



HOUSING REHABILITATION AND LEAD HAZARD CONTROL PROGRAMS



APPLICATION INSTRUCTIONS

You may be eligible to receive up to \$24,000 in assistance for improvements to your property through the City's Housing Rehabilitation and/or Lead Hazard Control programs. Improvements may address exterior property maintenance code deficiencies, health and/or safety concerns, energy efficiency or water conservation. Certain documents are required before we can process your application. Please provide the following information.

- Completed Application. All questions on the application must be answered. If a question does not apply to you, indicate that by writing **none** or **N/A**.
- Proof of Income. Each person age 18 or older must complete a separate Income Checklist. Also, provide most recent tax returns for all household members and supporting documentation for all sources of income.
- Completed Authorization Form. Each person age 18 or older must complete a separate Authorization to Verify Information form. If you need more forms, please contact our office at (616) 456-3030 to request additional copies.
- Proof of Homeowner's Insurance. Complete the Insurance Agreement form and also include a copy of your current Homeowner's Insurance Policy Declarations Page.

Mail or bring the completed application, including all required attachments, to:

Housing Rehabilitation Office
Community Development Department
City of Grand Rapids
300 Monroe Ave NW, Suite 440
Grand Rapids, MI 49503

Please be aware a participating property owner may not have any past due property taxes, special assessments, nuisance assessments, water bills, fines, or other past due debts or obligations owed to the City, or any other delinquent liens on the subject property. All outstanding obligations must be satisfied before assistance can be provided.

If you have any questions, please call the Housing Rehabilitation Office at (616) 456-3030.



HOUSING REHABILITATION AND LEAD HAZARD CONTROL PROGRAMS



APPLICATION

I am / We are applying for the (check one or both):

- Housing Rehabilitation Program** - available to lower-income homeowners living in the City of Grand Rapids. Eligible repairs include highest priority exterior housing code issues and interior health and safety issues. Treatment of identified lead-based paint and asbestos hazards may be required. Assistance is provided in the form of a loan secured by a mortgage.
- Lead Hazard Control Program** - available to lower-income homeowners in the City of Grand Rapids who have a child under age six residing in or regularly visiting the home. Only repairs to treat identified lead-based paint and other home health hazards are eligible. Assistance is provided in the form of a loan secured by a mortgage.

Owner

Co-owner (if applicable)

Name _____

Name _____

State ID# or
Driver's License # _____

State ID# or
Driver's License # _____

Address _____

Address _____

City _____ ZIP _____

City _____ ZIP _____

Phone # _____

Phone # _____

Other Phone/E-mail _____

Other Phone/E-mail _____

LEAD-BASED PAINT CONCERNS

Individuals receiving assistance from the Housing Rehabilitation and/or Lead Hazard Control Programs are required to read the brochure entitled "Protect Your Family From Lead in Your Home" (attached). Please answer the following questions and be sure to let City staff know if you need further information regarding the brochure or about lead-based paint.

1. What is your primary language? English ____ Spanish ____ Other ____ (_____)
2. Does anyone in your household have elevated blood lead levels as determined by the Kent County Health Department or by a Physician? Yes ____ No ____ Unknown ____
3. Did you read the brochure and do you understand the health risks associated with lead poisoning? Yes ____ No ____ Please initial here _____

IF LEAD HAZARDS ARE TO BE REMEDIATED IN YOUR HOME, YOU WILL BE REQUIRED TO FIND OTHER ACCOMMODATIONS FOR YOUR FAMILY AND PETS FOR UP TO TEN DAYS.

Household Composition. Complete the chart below. Include the head of household, all persons 18 years of age and older, and all children who reside in the household. Also include children who are subject to shared custody agreements and reside in the household at least 50% of the time. Use the back of this page if additional space is needed.

Name	Relationship to Head	Sex M / F	Birth Date	Race (see table below)	Hispanic or Latino?	Child on Medicaid Yes / No	Social Security or Alien Registration #
	Head of Household					NA	
RACE TABLE. USE THE NUMBER IN FRONT OF THE APPROPRIATE CATEGORY TO COMPLETE THE CHART ABOVE:							
SINGLE RACE CATEGORIES				MULTI-RACE CATEGORIES			
1	White		6	American Indian or Alaskan Native <i>and</i> White			
2	Black or African American		7	Asian <i>and</i> White			
3	American Indian or Alaskan Native		8	Black or African American <i>and</i> White			
4	Asian		9	American Indian/Alaskan Native <i>and</i> Black/African American			
5	Native Hawaiian or Pacific Islander		0	Other multi-racial:			

Marital Status. Head of Household is (check one): Married Single Widowed Divorced Separated

Visiting Child Certification. Complete the chart below listing all children under age six who receive childcare in your home on a regular basis each week. Use the back of this page if additional space is needed. **All information is required.**

Name of Child Under Age 6	Sex M/F	Birth Date	Child on Medicaid Yes / No	Name of Legal Guardian	Address of Legal Guardian	Phone # of Legal Guardian
1.						
2.						

The children listed above regularly receive childcare in my/our home during these hours:

Child 1	Sun	Mon	Tue	Wed	Thu	Fri	Sat
From:							
To:							
Child 2	Sun	Mon	Tue	Wed	Thu	Fri	Sat
From:							
To:							

My children are cared for at the Applicant's address during the hours stated above.

Signature of Visiting Child(ren)'s Parent(s) or Legal Guardian(s)

Date

APPLICANT QUESTIONS

1. What repairs are you requesting? _____
2. Have you filed for bankruptcy within the past 5 years? **No** **Yes:** (Circle one)
 Case # _____
 Chapter 13 or Chapter 7? _____
 Date originally filed _____
 Date discharged _____
3. Have you been served with a notice of foreclosure within the last 7 years? **No** **Yes:** Date of Notice _____
4. Have you applied for or closed a loan to refinance your mortgage or have you applied or signed for any other loan secured by your property in the last 90 days? **No** **Yes,** with _____
(Name of company/person who provided loan)
5. Do you have Housing Code orders on your property? **No** **Yes:** Housing Inspector _____
6. Is your residence a multi-unit dwelling? **No** **Yes:** Number of Units _____
7. How many bedrooms are in your residence? _____
8. Were you a first-time homebuyer when you purchased this property? **No** **Yes**
9. Have you occupied the property for the last 12 months? **No** **Yes** If no, why not? _____
10. Do you have an account at a bank or credit union? **No** **Yes,** with _____
(Name of bank or credit union)
11. Would your household be able to find temporary accommodations away from your home for up to 10 days during the lead remediation process? **No** **Yes**
12. Is there a pregnant woman living at this address? **No** **Yes:** Name _____

CONFLICT OF INTEREST: Are you or an immediate family member or a business associate now or at any time in the past 12 months, an employee, agent, consultant, elected, or appointed official of the City? **No** **Yes**

DEBT OBLIGATIONS

In the spaces provided below, list all your monthly credit obligations that will not be paid off in the next 12 months. Include house payments, car payments, credit card payments, etc. Do not include utility or telephone payments.

NAME OF CREDITOR	AMOUNT BORROWED	BALANCE OWED	PAYMENT
1. _____ <small>(Mortgage or Land Contract)</small>	\$ _____	\$ _____	\$ _____ /month
2. _____	\$ _____	\$ _____	\$ _____ /month
3. _____	\$ _____	\$ _____	\$ _____ /month
Homeowner's Insurance Premium paid to _____ <small>(Homeowner's Insurance Agency Name)</small>			\$ _____ /year

COMPLAINT PROCEDURES

Complaints against the Housing Rehabilitation Office must be submitted in writing to the Housing Rehabilitation Supervisor or the Department Director. The complaint must clearly state the issue or concern. Each complaint will be fully reviewed and evaluated. You will receive a written response to the complaint from the Community Development Department within 15 business days. A full copy of the Complaint Policy and Procedures is available upon request. Complaints should be directed to the address listed below.

REQUIRED APPLICATION ATTACHMENTS

The information listed below must accompany this Application form:

- Separate Income Checklist completed by each household member aged 18 years or older
- Authorization Form for each household member aged 18 years or older
- Most recent tax returns for all household members
- Other income documentation as requested on Income Checklist(s)
- Insurance Agreement Form
- Proof of Homeowners Insurance (Declarations page)

The documents listed below may be required to complete this application:

- Medical Information Release form for each child under age six

AUTHORIZATION AND CERTIFICATION

I/We certify under penalty of law that the information contained in this application is true, accurate, and complete to the best of my/our knowledge and that I/we expect no changes to income or household other than as indicated on this form. I understand that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

I/We understand that this application shall remain the property of the City of Grand Rapids.

I/We authorize the City of Grand Rapids to verify information provided in this application.

		____/____/____
Printed Name (Owner)	Signature	Date
Social Security # _____		

		____/____/____
Printed Name (Co-owner, if applicable)	Signature	Date
Social Security # _____		

Mail or bring your completed application to: Housing Rehabilitation Office
 Community Development Department
 City of Grand Rapids
 300 Monroe Ave NW, Suite 440
 Grand Rapids, MI 49503

Or fax your completed application to: (616) 456-3673

Or e-mail your completed application to: LHCP@grcity.us



CITY OF GRAND RAPIDS HOUSING REHABILITATION PROGRAMS

INSURANCE AGREEMENT

I hereby agree to place the City of Grand Rapids as a second mortgagee on my property insurance policy per the application requirements and guidelines of the City of Grand Rapids Housing Rehabilitation and/or Lead Hazard Control Program.

I understand this is to secure investment in my property by the City of Grand Rapids in the event the property referenced below is damaged or destroyed while still under a mortgage loan obligation.

I have enclosed a copy of my current Homeowner's Insurance Policy Declarations Page.

Property Owner's Signature

Property Address

Date

Insurance Carrier

Carrier Address

Policy Number



HOUSING REHABILITATION AND LEAD HAZARD CONTROL PROGRAMS

INCOME CHECKLIST

IMPORTANT

Submit a separate checklist for each household member 18 years of age or older and **provide a copy of your complete federal, state, and local tax returns for the previous tax year, including all schedules and attachments. Also attach supporting documentation for any item checked "yes."** Completion of this checklist is required to determine eligibility to receive assistance.

Household Member's Name _____ Social Security # _____

Property Address _____ Phone Number _____

YES NO ANSWER EACH ITEM. PLEASE PRINT CLEARLY.

I filed a tax return for last year.

ATTACH COMPLETE TAX RETURNS FOR THE MOST RECENT TAX YEAR AND IRS FORM 4506-T (ATTACHED).

I am self-employed as a _____ and earned \$ _____ last year.

ATTACH WRITTEN DOCUMENTATION OF YOUR INCOME AND/OR TAX RETURNS FOR THE PAST TWO YEARS.

I am employed and receive a salary or wages. I earn \$ _____ per year.

Employer(s): Name _____ Name _____

Phone # _____ Phone # _____

The employment above is the same employment I had for 12 months of the previous tax year.

I receive tips. If yes, how much? \$ _____/per week.

ATTACH COPIES OF TWO RECENT PAY STUBS.

I am currently unemployed and have been unemployed since _____.

I receive unemployment benefits of \$ _____/week.

I have applied for unemployment benefits but do not currently receive benefits.

Please explain: _____

ATTACH COPY OF APPROVAL LETTER.

I receive rental income of \$ _____/month from real estate.

ATTACH LEASE/RENTAL AGREEMENT.

I receive income of \$ _____/month from royalties, partnerships, S corporations, and/or trusts, etc.

ATTACH APPROPRIATE DOCUMENTATION.

YES NO

I receive Child Support payments of \$ _____/month.

I receive alimony or separate maintenance payments of \$ _____/month.

I currently have savings of \$ _____ and investments of \$ _____.

ATTACH COPIES OF MOST RECENT STATEMENTS.

I receive IRA distributions of \$ _____/month.

ATTACH STATEMENT OF BENEFITS.

I receive pension and/or annuity payments of \$ _____/month.

Check all that apply:

Pension / 401k / 403b / 457b

Disability or death benefits other than Social Security

Military retirement pay

Other: _____

ATTACH BENEFIT AWARD LETTER INDICATING AMOUNT AND DURATION OF BENEFIT.

I receive Social Security benefits of \$ _____/month.

I receive Supplemental Security Income (SSI) of \$ _____/month.

I have a family member 17 years of age or younger who has unearned income (for example, Social Security or SSI). Please list below:

Name _____ Type of Income _____ Amount \$ _____/month.

Name _____ Type of Income _____ Amount \$ _____/month.

ATTACH COPY OF ANNUAL AWARD LETTERS.

I receive income from sources not mentioned here. (For example, worker's compensation, insurance or trust payments, Veteran's Administration or G.I. Bill benefits, lottery/gambling winnings, jury duty pay, awards, etc.) Please explain below:

I will have adjustments to my income on my next tax return for the following (check all that apply):

Educator expenses

Business expenses per IRS Form 2106

Health savings account

Self-employment tax, SEP or SIMPLE plans, or health insurance deduction

Penalty for early withdrawal of savings

Alimony I pay: \$ _____/month

IRA deduction

Student loan interest deduction, tuition and/or fees

YES NO

I receive benefits other than Medicaid for myself or my children from the Department of Health and Human Services (DHHS). If yes, list the benefit(s) in the appropriate section below.

FIA Caseworker's Name _____ Phone # _____

FIA Case # _____

DHHS pays bills directly to providers on my behalf. List the bills and the amounts paid. (For example: house payment, gas, electric, or water bills, or childcare providers.)

Paid to/Reason _____ Amount \$ _____/month.

Paid to/Reason _____ Amount \$ _____/month.

I receive Food Assistance Program benefits or food stamps from the DHHS.

Amount \$ _____/month.

I receive Cash Assistance from the DHHS.

Amount \$ _____/month.

ATTACH A COPY (ALL PAGES) OF THE MOST RECENT NOTICE OF CASE ACTION WITH AN "INCOME SUMMARY" SECTION.

I receive benefits from another public service organization besides DHHS.

From _____ Reason _____ Amount \$ _____/month.

From _____ Reason _____ Amount \$ _____/month.

CERTIFICATION

I have attached a copy of my complete federal, state, and local tax returns, including all schedules and attachments, for the previous tax year. If I am self-employed, I have attached complete returns for the last two years.

I have attached documentation such as check stubs, bank statements, or award letters for all items on this list checked "Yes."

I certify that the copies of income tax returns provided with this income checklist are copies of actual forms I submitted to taxing authorities for the previous tax year. I also certify to the best of my knowledge that the information provided on this Income Checklist is true and I have no income other than indicated herein.

Providing false information is grounds for denial of assistance and/or termination from the City of Grand Rapids Housing Rehabilitation Program and/or Lead Hazard Control Program. Any false statement or representation made with the intent of fraudulently obtaining Housing Rehabilitation Program and/or Lead Hazard Control Program assistance constitutes a felony punishable by fine and/or imprisonment.

Signature _____

Date _____



HOUSING REHABILITATION AND LEAD HAZARD CONTROL PROGRAMS

AUTHORIZATION TO VERIFY INFORMATION

Name: _____

Address: _____

Last 4 digits of Social Security Number: XXX-XX-_____

I am an applicant for property rehabilitation assistance under the Community Development Act of 1974 and/or the Lead Hazard Control Program, or an adult member of an applicant's household, and I hereby authorize the City of Grand Rapids Community Development Department:

- 1) To obtain a credit report in my name.
- 2) To verify my income and employment information.
- 3) To verify any and all other information necessary to establish the applicant's eligibility to receive property rehabilitation assistance.
- 4) To provide copies of documentation regarding my loan application including credit reports, income and employment information, and any other information needed to Mercantile Bank, the Federal Home Loan Bank of Indianapolis, or any other parties providing funding through the City of Grand Rapids Community Development Department.

I understand information obtained will remain confidential and will be used solely for the purpose of determining eligibility to receive Housing Rehabilitation Program and/or Lead Hazard Control Program assistance.

Signature

Date

Short Form Request for Individual Tax Return Transcript

▶ **Request may not be processed if the form is incomplete or illegible.**

▶ **For more information about Form 4506T-EZ, visit www.irs.gov/form4506tez.**

Tip. Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge, or you can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get Transcript of Your Tax Records" under "Tools" or call 1-800-908-9946.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number or individual taxpayer identification number on tax return
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 Year(s) requested. Enter the year(s) of the return transcript you are requesting (for example, "2008"). Most requests will be processed within 10 business days.

Note. If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS will notify you that it was unable to locate a return, or that a return was not filed, whichever is applicable.

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

Signature of taxpayer(s). I declare that I am the taxpayer whose name is shown on either line 1a or 2a. If the request applies to a joint return, **either** spouse must sign. **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 4506T-EZ. See instructions.

Sign Here	Signature (see instructions)	Date	Phone number of taxpayer on line 1a or 2a
	Spouse's signature	Date	

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

Future Developments

For the latest information about developments related to Form 4506T-EZ, such as legislation enacted after it was published, go to www.irs.gov/form4506tez.

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. Individuals can use Form 4506T-EZ to request a tax return transcript for the current and the prior three years that includes most lines of the original tax return. The tax return transcript will not show payments, penalty assessments, or adjustments made to the originally filed return. Form 4506T-EZ cannot be used by taxpayers who file Form 1040 based on a tax year beginning in one calendar year and ending in the following year (fiscal tax year). Taxpayers using a fiscal tax year must file Form 4506-T, Request for Transcript of Tax Return, to request a return transcript.

Use Form 4506-T to request tax return transcripts, tax account information, W-2 information, 1099 information, verification of non-filing, and record of account.

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.

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 Transcript of Your Tax Records" under "Tools" or call 1-800-908-9946.

Where to file. Mail or fax Form 4506T-EZ to the address below for the state you lived in when the return was filed.

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.

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

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

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

Mail or fax to the "Internal Revenue Service" at:

RAIVS Team
Stop 6716 AUSC
Austin, TX 73301
855-587-9604

RAIVS Team
Stop 37106
Fresno, CA 93888
(855) 800-8105

RAIVS Team
Stop 6705 S-2
Kansas City, MO
64999
855-821-0094

Signature and date. Form 4506T-EZ must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506T-EZ 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

Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506T-EZ exactly as your name appeared on the original return. If you changed your name, also sign your current name.

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. If you request a transcript, sections 6103 and 6109 require you to provide this information, including your SSN. 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 4506T-EZ will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 9 min.; **Preparing the form**, 18 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 4506T-EZ 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.

Specific Instructions

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 address on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address.

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.

Request for Transcript of Tax Return

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

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

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

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

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

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days

c Record of Account, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days

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

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

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

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

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

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

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

<input type="checkbox"/> Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.	Phone number of taxpayer on line 1a or 2a
▶ _____ Signature (see instructions)	_____ Date
▶ _____ Title (if line 1a above is a corporation, partnership, estate, or trust)	
▶ _____ Spouse's signature	_____ Date

Sign Here

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

Future Developments

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

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

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

General Instructions

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

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

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

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

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

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

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

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

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

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

If you filed an individual return and lived in:

Mail or fax to:

Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301	855-587-9604
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888	855-800-8105
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999	855-821-0094

Chart for all other transcripts

If you lived in or your business was in:

Mail or fax to:

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409	855-298-1145
Maine, Massachusetts, New Hampshire, New York, Pennsylvania, Vermont	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999	855-821-0094

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

Line 5b. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number **should not** contain an SSN. Completion of this line is not required.

Note. If you use an SSN, name or combination of both, we will not input the information and the customer file number will reflect a generic entry of "9999999999" on the transcript.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Note: If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.

KENT COUNTY HEALTH DEPARTMENT

COMMUNITY NURSING DIVISION
CHILDHOOD LEAD POISONING PREVENTION PROGRAM
700 FULLER NE
GRAND RAPIDS MICHIGAN 49503
616/632-7058 - FAX 616/632-7016



AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, (parent/guardian), DOB _____
Hereby authorize the Kent County Health Department Community Nursing – Lead Poisoning Prevention Program, its director or designee, to release information contained in the client records of:

_____ Date of Birth _____
(first) (middle) (last)

DOB _____
DOB _____
DOB _____

to:

The City of Grand Rapids, HUD Lead Hazard Control Program

only under the conditions list below:

1. Extent or nature of information to be disclosed, relevant to the Program if applicable, and dates of service, if necessary: Information pertaining to the Kent County Health Department Childhood Lead Poisoning Prevention Program, including case management information, blood test results and environmental investigations.
2. The authorized purpose or need for such disclosure: Case management, coordination of care and/or coordination of lead hazard remediation efforts.

All information will be treated confidentially and will be for professional use only. Further release of information so disclosed is prohibited unless consistent with the authorized purpose stated above. Any persons receiving such information shall be so advised. (Section 748, Mental Health Code)

I understand that this authorization may be withdrawn by me at any time. Revocation of this authorization will not affect any information already released. If no express revocation is issued, **this authorization will expire one year from date signed.**

SIGNED: _____ DATE: _____

Release witnessed by: _____. Witness is responsible to assure that if client signs he or she was competent to give informed consent. If the witness does not feel the client is competent, refer to R330.6011 (3)-(4), Michigan Department of Mental Health Emergency Rules. INFORMATION MAY BE WITHHELD IF IT IS NOT REVELANT TO THE STATED AUTHORIZED PURPOSE.

Released to _____ By _____ Date _____
Retain release in client's file at releasing Agency.

For religious and/or personal reasons, I choose not to have my child(ren) tested for lead.

Parent/Guardian's signature

Date