a disability that requires reasonable accommodation?
<input type="checkbox"/> No	

If you answered yes to any of the above, please attach documentation.

PREFERENCES

The following answers determine Federal Preferences under present HUD guidelines:

<input type="checkbox"/> Yes	Is your present home substandard? If yes, please explain:
<input type="checkbox"/> No	
<i>Substandard housing means the existence of any one of the following conditions: indoor plumbing that does not work; lack of a usable flush toilet or bathing facilities for the exclusive use of your family; lack of adequate, safe electrical service; lack of adequate source of heat; or lack of adequate kitchen facilities.</i>	
<input type="checkbox"/> Yes	Are you paying more than 50% of your annual household income for rent?
<input type="checkbox"/> No	
<input type="checkbox"/> Yes	Have you been involuntarily displaced? If yes, please explain:
<input type="checkbox"/> No	
<i>Involuntary displacement means loss of housing due to circumstances beyond your control; or that you have been involuntarily displaced and are not living in standard, permanent replacement housing; or that within six months from the date of application, you will be displaced.</i>	

The following answers determine preferences under current CIHA guidelines:

<input type="checkbox"/> Yes	Is any household member disabled? If yes, please attach documentation.
<input type="checkbox"/> No	
<input type="checkbox"/> Yes	Is any household member 62 years of age or older?
<input type="checkbox"/> No	
<input type="checkbox"/> Yes	Is any household member a Coquille Tribal member?
<input type="checkbox"/> No	
<input type="checkbox"/> Yes	Are you currently being served by another federally sponsored housing assistance program?
<input type="checkbox"/> No	
<input type="checkbox"/> Yes	Is any household member a Coos, Lower Umpqua, or Siuslaw Tribal member?
<input type="checkbox"/> No	

CRIMINAL HISTORY

<input type="checkbox"/> Yes	Have you or any member of your household ever been arrested or convicted of illegal usage, distribution, or manufacture of a controlled substance, including marijuana? If yes, list person and charge:
<input type="checkbox"/> No	
<input type="checkbox"/> Yes	Have you or any member of your household ever been arrested or convicted of any felony or misdemeanor other than traffic violations? If yes, list person and charge:
<input type="checkbox"/> No	

PRIOR USE AND MAINTENANCE / REFERENCES

<input type="checkbox"/> Yes	Are you currently or have you within the last five years received housing assistance from CIHA or another Public or Indian Housing Authority? If yes:
<input type="checkbox"/> No	
	Name of Housing Authority:
	Location:
	From: To:
<input type="checkbox"/> Yes	Have you ever been a household member of a housing unit assisted by CIHA?
<input type="checkbox"/> No	
<input type="checkbox"/> Yes	Do you or anyone listed in your household currently have an outstanding debt with a utility company (including telephone, cell phone, electric, water, gas, cable TV, or internet)? If yes:
<input type="checkbox"/> No	
	Name of person owing debt:
	Name of utility company:
	Amount owed:
	Name of person owing debt:
	Name of utility company:
	Amount owed:
	Please attach additional sheet if necessary.

LANDLORD REFERENCES (List all landlords, starting with most recent)

Current Landlord Name	Landlord Mailing Address (incl. city/ST/Zip)	Landlord Phone Number	Landlord Email Address
Your Address (incl. City/ST/Zip)	Rented Since	Amount of Rent	Reason for Wanting to Leave
Previous Landlord Name	Landlord Mailing Address (incl. city/ST/Zip)	Landlord Phone Number	Landlord Email Address
Your Address at that Time (incl. City/ST/Zip)	Rented From (Month/Year)	Rented To (Month/Year)	Amount of Rent
Previous Landlord Name	Landlord Mailing Address (incl. city/ST/Zip)	Landlord Phone Number	Landlord Email Address
Your Address at that Time (incl. City/ST/Zip)	Rented From (Month/Year)	Rented To (Month/Year)	Amount of Rent

Please attach additional sheet if necessary.

If you answer yes to any of the following questions, please explain below:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been evicted?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been sued by a landlord or by a neighbor?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever sued a landlord or a neighbor?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever filed for bankruptcy?

HOUSING PROGRAM PREFERENCE

<input type="checkbox"/> Rental unit on Tribal Lands	<input type="checkbox"/> Rental assistance off Tribal Lands	<input type="checkbox"/> First available
<input type="checkbox"/> Emergency rental unit or rental assistance (Attach referral from social services provider.)		

APPLICANT CERTIFICATION

The information you have provided will be kept as confidential as possible. However, you should be aware that the information reported to the Coquille Indian Housing Authority may be seen by someone other than a Coquille Indian Housing Authority employee. (For example: an auditor.)

I certify that I have disclosed information regarding previous federal housing assistance and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud or knowingly misrepresent any information.

I understand that I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verification of my circumstances. Cooperation includes attending scheduled meetings and completing and signing needed forms. I certify that all information provided to the Coquille Indian Housing Authority on household composition, income, family assets and items for allowances and deductions, and all other information is accurate and complete to the best of my knowledge and belief.

I understand that knowingly supplying false, incomplete, or inaccurate information is punishable under federal criminal law and is grounds for denial or termination of housing assistance and/or termination of tenancy.

Warning: Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willfully making false or fraudulent statements to any department or agency of the United States or the U.S. Department of Housing and Urban Development.

I certify that all information provided on the attached forms is accurate and complete to the best of my knowledge and belief.

SIGNATURES

Head of Household: _____ **Date:** _____

Adult Household Member: _____ **Date:** _____

Adult Household Member: _____ **Date:** _____

If you feel that you have been discriminated against, please call the HUD Fair Housing Complaint Line at 1-800-669-9777.



Coquille Indian Housing Authority

2678 Mexeye Loop • Coos Bay, OR 97420

AUTHORIZATION FOR THE RELEASE OF INFORMATION

Consent: I authorize and direct any federal, state, tribal, or local agency, organization, or individual to release to the Coquille Indian Housing Authority (CIHA) any information or materials needed to complete and verify my application for participation and to maintain my continued assistance under CIHA programs. I understand and agree that my signature below authorizes CIHA and the U.S. Department of Housing and Urban Development (HUD) to use any information received under this release to administer and enforce program rules and policies.

Information covered: I understand that previous or current information regarding me or my household may be needed. Verifications and inquiries that may be addressed include but are not limited to: identity and marital status; household composition; medical and childcare expenses; employment, income, and assets; credit and criminal activity; residence and rental activity; disability assistance expense; Social Security programs, etc. I understand that this authorization cannot be used to obtain information that is not pertinent to my eligibility for and continued participation in CIHA programs.

Groups or Individuals that may be contacted: Groups or individuals that I authorize to release the above information include but are not limited to: previous landlords; other housing agencies; courts and post offices; schools and colleges; law enforcement agencies; support and alimony providers; past and present employers; utility companies; private employment agencies; child care providers; the United States Veteran’s Administration and Social Security Administration; any federal, state, tribal, or local human services, health, or employment department; retirement systems; credit providers and credit bureaus; banks and financial institutions, under Section 502(e)(2) of the Graham-Leach-Bliley Act (P.L. 106-102).

Computer matching consent: I understand and agree that HUD or CIHA may conduct computer matching programs to verify the information supplied for my application or re-certification, including information received under this authorization or any other authorization I sign. If a computer match is done, I understand that I have the right to notification of any adverse information found and the opportunity to disprove that information. HUD and CIHA may, in the course of their duties, exchange such automated information with one another and with other federal, state, tribal, and local agencies including without limitation, the U.S. Department of Defense, U.S. Office of Personnel Management, U.S. Postal Service, Social Security Administration, and any state department of human services.

Conditions: I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in effect for 18 months from the date signed. I may revoke this authorization sooner by sending a written revocation signed by me to CIHA at the address listed above.

Signature of Head of Household

SSN

Date

Signature of Adult Household Member

SSN

Date

Signature of Adult Household Member

SSN

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.

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

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

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

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

- a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days
- b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days
- c Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days

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

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

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

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

| 12 / 31 / 2018 | / / | / / | / /

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

Signature (see instructions)	Date	
Title (if line 1a above is a corporation, partnership, estate, or trust)		
Spouse's signature	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. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

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

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

General Instructions

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

Purpose of form. Use Form 4506-T to request tax return information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note: If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

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

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

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

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

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

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

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

If you filed an individual return and lived in:

	Mail or fax to:
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 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.