



Programa de la Rehabilitacion de Hogares Octubre 1, 2019-Septiembre 30, 2020

El Programa de la Rehabilitacion de casa de la Ciudad de Frisco es fundada por medio de los fondos del bloque del desarrollo de la comunidad (Community Development Block Grant, CDBG). Estos fondos son dados a la Ciudad de Frisco por medio De El Departamento del Desarrollo Urbano De Los Estados Unidos (HUD). Nuestra meta es preservar casas de costo bajo y mediano, tambien asistir dueños de casa de recursos muy bajos, bajos, y mediano en mantener sus casas a un nivel aceptable, ultimamente desempeñar y revitalizar nuestras comunidades en la Ciudad.

Los fondos para revitalizar las comunidades deberan de ser usados para pagar por reparaciones necesarias para arreglar las casas a un medio aceptable de acuerdo al Codigo Internacional de Recidencias. Ademas de arreglos necesarios a la estructura de la casa, muchos proyectos incluiran proviciones para corregir violaciones del codigo de la salud y seguridad, instalaciones de detectore de humo, y pintura exterior. Cosas que necesiten reparaciones en un hogar seran dada prioridad a su medio de importancia. Tambien aplicantes que necesiten ayuda con reparaciones en su hogar seran dados preferencia dependiendo en las cosas que tengan prioridad para cumplir con el confirmamento De El Departamento del Desarrollo Urbano De Los Estados Unidos (HUD) y los estandares menores de hogares que la Ciudad a puesto.

Los proyectos se designaran como proyectos menores o proyectos mayores para la revitalizacion dependiendo de la urgencia de las reparaciones que tengan que ver con la seguridad y salud de los ocupantes asi tambien las casas alrededor. Aplicantes tienen que vivir en la Ciudad y la casa tambien tiene que estar en los limites de la Ciudad de Frisco. La elegibilidad de ingresos es puesta en la Forma 1040 de el IRS. Para calificar tambien, la casa debe ser una sola estructura y el aplicante tiene que vivir ahi y tambien tener los recursos que son permitidos.

Los recursos totales de la familia no pueden exceder las siguientes cantidades establecidas en el año 2019:

Estos son los recursos maximos para calificar

Personas en el hogar	Personas de recursos Bajos (80% de el Area Mediana)	Personas de recursos muy bajos (50% de el Area Mediana)	Personas de recursos extremadamente bajos (30% de el Area Mediana)
1	\$46,550	\$29,100	\$17,500
2	\$53,200	\$33,250	\$20,000
3	\$59,850	\$37,400	\$22,500
4	\$66,500	\$41,550	\$24,950
5	\$71,850	\$44,900	\$26,950
6	\$77,150	\$48,200	\$28,950
7	\$82,500	\$51,550	\$30,950
8	\$87,800	\$54,850	\$32,950

Fuente: El Departamento de casas y desarroyo urbano de Los Estados Unidos. Estas figuras de recursos son sujetas a cambiar anualmente. (Las figuras se dieron efectivas desde 28 del junio del 2019)

Las personas que trabajan en el bloque del desarrollo de la comunidad (Community Development Block Grant) revisaran las aplicaciones para determinar la ayuda que necesita cada aplicante y tambien como esta ayuda afectara el nivel de salud y seguridad de cada persona viviendo en la casa de el aplicante.

Para obtener mas informacion, porfavor de contactar a Sarah Carroll (972) 292-5114 o por email: scarroll@friscotexas.gov.

DOCUMENTOS NECESARIOS PARA APLICAR

Aplicaciones no seran procesadas hasta que todos los documentos se hayan entregado.

Marca en cada espacio cuando hayas incluido la informacion y documentacion necesaria en cada columna:

- Aplicacion firmada por todas las personas incluidas en el titulo (dueños) de la casa con los siguientes documentos incluidos:
 1. Certificante de aplicacion
 2. Permiso del aplicante a la ciudad para divulgar information
 3. Forma firmada de Permiso de aplicante para verificar elegibilidad
 4. Verificacion de empleo
 5. IRS- Solicitud de transcripcion de pagos de impuestos
- Copia de las escrituras de la casa, condominio, o casa duplex
- Copia reciente de el pago de hipoteca
- Copias firmadas incluyendo todos los papeles de pagos de impuestos por los ultimos dos años. Todas las personas incluidas en el titulo de la casa deben de incluir esta documentacion
- Copias de el cheque/pago de el mes mas reciente de todas las personas que trabajan y viven con usted
- Otra documentacion necesara para verificar empleo
 - Seguro Social/Suplemento de Seguro Social (Incluir copia de la carta)
 - Plan de retiro
 - Pago de discapacidad
 - Ayuda a familias con niños dependientes (AFDC)
 - Cuentas de bancarias de cheque o de ahorros
 - Pagos de child support, decreto de divorcio, documentos de corte, Fiscal General de el Estado
 - Otros documentos necesarios
- Copias recientes de sus cuentas bancarias (3)
- Prueba de pago de impuestos de la hipoteca
- Copia de tarjeta de Seguro Social de los dueños
- Copia valida y corriente de indentificacion (e.g. Licencia de manejar, or tarjeta de indentificacion de el Estado de Texas)
- Copia firmada de notificacion de plomo de pintura (Lead Based Paint Notification) si su hogar fue construido antes de 1978
- Copia de la poliza de seguro de la hipoteca.
- Pruebas firmadas de comprabante de residencia de todos los adultos viviendo en el hogar.

Su ayuda en entregar todos los datos lo mas pronto possible sera apreciada de ante mano.

APLICACION

La aplicacion de El Programa de la Rehabilitacion de casa consiste de dos partes. Parte 1- Datos sobre el hogar que establece quienes son los miembros del hogar. Parte 2- Se establece la fuente de ingresos para determinar elegibilidad. Informacion con respecto edad, raza, etnicidad, origen nacional, discapacidad o estado familiar es usado solamente para propósitos estadísticos y no afectara la decision de la aplicacion.

FECHA: _____

PARTE 1: DATOS SOBRE EL HOGAR

Nombre: _____

Domicilio: _____

Numero de Seguro Social: _____

Numero de telefono: _____ Correo Electronico (email) _____

Estado Civil: _____ Mujer encargada del hogar? _____

Cuanto tiempo a vivido en este domicilio? _____

Es dueño de otras propiedades? _____ Si _____ No

Si es dueño de otras propiedades por favor liste el domicilio abajo:

Raza/Etnicidad:

Se considera usted Hispano? _____ Si _____ No

Por favor de indicar la raza de usted:

- | | |
|---|---|
| <input type="checkbox"/> Nativo Americano Indo/Nativo de Alaska | <input type="checkbox"/> Nativo Americano Indio/ Nativo de Alaska y Negro |
| <input type="checkbox"/> Asiatico | <input type="checkbox"/> Nativo Americano Indio/Nativo de Alaska y Blanco |
| <input type="checkbox"/> Asiatico y Blanco | <input type="checkbox"/> Negro/Africano Americano |
| <input type="checkbox"/> Negro/Africano Americano y Blanco | <input type="checkbox"/> Nativo Hawaiano/ Islas del Pacifico |
| <input type="checkbox"/> Otro | <input type="checkbox"/> Blanco |

POR FAVOR DE LISTAR TODAS LAS PERSONAS VIVIDENDO EN EL HOGAR:

	Primer Nombre	Apellido	Relacion a usted	Edad	Sexo	Numero de Seguro Social #
1						
2						
3						
4						
5						

PARTE 2: FUENTE DE INGRESOS: DE DONDE VIENEN SUS INGRESOS?

Miembro de Familia	Donde trabaja/ o Fuente de ingresos	Domicilio de su empleo	Numero de Telefono	Ingresos Mensuales	Ingresos Adicionales y su fuente

Por favor describa las reparaciones necesarias:

Por favor describa como las reparaciones necesarias afectan su salud y/o seguridad:

PERMISO DE DIVULGAR INFORMACION

Su firma en el bloque de abajo autoriza la divulgación de su información a la Ciudad de Frisco. Esta información es necesaria para participar en el programa de la rehabilitación. Esta autorización es hecha en conexión con la aplicación que se ha establecido en orden para obtener fondos de parte del bloque del desarrollo de la comunidad (Community Development Block Grant, CDBG) para reparar hogares.

El permiso es específico para todas las organizaciones incluyendo la Agencia Federal para la Gestión de Emergencias o FEMA.

Iniciales _____

CERTIFICACION SOLICITANTE

El aplicante (una o más personas) certifica que toda la información en la aplicación y también toda la información facilitada en soporte de la aplicación, es dada con el propósito para obtener fondos del programa de bloque del desarrollo de la comunidad de la Ciudad de Frisco. Toda la información es verdadera y completa al mejor saber y entender del solicitante. Además, el aplicante también certifica que el aplicante es el dueño y ocupante de la propiedad que está aplicando y necesita reparaciones. El aplicante da consentimiento a la verificación de cualquier información contenida en la aplicación.

Yo entiendo que dando permiso para que mi información sea verificada no garantiza que yo voy a obtener ayuda, pero sin esta información, no podría obtener asistencia.

Iniciales _____

Firma del Apicante(s)

Firma del Apicante:	Fecha:
Firma del Apicante:	Fecha:

PENALIZACION POR DECLARACIONES FALSAS O FRAUDALENTAS: USC Titulo 18, Seccion 1001, establece lo siguiente: "El que, en cualquier asunto dentro de la jurisdiccion de cualquier departamento o agencia de los Estados Unidos, falsifica sabiendo o intencionalmente...o hace cualquier escrito, documento, declaracion, o entrada sabiendo que el mismo contiene informacion falsa, ficticia, o fraudulenta, sera multado no mas de \$10,000 o encarcelado por no mas de cinco años, o ambas cosas."

CDBG Program Eligibility Release Form

Organization requesting release of information: City of Frisco | 6101 Frisco Square Blvd. | Frisco, TX 75034

Information Covered: Inquiries may be made about items initialed by applicant/tenant.

Purpose: Your signature on this CDBG Program Eligibility Release Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named organization to obtain information from a third party relative to your eligibility and continued participation in the:

CDBG Homeowner Rehabilitation Program

Privacy Act Notice Statement: The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant's eligibility in a CDBG Program and the amount of assistance necessary using CDBG funds. This information will be used to establish level of benefit on the CDBG Program; to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

Instructions: Each adult member of the household must sign a CDBG Program Eligibility Release Form prior to the receipt of benefit and on an annual basis to establish continued eligibility. Additional signatures must be obtained from new adult members whenever they join the household or whenever members of the household become 18 years of age.

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

	Verification Required	Initials
Income (all sources)	X	
Assets (all sources)	X	
Child Care Expense		
Handicap Assistance Expense (if applicable)		
Medical Expense (if applicable)		
Other (list) _____ _____		
Dependent Deduction ____ Full-Time Student ____ Handicap/Disabled ____ Family Member ____ Minor Children		

Authorization: I authorize the above-named CDBG Grantee and HUD to obtain information about me and my household that is pertinent to eligibility for participation in the CDBG Program.

I acknowledge that:

- (1) A photocopy of this form is as valid as the original.
- (2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
- (3) I have the right to copy information from this file and to request correction of information I believe inaccurate.
- (4) All adult household members will sign this form and cooperate with the owner in this process.

Head of Household—Signature, Printed Name, and Date:
Family Member HEAD

X

Other Adult Member of the Household—Signature, Printed Name, and Date:
Family Member #2

X

Other Adult Member of the Household—Signature, Printed Name, and Date:
Family Member #3

X

Other Adult Member of the Household—Signature, Printed Name, and Date:
Family Member #4

X

Section 1. Applicant Information and Verification. To be completed and signed by applicant.

Print Name: Last	First	Middle Initial	Maiden Name
Address (<i>Street Name and Number</i>)		Apt. #	Date of Birth (<i>month/day/year</i>)
City	State	Zip Code	Social Security #
I attest, under penalty of perjury, that I am (check one of the following): 1. <input type="checkbox"/> A citizen or National of the United States 2. <input type="checkbox"/> A lawful Temporary or Permanent Resident or his/her spouse or child (Alien or Admission # _____) 3. <input type="checkbox"/> A nonresident or undocumented alien		<p>Regulations governing this program do not allow non-resident or undocumented aliens to receive housing assistance, pursuant to 42 USCA §1436a</p> If I have checked the box at the left as a Temporary or Permanent Resident or his/her spouse or child, I attest, under penalty of perjury, that I have abandoned, or am abandoning, my residency in any foreign country, that I do not intend to join my spouse or parent in any foreign country, and that I am not a student.	
Applicant's Signature:			Date: (<i>month, day, year</i>)

Section 2. Review and Verification. To be completed and signed by City. Complete the following section identifying forms of documentation examined as proof of residency.

1. Citizen or National of the United States: <input type="checkbox"/> Social Security Card # _____ <input type="checkbox"/> Birth Certificate: County: _____ State: _____ <input type="checkbox"/> U.S. Passport # _____ <input type="checkbox"/> Certificate of Naturalization # _____ <input type="checkbox"/> Other: _____	2. Temporary or Permanent Resident, his/her spouse or child: <input type="checkbox"/> Social Security Card # _____ <input type="checkbox"/> U.S. Passport # _____ <input type="checkbox"/> Resident Alien Card # _____ <input type="checkbox"/> Alien Registration Card # _____ <input type="checkbox"/> Other: _____ Alien File # _____	
CERTIFICATION – I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named applicant, that the above-listed document(s) appear to be genuine and to relate to the applicant name, and that to the best of my knowledge, the applicant is eligible to receive housing assistance through the program applied under.		
Signature of City Representative:	Print Name:	Title:
Business or Organization Name: CITY OF FRISCO, TEXAS		Date:

Section 3. Verification with Immigration and Naturalization Service. To be completed by City representative or employee.

Date Residency Verified:	Verification Method: <input type="checkbox"/> SAVE <input type="checkbox"/> Other: _____	Verified by: Name: _____ Title: _____
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INSTRUCTIONS

Section 1 – Applicant. Complete entire section, and attest to citizenship/residency. Provide original documents supporting residency status.

Sections 2 and 3 – City Employee/Representative. Complete Section 2 by examining evidence of identity and completing documentation. Verify residency following the guidelines set out below. City employee/representative must sign and date the certification. Applicants must present original documents.

A. Section 1, Box 1. **If Box 1 of Section 1 is checked** declaring that the individual is a citizen or national of the United States, the City employee/representative may request verification of the declaration by requiring presentation of documentation that is considered appropriate, including a United States passport, resident alien card, alien registration card, social security card, or other documentation.

B. Section 1, Box 2. **If Box 2 of Section 1 is checked** declaring that the individual is not a citizen or national of the United States and the declarant is younger than 62 years of age, the declaration shall be verified by the Immigration and Naturalization Service (INS). The declarant must present alien registration documentation or other proof of immigration registration from the INS that contains the individual's alien admission number or alien file number (or numbers if the individual has more than one number), or such other documents as the City employee/representative determines constitutes reasonable evidence indicating a satisfactory immigration status.

C. Section 1, Box 3. **If Box 3 of Section 1 is checked** declaring that the individual is a nonresident or undocumented alien, the applicant is not qualified for Federal housing assistance.

D. Verification: When the required documentation is presented pursuant to paragraph B above, the City employee/representative shall utilize the alien admission number to verify with the INS the individual's immigration status through an automated or other system.

E. Delay. If applicant has completed the declaration, but is unable to present the required document(s) under section B above, or if the

applicant's documentation cannot be verified by the INS, the applicant will be allowed 30 days to submit the applicable evidence indicating a satisfactory immigration status or to appeal to the INS the verification determination of the INS. An application for assistance may not be denied on the basis of immigration status until the expiration of that 30-day period.

In the event an appeal is made to the INS with respect to the verification determination of the INS, the City employee/representative shall transmit to the INS photostatic or other similar copies of such documents or additional information for official verification. Pending such verification or appeal, the City employee/representative may not deny the application for assistance on the basis of immigration status of the applicant.

F. Denial. If the City employee/representative determines, after complying with the requirements of paragraphs D and E above, that the individual is not in a satisfactory immigration status, the City employee/representative shall:

(1) deny the application of that individual for financial assistance or terminate the eligibility of that individual for financial assistance, as applicable;

(2) provide that the individual may request a fair hearing during the 30-day period beginning upon receipt of the notice under subparagraph (3) below; and

(3) provide to the individual written notice of the determination under this paragraph, the right to a fair hearing process, and the time limitation for requesting a hearing.



Form I-9 Supplement, Section 1 Preparer and/or Translator Certification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement
OMB No. 1615-0047
Expires 08/31/2019

Employee Name:	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial
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Instructions: This supplement may be used if extra spaces are required to document more than one preparer and/or translator assisting an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided. Each preparer or translator must complete, sign and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)	
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)	
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)	
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)	
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

Request for Transcript of Tax Return

OMB No. 1545-1872

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

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 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

Caution: If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

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 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days

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

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

| / / | / / | / / | / / |

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

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.

Phone number of taxpayer on line 1a or 2a

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. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

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. You can also designate (on line 5) a third party to receive the 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.

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 P-6 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, 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, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84400 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 P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 855-800-8015

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 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.

CITY OF FRISCO EMPLOYMENT VERIFICATION

I. THIS SECTION IS TO BE COMPLETED BY ADMINISTRATOR/OWNER/MGMT & EXECUTED BY APPLICANT/RESIDENT

TO: (Name of Employer)	Dated:	
Employer Address:	Phone/Fax:	
RE: (Applicant/Resident Name)	Social Security Number:	
<p>RELEASE: My signature here or on the attached "Release and Consent Form" authorizes the release and/or verification of my employment information.</p>		
_____	_____	_____
Applicant/Resident Printed Name	Signature	Date
<p>Information The individual named directly above is an applicant/resident of a City of Frisco Housing Program which requires verification of income. We ask your cooperation in supplying this information to the below referenced Administrator/Owner/Management. The information provided will remain confidential and used only to determine the eligibility status and level of benefit available to the applicant/resident. Please return this completed form by mail or fax to:</p>		
Administrator/Owner/Management Name:		COF Number:
Address:		Phone:
Email Address:		Fax:
Your prompt response is crucial and greatly appreciated,		
_____	_____	_____
Administrator/Owner/Mgmt Authorized Rep. Printed Name/Title	Signature	Date

II. THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name:	Job Title:
Presently Employed: <input type="checkbox"/> YES <input type="checkbox"/> NO	Date First Employed: _____ Last Day of Employment: _____ or <input type="checkbox"/> Not Applicable
<u>Current</u> Wages/Salary: \$ _____ (circle one) hourly / weekly / bi-weekly / semi-monthly / monthly / yearly / other: _____	
Average # of regular hours per week:	Year-to-date earnings: \$ _____ through ____/____/____
Overtime Rate: \$ _____ per hour	Average # of overtime hours per week:
Shift Differential Rate: \$ _____ per hour	Average # of shift differential hours per week:
Commissions, bonuses, tips, other: \$ _____ (circle one) hourly / weekly / bi-weekly / semi-monthly / monthly / yearly / other: _____	
List any anticipated change in the employee's rate of pay within the next 12 months: _____ Effective date: _____	
If the employee's work is seasonal or sporadic, please indicate the layoff period(s):	
Do Employees have access to an Employer Retirement Account prior to termination or retirement? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Additional remark(s):	

III. EMPLOYER AUTHORIZED REPRESENTATIVE CERTIFICATION

I certify that the above information is true and correct,			
_____	_____	_____	
Signature of Employers Authorized Representative	Representative's Title	Date	
_____	_____	_____	_____
Authorized Representative's Printed Name	Phone #	Fax #	Email

Employer [Company] Name and Address			

Note: Title 18, Section 1001 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.