



**CITY OF WHITE PLAINS  
AFFORDABLE HOME OWNERSHIP PROGRAM  
APPLICATION FORM**

**APPLICANT:**

Provide name and address of the person principally responsible for this application:

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

First	Middle	Last
-------	--------	------

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

Number	Street	Apt. #
City	State	Zip Code

PHONE: Office (    )                      Home: (    )                      Cell: (    )

E-Mail: \_\_\_\_\_

If more than one applicant, list each additional applicant and the same information on a separate sheet of paper.

**Demographic Profile (optional)**

*Notice: providing demographics information is optional and is not a required component of the application process. Responses to the demographic profile will not be used in any way to determine eligibility for an affordable housing ownership. The demographic profile is used to help the City of White Plains ensure that the Affordable Home Ownership Program is providing fair housing opportunity to all.*

**Direction:** Answer both part A and B for the principal applicant to this application. For Part A, please provide only one response for ethnicity and for Part B, please provide responses(s) for all racial categories that pertain to you:

Part	Ethnic Categories	Check One
A	Hispanic or Latino	
	Not-Hispanic or Latino	
Part	Racial Categories	Check one or more
B	American Indian or Alaska Native	
	American Indian/Alaskan Native and Black/African American	
	American Indian/Alaskan Native and White	
	Asian	
	Asian and White	
	Black or African American	
	Black or African American and White	
	Native Hawaiian or Other Pacific Islander	
	White	
Other Multi-Racial		

**Directions:** Please check all categories that pertain to the principal applicant of this application:

Are You	Check One or More
A Female Head of Household?	
A Person with Disabilities?	
62 Years or Older	

**APPLICANT OWNERSHIP INTEREST:**

1. Are you applying for a specific Ownership Unit? If so, please state the address:

\_\_\_\_\_

2. If you are applying for a specific unit and have identified the unit in the previous question, do you give consent to the City of White Plains to disclose the outcome of this eligibility determination? Please provide your answer below:

\_\_\_\_\_ No

\_\_\_\_\_ Yes, you may disclose the outcome to the owner of the identified unit.

\_\_\_\_\_ Yes, you may disclose the outcome to the realtor representing the owner and/or the realtor representing me, the prospective purchaser of the unit. Please specify name of realtor(s):

\_\_\_\_\_

Do you or anyone on this application own any Real Estate?

\_\_\_\_\_ Yes, How long? \_\_\_\_\_

\_\_\_\_\_ No

**INCOME:**

Please list the name and gross annual income for all income earning persons who will be residing in the home ownership unit. Identify salary/wages separately from other income such as pension, investment income, support payments, etc. Income information from part time employment of children attending school full time should be listed, but will not be calculated in the gross annual income for purposes of determining eligibility under the White Plains Affordable Home Ownership Program.

_____	\$ _____	\$ _____	\$ _____
Name	Total Annual Income	Salary/Wages	Other Income
_____	\$ _____	\$ _____	\$ _____
Name	Total Annual Income	Salary/Wages	Other Income
_____	\$ _____	\$ _____	\$ _____
Name	Total Annual Income	Salary/Wages	Other Income

Add a separate sheet to report additional names and annual incomes

**HOUSEHOLD MEMBERS:**

Please list all persons (adults and children) who will be residing in the unit by relationship and age.

_____	_____	_____
Name	Relationship	Age
_____	_____	_____
Name	Relationship	Age
_____	_____	_____
Name	Relationship	Age
_____	_____	_____
Name	Relationship	Age
_____	_____	_____
Name	Relationship	Age

**EMPLOYMENT:**

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
Street City State Zip

Contact name & Phone # for Employer: \_\_\_\_\_

Years With Employer: \_\_\_\_\_

If Retired, Former Employer: \_\_\_\_\_  
Street City State Zip

Do you receive a pension(s)? Yes: \_\_\_\_\_ No: \_\_\_\_\_

**SUPPORT DOCUMENTATION:**

Applicants for home ownership units regulated under the AHOP should bring the support documentation listed below when appearing for a scheduled income certification interview. All income certification interviews will be scheduled by the White Plains Planning Department in order of priority status.

For each employed person intending to reside in the homeownership unit:

1. Copies of most recent Federal and State Income Tax Returns
2. Copy of most recent bank statement
3. Copy of forms reporting unearned income (Investment income, dividends, support payments, SSI, SSD, etc.)
4. Copies of last four (4) pay check stubs
5. Proof of Residency

**For each retired person intending to reside in the ownership unit:**

- 1. Copies of most recent Federal and State Income Tax Returns**
- 2. Copy of most recent bank statement**
- 3. Copy of forms reporting unearned income (Investment income, dividends, support payments, SSI, SSD, etc.)**
- 4. Copies of Pension Award Statement, if any**
- 5. Copy of Social Security Statement**
- 6. Proof of Residency**

**APPLICANTS SIGNATURE:**

**I/We certify that this information is complete and accurate. I/We agree to provide, upon request, additional documentation on all income sources to the Affordable Home Ownership Program.**

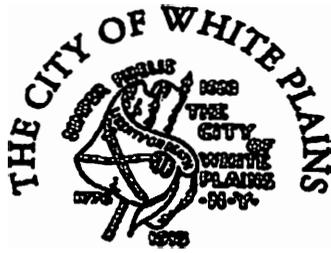
<hr/>	<hr/>
<b>Name</b>	<b>Date</b>
<b>Name</b>	<b>Date</b>

**WARNING: ANY PERSON WHO KNOWINGLY AND WILLINGLY MAKES FALSE OR FRAUDULENT STATEMENTS IS SUBJECT TO TERMINATION FROM THE AFFORDABLE HOME OWNERSHIP PROGRAM.**

**SUBMIT THIS FORM TO:**

**City of White Plains  
Department of Planning  
70 Church Street  
White Plains, NY 10601  
[planning@whiteplainsny.gov](mailto:planning@whiteplainsny.gov)  
Fax: 914-422-1301**

**For additional information, feel free to call, 914-422-1300.**



**PLANNING DEPARTMENT**  
70 Church Street, White Plains, New York 10601  
(914) 422-1300 Fax: (914) 422-1301  
E-Mail: [Planning@whiteplainsny.gov](mailto:Planning@whiteplainsny.gov)

**THOMAS M. ROACH**  
MAYOR

**CHRISTOPHER N. GOMEZ, AICP**  
COMMISSIONER

**JUDITH MEZEY**  
DEPUTY COMMISSIONER

### **Employment Verification Form**

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

**Employee's Name:** \_\_\_\_\_

**Employer name and address:** \_\_\_\_\_  
\_\_\_\_\_

**Employment start date:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Base Pay Rate:** \$ \_\_\_\_\_ per hour

**Hours worked per week:** \_\_\_\_\_

**Annual Salary:** \$ \_\_\_\_\_

**Pay Period:** Weekly / Bi-Weekly / 2X Month / Monthly (choose one)

### **MANAGER / SUPERVISOR / HUMAN RESOURCE - SUPPLYING INFORMATION:**

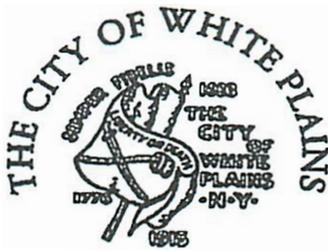
\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Date



**PLANNING DEPARTMENT**  
70 Church Street, White Plains, New York 10601  
(914) 422-1300 Fax: (914) 422-1301  
E-Mail: Planning@whiteplainsny.gov

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**CHRISTOPHER N. GOMEZ, AICP**  
COMMISSIONER

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DEPUTY COMMISSIONER

### **Employment Verification Form**

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

Employee's Name: \_\_\_\_\_

Employer name and address: \_\_\_\_\_

Employment start date: \_\_\_\_\_

Job Title: \_\_\_\_\_

Base Pay Rate: \$ \_\_\_\_\_ per hour

Hours worked per week: \_\_\_\_\_

Annual Salary: \$ \_\_\_\_\_

Pay Period: Weekly / Bi-Weekly / 2X Month / Monthly (choose one)

### **MANAGER / SUPERVISOR / HUMAN RESOURCE - SUPPLYING INFORMATION:**

Name

Title

Signature

Telephone

Date

## Minerva Place Condos Application Check List

Please provide the following documents that apply to you and mail to: The City of White Plains, Department of Planning, 70 Church Street, White Plains, NY 10601 Attn: Carmen Gaskin

- § 2022-2023 Federal and State Taxes for all household members
- § 2022-2023 W2 forms for all household members
- § Birth certificate for all household members
- § Last three months of bank statements for all checking, savings, and all other assets such as IRA accounts, 401K accounts, etc.
- § Four recent pay stubs from all working household members
- § Award letters for pension, disability, child support or any other awarded unearned income
- § Notarized Affidavit for:
  - No Child Support
  - Non working adult (anyone over 18 years of age)
  - Full time / Part time Students (anyone over 18 years of age)
- § If self-employed we need a profit loss statement of business
- § Verification of employment from employer and all working household members
- § Request for Transcript of Tax Return Form
- § Proof of residency - drivers license, lease or utility bill
- § **Submission of a certificate of completion of a HUD certified "First Time Homebuyers" course**
- § Application - City of White Plains Affordable Home Ownership Program

**TABLE 1: 2025 HUD INCOME ELIGIBILITY**

	PERSON(S) PER HOUSEHOLD SIZE					
	1 Person	2 People	3 People	4 People	5 People	6 People
110% AMI	\$130,900	\$149,600	\$168,300	\$187,000	\$201,960	\$216,920
100% AMI	\$119,000	\$136,000	\$153,000	\$170,000	\$183,600	\$197,200
80% AMI	\$95,200	\$108,800	\$122,400	\$136,000	\$146,900	\$157,750
60% AMI	\$71,400	\$81,600	\$91,800	\$102,000	\$110,150	\$118,300
50% AMI	\$59,500	\$68,000	\$76,500	\$85,000	\$91,800	\$98,600



**ELIGIBLE INCOME RANGE:** Household income may be up to 100% AMI level, but tenant may be over-income at the annual recertification.

**TABLE 2: 2025 HUD RENT LIMITS**

	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms
100% AMI	\$2,975	\$3,400	\$3,825	\$4,250
80% AMI	\$2,380	\$2,720	\$3,060	\$3,400
60% AMI	\$1,785	\$2,040	\$2,295	\$2,550
50% AMI	\$1,488	\$1,700	\$1,913	\$2,125

The above rents correspond to the household incomes listed in Table 1. The rents are set annually by the Federal government.

If utilities are not included in the rent, there is a reduction in the rent based on a utility allowance that is determined by the Federal government.

\*AMI – Area Median Income

## AFFORDABILITY WORKSHEET

<b>CLIENT NAME</b>		
<b>PROPERTY ADDRESS</b>		
<b>PROPERTY TYPE</b>		
<b>PRICE (UNSUBSIDIZED)</b>		
<b>CITY OF WHITE PLAINS SUBSIDY</b>		
<b>SALE PRICE (AFTER SUBSIDY)</b>		
<b>REQUIRED DEPOSIT</b>		
<b>PRE-APPROVAL</b>		
<b>PURCHASE PRICE</b>		
<b>CLIENTS DEPOSIT</b>		
<b>LOAN AMOUNT</b>		___% INTEREST
<b>MONTHLY MORTGAGE AMT</b>		
<b>MONTHLY PMI</b>		___YR MORTGAGE
<b>COMMON CHARGES</b>		
<b>TAXES</b>		
<b>OTHER FEES</b>		
<b>TOTAL OF EXPENSES</b>		
<b>MONTHLY INCOME</b>		
<b>YEARLY INCOME</b>		
<b>MONTHLY HOUSING COSTS</b>		

**Verification of Employment**

**City of White Plains**

**Affordable Home Ownership Program**

**AUTHORIZATION:** Federal Regulations require us to verify Employment Income of all members of the household applying for participation in the HOME Program which we operate and to reexamine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.

Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.

Employed since: \_\_\_\_\_ Occupation: \_\_\_\_\_

Salary: \_\_\_\_\_

Effective date of last increase: \_\_\_\_\_

Base pay rate:

\$ \_\_\_\_\_/Hour, or \$ \_\_\_\_\_/Week, or \$ \_\_\_\_\_/Month

Average hours/week at base pay rate: \_\_\_\_\_ Hours

No. weeks \_\_\_\_\_, or No. weeks \_\_\_\_\_ worked/Year

Overtime pay rate: \$ \_\_\_\_\_/Hour

Expected average number of hours overtime worked per week during next 12 months \_\_\_\_\_

Any other compensation not included above (specify for commissions, bonuses, tips, etc.):

For: \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_

Is pay received for vacation?      Yes      No

If Yes, no. of days per year \_\_\_\_\_

Total base pay earnings for past 12 mos. \$ \_\_\_\_\_

Total overtime earnings for past 12 mos. \$ \_\_\_\_\_

Probability and expected date of any pay increase: \_\_\_\_\_

Does the employee have access to a retirement account?      Yes      No

If Yes, what amount can they get access to: \$ \_\_\_\_\_

**RELEASE:** I hereby authorize the release of the requested information.

\_\_\_\_\_  
(Signature of Applicant)

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

or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached.

Signature of \_\_\_\_\_  
or Authorized Representative

Title: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

**WARNING:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

## VERIFICATION OF: Assets on Deposit

<p><b>City of White Plains</b></p> <p><b>Affordable Home Ownership Program</b></p> <p><b>AUTHORIZATION:</b> Federal Regulations require us to verify Assets on Deposit of all members of the household applying for participation in the HOME Program which we operate and to reexamine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p> <p>Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.</p>	<p>Checking Account No.</p> <p>_____</p> <p>_____</p>	<p>Average Monthly Balance for Last 6 Months</p> <p>_____</p> <p>_____</p>	<p>Current Interest rate</p> <p>_____</p> <p>_____</p>		
	<p>Savings Accounts</p> <p>_____</p> <p>_____</p>	<p>Current Balance</p> <p>_____</p> <p>_____</p>	<p>Current Interest Rate</p> <p>_____</p> <p>_____</p>		
	<p>Certificate of Deposit Account No.</p> <p>_____</p> <p>_____</p>	<p>Amount</p> <p>_____</p> <p>_____</p>	<p>Withdrawal Penalty</p> <p>_____</p> <p>_____</p>	<p>Current Interest Rate</p> <p>_____</p> <p>_____</p>	
	<p>IRA, Keogh, Retirement Accounts</p>				
	<p>Account No.</p> <p>_____</p> <p>_____</p>	<p>Amount</p> <p>_____</p> <p>_____</p>	<p>Withdrawal Penalty</p> <p>_____</p> <p>_____</p>	<p>Current Interest Rate</p> <p>_____</p> <p>_____</p>	
	<p>Money Market Funds</p> <p>_____</p> <p>_____</p>	<p>Amount (Average 6-month Balance)</p> <p>_____</p> <p>_____</p>	<p>Interest Rate</p> <p>_____</p> <p>_____</p>		
<p><b>RELEASE:</b> I hereby authorize the release of the requested information.</p> <p>_____</p> <p>(Signature of Applicant)</p> <p>Date: _____</p> <p>Or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached.</p>	<p>Signature of _____ or Authorized Representative</p> <p>_____</p> <p>Title: _____</p> <p>Date: _____</p> <p>Telephone: _____</p>				
<p><b>WARNING:</b> Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.</p>					

**Request for Transcript of Tax Return**

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

**Tip: Get faster service:** Online at [www.irs.gov](http://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 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 / 2023	12 / 31 / 2023	/ /	/ /
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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.

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
--	---

**Sign Here**

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

Section references are to the Internal Revenue Code unless otherwise noted.

## Future Developments

For the latest information about Form 4506-T and its instructions, go to [www.irs.gov/form4506t](http://www.irs.gov/form4506t). Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

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](http://www.irs.gov) and search IVES.

## General Instructions

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

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

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

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

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

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

**Automated transcript request.** You can quickly request transcripts by using our automated self-help service tools. Please visit us at [irs.gov](http://irs.gov) and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

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

If you are requesting more than one transcript or other product and the chart 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:
Florida, Louisiana, Mississippi, 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
Alabama, Arkansas, Delaware, Georgia, Illinois, Indiana, Iowa, Kentucky, Maine, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, North Carolina, Oklahoma, South Carolina, Tennessee, 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.

# Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

OMB CONTROL NUMBER 2501-0014

exp. 07/31/2021

PHA requesting release of information: (Cross out space if none)  
(Full address, name of contact person, and date)

CITY OF WHITE PLAINS  
DEPARTMENT OF PLANNING  
70 CHURCH STREET  
WHITE PLAINS, NY 10601

IHA requesting release of information: (Cross out space if none)  
(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 that you 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; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and 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 household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

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

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental 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.

### Sources of Information To Be Obtained

**State Wage Information Collection Agencies.** (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years 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 concerning unearned income (i.e., interest and dividends). 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 regarding any period(s) within the last 5 years when I have received assisted housing benefits.

**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 expires 15 months after signed.

**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 Act Notice. 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). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. **Purpose:** Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. **Other Uses:** HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. **Penalty:** You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. 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, the HA and any owner (or any employee of HUD, the HA or the owner) 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, the HA or the owner responsible for the unauthorized disclosure or improper use.