

Minnesota Housing Fix Up Loan Program

The Fix Up Loan is Minnesota Housing home improvement loan program offering the following options:

All terms and guidelines are subject to change at any time without notice.

| Program Features | Loan Options | | | |
|------------------------|---|---|--------------------------|-------------------------------------|
| | Secured | | Unsecured | |
| | Fix Up Loan** Secured | Energy Conservation & Accessibility | Fix Up Loan Unsecured | Exclusive Energy Conservation |
| Maximum Loan Amount | \$30,000 | \$15,000 | \$15,000 | \$15,000 |
| Minimum Loan Amount | \$2,000 | \$2,000 | \$2,000 | \$2,000 |
| Interest Rate | See Minnesota Housing's Website for current rate ** | | | |
| APR** | 3.923% | 2.669% | 3.821% | 2.319% |
| Maximum Repayment Term | Up to \$10,000: 10 years | | 10 years | |
| | \$10,001 - \$50,000: 20 years | | | |
| Minimum Repayment Term | 1 year | | 3 years | |
| Income Limit | \$154,600 | N/A | \$154,600 | N/A |
| Minimum Credit Score | 620 | | 680 | |
| Loan To Value Ratio | 110% | | N/A | N/A |
| Debt to Income Ratio | 48% | | 48% | |

- City of Minneapolis has chosen to limit its offering of Minnesota Housing's Fix Up Loan to a maximum loan of \$30,000. This loan product is available through other lenders utilizing the program's maximum loan amount of \$50,000. Maximum amount of outstanding Fix Up Loans is \$50,000.
- All current interest rates are published on Minnesota Housing's web site at www.minnesotahousing.gov and are contingent on many factors such as secured vs unsecured loan and lien position.
- APR amounts here are based on the following factors:
 - APR for a Secured loan is calculated based on a \$30,000 loan at 3.750% interest payable over 20 years.
 - APR for a Secured Exclusive Energy Conservation & Basic Accessibility loan is calculated based on a \$15,000 loan at 2.250% interest payable over 10 years.
 - APR for an Unsecured loan is calculated based on a \$15,000 loan at 3.750% interest payable over 10 years
 - APR for an Unsecured Exclusive Energy Conservation & Basic Accessibility loan is calculated based on a \$15,000 loan at 2.250% interest payable over 10 years.
- Single-family homes, condominiums and townhomes are eligible. Homes placed in a trust are not eligible.
- Sweat Equity (homeowner labor) is not eligible for loans originated with City of Minneapolis.
- Most improvements that are permanent in nature are eligible.

Documentation Requirements

1. Minnesota Housing Credit Application and all enclosed attachments.
2. Documentation of income from all borrowers.
 - If you are employed as a wage-earner, provide two current and consecutive payroll statements from your employer.
 - If you receive Social Security, provide the latest benefit/award letter from Social Security.
 - If you are self-employed, complete the attached Interim Financial Statement for the current year. A separate Statement must be prepared for each business.
 - If you received other income (retirement, pension, child support, alimony), provide third party verification (bank statements cannot be used to verify).
 - Two (2) most recent Federal Income Tax Returns including all forms, schedules, W-2s and 1099s from all applicants on the credit application.
3. Copy of current mortgage statement
4. Copy of current Photo ID from all borrowers on the Credit Application. Minnesota Driver's License preferred. ID number must be legible.
5. Divorce decree, all pages, if applicable.
6. Copy of bid from each contractor you intend to hire. Bids must be on contractor letterhead and must be dated within 30 days of your application otherwise you may have to get them updated prior to close.
7. If your home has been purchased within last 12 months please submit a copy of the appraisal and proof of purchase price, such as the Closing Settlement Statement.
8. **Credit Report fee: \$22.00 per individual or \$38.00 per couple. Please make check payable to City of Minneapolis. Cash is not accepted.**

Credit Underwriting Standards

1. Minimum credit score is 620
2. Borrower(s) income may not exceed \$154,600. There is no income limit for Exclusive Energy Conservation & Basic Accessibility loans.
3. Loan-to-value may not exceed 110% of the after improved value. After improved value is calculated using current property value plus on half the project cost.
4. Monthly debt-to-income (DTI) ratio may not exceed 48% unless there is a guarantor. If a guarantor is used, borrower(s) monthly DTI may not exceed 55%. The combined monthly DTI of the borrower and guarantor may not exceed 48%.
5. Borrowers with a bankruptcy may submit application no sooner than 18 months following discharge of Chapter 7 or completion of repayment plan on Chapter 13.
6. Borrowers with a foreclosure may submit application no sooner than 18 months following the completion of the redemption period.

How to Apply:

Applications will **NOT** be processed until **ALL** the following documents and credit report fee has been received:

1. Describe your project, (Example: roof replacement, siding, new windows, furnace replacement, kitchen remodel, an addition or other project).
2. Complete and sign the Fix up Loan Credit Application including all attached forms. Please include your check for the credit report as your application will not be processed without it.
3. Submit all required documentation with the application to the address listed below.
4. Provide contractor estimates or a list of materials for sweat equity projects (on supplier letterhead). Contractors must meet licensing requirements.
5. Staff will complete the loan process and notify you of your eligibility

If you have any questions, or need assistance completing the application,

please call: Owner Occupied Rehab Team at (612) 673-5174

email: owneroccupiedrehab@minneapolismn.gov

Send applications to:

City of Minneapolis - CPED

Attn: Owner Occupied Rehab Team

105 Fifth Avenue South Suite 200, Minneapolis, MN 55401-2534

Or by FAX 612-424-8281



MINNESOTA HOUSING LENDING PARTNER INFORMATION

Minnesota Housing Lending Partner

Date of Application

BORROWER INFORMATION

Last Name

First Name

MI

Social Security Number

Date of Birth

Dependents under 18

Other Dependents

 Yes
 No

Household Size

Move In Date

Home Phone

Mailing Address

Mailing Address 2

City

State

Zip

Borrower Employment
 Yes No

 Yes No

Self Employed

Unemployed

Length of Employment?

Business Phone

Employer Name

Address

City

State

Zip

Co-Borrower Information *(Repeat for all Co-Borrowers)*

Last Name

First Name

MI

Social Security Number

Date of Birth

Co-borrower Employment Information
 Yes No

 Yes No

Self Employed

Unemployed

Length of Employment?

Business Phone

Employer Name

Address

City

State

Zip

Guarantor Information

Last Name

First Name

MI

Mailing Address:

City

State

Zip

Social Security Number

Business Phone

Extension

Home Phone

Guarantor Employment Information
 Yes No

 Yes No

Self Employed

Unemployed

Length of Employment?

Business Phone

Employer Name

Address

City

State

Zip

Guarantor Signature

Guarantor Signature

Print Name

Date

INCOME

Provide income verification to the Lending Partner in accordance with their underwriting requirements.

| Name | Employer Name or Source Name | Annual Income |
|---------------------------------------|------------------------------|---------------|
| Borrower | | \$ |
| Borrower | | \$ |
| Co-Borrower | | \$ |
| Co-Borrower | | \$ |
| Total Annual Household Income: | | \$ |

CREDIT/DEBT INFORMATION

Debts: For all Borrowers and Co-Borrowers, list all current fixed obligations (mortgage or contract for deed), alimony, child support, separate maintenance, installment accounts, revolving charge accounts, loans and debts to banks, finance companies and government agencies.

| Creditor Names | Balance | Monthly Payment |
|--|---------|-----------------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| If taxes and insurance are not included in payment, indicate monthly amount: | | \$ |
| Total Monthly Payment: | | \$ |

| | |
|---|--|
| Is the property financed with a Contract for Deed or Mortgage w/ balloon payment? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, date of Balloon Payment: _____ | Amount of Balloon Payment: \$ _____ |
| Do you have a reverse mortgage on the property? (If Yes, a secured loan is ineligible.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| The following questions apply to all Borrowers and Co-Borrowers. If any of the answers are "Yes", please provide a separate written explanation. | Borrower | Co-Borrower |
|--|--|--|
| Are there any outstanding judgments or liens against any of you? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have any of you been declared bankrupt within the last 36 months? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have any of you had any property foreclosed upon or given title or deed in lieu thereof? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you obligated to pay alimony, child support or separate maintenance? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you currently have any outstanding Minnesota Housing indebtedness such as Fix Up Loan, Community Fix Up Loan, Home Energy or Revolving loans? If so, list under Credit/Debt Information or attach a separate sheet. | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| PROPERTY INFORMATION | | | | | |
|---|--|------------------|--|---|--|
| Address | | | Address2 | | |
| City | | County | | State | Zip Code |
| Prior Address (If at present address less than 2 years) | | City | | State | Zip Code |
| Building Type: | <input type="checkbox"/> Single Family | | <input type="checkbox"/> Duplex | | <input type="checkbox"/> Condo |
| | <input type="checkbox"/> Townhome | | <input type="checkbox"/> Fourplex | | <input type="checkbox"/> Manufactured Home Real Property |
| | <input type="checkbox"/> Twinhome | | <input type="checkbox"/> Triplex | | |
| Purchase Price | Year Built | Date of Purchase | \$ Property Value (Estimated Market Value from Property Tax Statement) | \$ Amount (Alternate value information used by Lending Partner) | |
| Valuation Source: | | | | | |

| PROJECT INFORMATION | | | |
|---|-------------------------------------|--|-----------|
| Contractor Name OR | Materials Only/ Homeowner Labor* | Briefly describe the proposed improvements | Amount |
| ABC Contracting | <input type="checkbox"/> | Example: Bathroom remodel: new sink and toilet, install ceramic tile floor | \$ 15,000 |
| | <input type="checkbox"/> | | \$ |
| | <input type="checkbox"/> | | \$ |
| | <input type="checkbox"/> | | \$ |
| Payoff of Existing Fix Up Loan (if included in loan amount) | | | \$ |
| A. Total Cost of Improvements | | | \$ |

| FUNDING INFORMATION | |
|---|-----------|
| Other Funding Sources | Amount |
| Example: Home Equity Line of Credit- ABC Bank | \$ 4,000 |
| | \$ |
| | \$ |
| Borrower(s) Contribution (if applicable) | \$ |
| B. Total Other Funding Sources | \$ |
| C. Loan Amount Requested (A minus B) | \$ |

DISCLOSURES AND CERTIFICATIONS

- Your property must be owner-occupied and a year-round permanent residence
- If the property ceases to be your principal residence or is sold, title is transferred or conveyed, or the maturity date of the Note has been reached, then the full amount of the loan will be due and payable.
- The lender or an authorized representative of the lender has the right to inspect my residence at any time from the date of the Note, upon giving reasonable notice to me.
- The information requested in this credit application is legally required to determine if you qualify for participation in this Minnesota Housing Program. A portion of the data requested is classified as “private data on individuals” under Minnesota Statutes Section 462A.065. Use of the data is limited to that necessary for the administration and management of this program by Minnesota Housing personnel, those under contract with Minnesota Housing, and other governmental agencies when authorized by state statute or federal law.
- The disclosure of your Social Security Number or Minnesota Tax Identification Number is required for participation in this Minnesota Housing Program, by virtue of the Minnesota Revenue Recapture Act of 1980 (Sections 270A.01 to 270A.12 of Minnesota Statutes) as well as Section 6050H of the Internal Revenue Code of 1986. Supplying these numbers could result in the application of your taxpayer refunds to the payment of any delinquent indebtedness you may owe to Minnesota Housing under this or any other Minnesota Housing programs. These numbers may be made available to state or federal tax authorities, and state personnel involved in the collection of state obligations.
- I/We understand that numerous local participating lenders offer these loans and that I/We may select the lender of my/our choice.
- I/We understand that I/We may select the contractor of my/our choice.
- I/We understand that Minnesota Housing is not, and will not be responsible for any work performed by any contractor, any contractor’s failure to perform any work, the quality of any work performed, or the general competency of any contractor.
- I/We certify that work will comply with all applicable building or housing code regulations and ordinances, and all necessary permits and licenses shall be obtained.
- I/We hereby authorize the release of any information necessary for the lending institution to process this application
- I/We certify that the Loan funds will be used only for the eligible improvements listed in the loan application and that the improvements will be completed within nine months from the date of this Note.

I/We certify that the statements contained in this application are true, accurate and complete to the best of my/our knowledge and belief.

Each of the undersigned hereby acknowledge that any owner of this loan, its servicers, successors and assigns, may verify or re-verify any information contained in this application or obtain any information or data relating to the loan, for any legitimate business purpose through any source, including a source named in this application or a consumer reporting agency.

Borrower Signatures: All owners who reside in the property and whose income and credit history are relied upon for loan repayment must sign this application.

 Borrower Signature

 Date of Application

 Co-Borrower Signature

 Date of Application

 Co-Borrower Signature

 Date of Application

TRUTH-IN-LENDING (TIL) AND NMLSR ID

| | |
|----------------------------------|--|
| Loan Originator Company Name | Loan Originator Individual Name (as name appears on NMLSR) |
| Loan Originator Company NMLSR ID | Loan Originator Individual NMLSR ID (if applicable) |

The following information is requested for all borrowers by the federal government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing, and home mortgage disclosure law. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may not discriminate on the basis of this information, or on whether you choose to furnish it. However, if you choose not to furnish the information and you have made this application in person, under federal regulations the lender is required to note ethnicity, race, and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check below.

Borrower:

| | | | |
|--|--|--------------------------------|---|
| Sex | <input type="checkbox"/> Male <input type="checkbox"/> Female | Ethnicity | <input type="checkbox"/> Hispanic or Latino Not White <input type="checkbox"/> Hispanic or Latino |
| Marital Status | <input type="checkbox"/> Married <input type="checkbox"/> Not Married <input type="checkbox"/> Separated | Race (Select 1 or more) | <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> I do not wish to furnish this information | | | |

Co-Borrower:

| | | | |
|--|--|--------------------------------------|---|
| Sex | <input type="checkbox"/> Male <input type="checkbox"/> Female | Ethnicity | <input type="checkbox"/> Hispanic or Latino Not White <input type="checkbox"/> Hispanic or Latino |
| Marital Status | <input type="checkbox"/> Married <input type="checkbox"/> Not Married <input type="checkbox"/> Separated | Race (Select 1 or more) | <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| Relationship to Borrower: | <input type="checkbox"/> Co-Head of Household | <input type="checkbox"/> Other Adult | |
| | <input type="checkbox"/> Dependent | <input type="checkbox"/> Spouse | |
| <input type="checkbox"/> I do not wish to furnish this information | | | |

Required to be completed by Lending Partner:

| | | |
|--------------------------------|---|-------------------------------|
| This application was taken by: | <input type="checkbox"/> Face-to Face interview | <input type="checkbox"/> Mail |
|--------------------------------|---|-------------------------------|

Interviewer Name

Interviewer Signature

Interviewer Employer

Authorization to Release

THIS FORM MUST BE SIGNED AND RETURNED WITH THE APPLICATION

I have applied for a loan or grant through the City of Minneapolis, as part of the application process, employees of the City may verify information contained in my/our loan or grant application and in other documents required in connection with the loan. This verification process can be conducted either prior to closing or subsequent to closing, and may be performed either by employees of the City of Minneapolis or by independent third parties, as a part of the origination, processing, underwriting, closing, servicing or monitoring of the City of Minneapolis Home Improvement Program

I authorize The City of Minneapolis to provide third party contractors all information and documentation that the City believes is needed to originate process, underwrite, close, service, or monitor my loan or the program. Additionally, I authorize the City of Minneapolis to provide such information and documentation to any public agency funder of the program for which I have applied and to any investor to whom the City may sell my loan. Such information includes, but is not limited to employment history, income; bank, money market and other financial account balances; credit history; copies of income tax returns and property information.

I hereby authorize the release to the City of Minneapolis information necessary for the City of Minneapolis to process this application.

A copy of this authorization may be accepted as an original.

Your prompt reply is appreciated.

Thank you

Print Name

XXX-XX-
Social Security Number – last 4 digits

Date

Signature

NOTE: Use a separate form for each individual who is an applicant, guarantor or other individual whose information is considered in the application. Only one person signs each form.



Community Homeownership Impact Fund
Combined Privacy Act Notice and
Tennessee Warning for Use with
All Other Impact Fund Assistance

Impact Fund Administrator

We are committed to ensuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within the limitations of law. Please read the disclosures and acknowledgements outlined below carefully and be aware that the required disclosures will vary depending on the type of assistance provided.

Private data requested to enable processing of your application is legally required to determine if you qualify for participation in this Minnesota Housing Finance Agency (Minnesota Housing) program and to help Minnesota Housing manage the program.

Depending on the type of assistance being provided, either grant or loan assistance, different disclosures apply.

For grant assistance, your name and address are private data. For loan assistance, your name and address are public data. Regardless of whether you receive grant or loan assistance, the amount of assistance you receive is public data.

With both grant and loan assistance, all other data we create or collect from you, including financial information, such as credit reports, financial statements and net worth calculations, are classified as private data on individuals under Minnesota Statutes sections 462A.065 and 13.462, subdivision 3. You are not required to provide this information, but if you refuse to provide it we will be unable to determine your eligibility for this program and approve your application. Both the public data and the private data will be shared with the Minnesota Housing Finance Agency (MHFA) staff whose jobs require them to see it. Where access to the data is authorized by state statute or federal law, it may be made available to others as so authorized.

Under the Privacy Act of 1974, you may refuse to provide your Social Security Number (SSN) and it will not affect your eligibility for assistance. Disclosure of your SSN for the purpose of verifying your income and credit is voluntary. However, if adequate verification of your income and credit is impossible without your SSN, we may be unable to determine your eligibility.

If you agree to allow us to create, collect and share information as described above, please indicate approval with your signature below.

Beneficiary Name

Signature

Date

Beneficiary Name

Signature

Date

TENNESSEN WARNING AND DATA PRIVACY ACT NOTICE

Fix Up Loan

THIS FORM MUST BE SIGNED AND RETURNED WITH THE APPLICATION

Private data requested to enable the processing of your application under the City of Minneapolis Rehab Support Program and Minnesota Housing Fix Up Loan is required to determine if you qualify for participation in the program described above and to help the City of Minneapolis manage the program.

Other than your name and address, all other data collected by the City to evaluate your application is classified as private data on individuals by Minnesota Statutes 13.462. You are not required to provide this information, but if you refuse to provide it, we will be unable to determine your eligibility for this program and approve your application (unless the information is specifically identified in the application materials as optional). The information will be shared with City of Minneapolis staff and contractors whose jobs require them to see it. Where access to the data is authorized by state statute or federal law, it may be made available to others as so authorized.

I have read and understand the above information regarding my rights as a subject of government data.

Print Name _____

Print Name _____

Date: _____ Signature _____

Date: _____ Signature _____

Print Name _____

Print Name _____

Date: _____ Signature _____

Date: _____ Signature _____

Consumer Disclosure Regarding Receiving Electronic Notices and Disclosures

Please read the following information. This disclosure provides information required by the Electronic Signatures in Global and National Commerce Act (E-SIGN Act). By proceeding forward and signing this document you are agreeing that you have reviewed the following consumer disclosure information and that you affirmatively consent to receive notices and disclosures electronically.

You are not required to receive notices and disclosures electronically. If you prefer not to do so, you may request to receive paper copies and withdraw your consent at any time as described below.

Paper Copies

You are not required to receive notices or disclosures electronically and may request paper copies of documents or disclosures if you prefer to do so. You also have the ability to download and print any document sent to you through email using PDF and Print icons. Adobe may also email you a PDF copy of all agreements you sign. If you wish to receive paper copies in lieu of electronic documents you may request paper copies from the City of Minneapolis by following the procedures outlined below.

Withdrawal of Consent

You may withdraw your consent to receive electronic documents, notices or disclosures at any time. In order to withdraw consent, you must notify City of Minneapolis that you wish to withdraw consent and to provide your future documents, notices, and disclosures in paper format. After withdrawing consent, if at any point in the future you proceed forward and utilize email you are once again consenting to receive notices, disclosures, or documents electronically. You may withdraw consent to receive electronic notices and disclosures by following the procedures described below.

Hardware and Software Requirements

In order to access and retain electronic documents and information, you must have access to a computer or internet enabled device with an updated standards-compliant internet browser that supports 128-bit encryption such as the latest versions of Internet Explorer, Microsoft Edge, Safari, Chrome, or Firefox; Adobe Acrobat Reader (available at <http://www.adobe.com>), and sufficient computer memory to view and store electronic documents and information. You must also have access to a printer should you wish to print electronic documents and information for your records. You acknowledge that we do not make any warranties on equipment, recommended software, or hardware, and that we shall notify you of hardware and software requirement changes only if such changes create a material risk that you will not be able to access the documents which are subject to the consent. Should such changes occur, you have the right to withdraw consent without the imposition of any fees from City of Minneapolis.

You agree that your consent and signature to this document reasonably demonstrates to us that you can electronically access the type of information which is the subject of the consent.

Scope of Consent

You agree to receive electronic notices and disclosures, with all related and identified documents and disclosures provided over the course of your relationship with City of Minneapolis. You acknowledge that your consent does not apply to any particular transaction, but to broad categories of electronic documents such as those described in this disclosure, including communications, notices, disclosures and which may be made available during the course of your relationship with City of Minneapolis. You may at any point withdraw your consent by following the procedures described below.

Requesting paper copies, withdrawing consent, and updating contact information

You have the ability to download and print any documents we send to you electronically. To request paper copies of documents, withdraw consent to receive documents, notices, or disclosures electronically please contact the City of Minneapolis by telephone, postal mail, or by sending an email to City of Minneapolis with the following subjects:

“Requesting Paper Copies” Please provide your name, email, telephone number, postal address and document title.

“Withdraw Consent” Please provide your name, email, date, telephone number, postal address.

“Update Contact Information” Please provide your name, email, telephone number and postal address.

I **consent** to receive electronic correspondence, notices, disclosures, and other documents via email.

Borrower Email address: _____

Co-Borrower email address: _____

I **do not** consent to receive electronic correspondence, notices, disclosures, and other documents via email. Please contact me by phone or by US Postal mail as provided on the application

Borrower Signature Date

Co - Borrower Signature Date

Minneapolis CPED
Attention: Owner Occupied Rehab Team
105 Fifth Avenue South Suite 200, Minneapolis MN 55401
Phone: (612) 673-5174
FAX: (612) 424-8281
Email: owneroccupiedrehab@minneapolismn.gov

THIS FORM MUST BE SIGNED BY ALL INDIVIDUALS WHOSE TAX RETURNS ARE BEING PROVIDED WITH THE APPLICATION.

I understand, acknowledge, and agree that the Lender and Other Loan Participants can obtain, use and share tax return information for purposes of:

- (i) providing an offer;
- (ii) originating, maintaining, managing, monitoring, servicing, selling, insuring, and securitizing a loan;
- (iii) marketing;
- (iv) or as otherwise permitted by applicable laws, including state and federal privacy and data security laws.

The Lender includes the Lender’s affiliates, agents, service providers and any of aforementioned parties’ successors and assigns. The Other Loan Participants includes any actual or potential owners of a loan resulting from your loan application, or acquirers of any beneficial or other interest in the loan, any mortgage insurer, guarantor, any servicers or service providers for these parties and any of aforementioned parties’ successors and assigns.

Borrower: Print Name Date

Co-Borrower: Print Name Date

Signature

Signature

Print Name Date

Print Name Date

Signature

Signature

Interim Business Statement

Business Name: _____

Business Address: _____

Date Business Opened: _____

CURRENT YEAR TO DATE

ACTUAL REVENUE & EXPENSES

Beginning: January 1, 20__

(If new business, list alternative start date here: _____ 20__)

Through Date: _____ 20__

Actual Revenue:

Gross Income: \$ _____

Actual Expenses:

Advertising \$ _____

Contract Labor \$ _____

*Gross Wages/Employees \$ _____

*Gross Wages/Self \$ _____

*Employer FICA (SocSec) \$ _____

Insurance-Business \$ _____

Interest/loans & fees \$ _____

Maintenance, Repairs \$ _____

OfficeExpenses,Supplies,etc. \$ _____

Professional Fees \$ _____

Office Equipment \$ _____

Permits, Licenses \$ _____

Property Taxes \$ _____

Rent \$ _____

Travel \$ _____

Utilities \$ _____

Vehicle Expenses \$ _____

Depreciation \$ _____

Other: \$ _____

Total Expenses: \$ _____

PROJECTED REVENUE & EXPENSES

FOR THE UPCOMING 12 MONTHS

Beginning Date: _____ 20__

Through Date: _____ 20__

Projected Revenue:

Gross Income: \$ _____

Projected Expenses:

Advertising \$ _____

Contract Labor \$ _____

*Gross Wages/Employees \$ _____

*Gross Wages/Self \$ _____

*Employer FICA (SocSec) \$ _____

Insurance-Business \$ _____

Interest/loans & fees \$ _____

Maintenance, Repairs \$ _____

OfficeExpenses,Supplies,etc. \$ _____

Professional Fees \$ _____

Office Equipment \$ _____

Permits, Licenses \$ _____

Property Taxes \$ _____

Rent \$ _____

Travel \$ _____

Utilities \$ _____

Vehicle Expenses \$ _____

Depreciation \$ _____

Other: \$ _____

Total Expenses: \$ _____

I certify that the information presented in this Self-Certification is true and accurate to the best of my knowledge and belief. The undersigned understands that providing false representations herein constitutes an act of fraud.

Date: _____

Print Name

Signature

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. ▶ 1040

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 | 12 / 31 / 2017 | / / | / / |
|----------------|----------------|-----|-----|

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:

| 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:

| | | |
|---|--|--------------|
| 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.