



CITY OF
GRAND
RAPIDS

Community Development Department
Housing Rehabilitation Office
300 Monroe Avenue NW, Room 440
Grand Rapids, Michigan 49503
Phone 456-3030, fax 456-3673



HOUSING REHABILITATION PROGRAM AND LEAD HAZARD CONTROL PROGRAM APPLICATION

Thank you for inquiring about the City's Lead Hazard Control Program and/or the Housing Rehabilitation Program. You may be eligible to receive up to \$24,000 in assistance for improvements to your property that 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 for assistance. Please provide the following:

- 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 Homeowner's Insurance. Complete the Insurance Agreement form and also include a copy of your current Homeowner's Insurance Policy Declarations Page.
- Proof of Income. Provide Income Checklists completed by each adult household member, 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.

Please mail or bring the completed application, including all required attachments, to the Housing Rehabilitation Office at 300 Monroe Avenue NW, Suite 440, Grand Rapids, Michigan 49503 between the hours of 8:00 am and 5:00 pm, Monday through Friday.

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



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HOUSING REHABILITATION PROGRAM AND LEAD HAZARD CONTROL PROGRAM 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 Program's target area 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

Name _____

State ID# or
Driver's License # _____

Address _____

City _____ ZIP _____

Phone # _____

Other Phone/E-mail _____

Co-owner (if applicable)

Name _____

State ID# or
Driver's License # _____

Address _____

City _____ ZIP _____

Phone # _____

Other Phone/E-mail _____

LEAD-BASED PAINT CONCERNS

Individuals receiving assistance from the Lead Hazard Control and/or the Housing Rehabilitation 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 levels as determined by the Kent County Health Dept. 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 ACCOMODATIONS FOR YOUR FAMILY AND PETS FOR UP TO FIVE DAYS.

Household Composition. Complete the chart below including 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 OF 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	Amer. Indian/Alaskan Native <i>and</i> Black/African Amer.
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? (Circle one)
No **Yes**, Case Number _____
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. Do you have an account at a bank or credit union? **No** **Yes**, with _____
(Name of bank or credit union)

10. Would your household be able to find temporary accommodations away from your home for up to 5 days during the lead remediation process? **No** **Yes**

11. Is there a pregnant woman living at this address? **No** **Yes**, Name _____

12. DTE Energy account # _____ Consumers Energy account # _____

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

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
Home Owner's Insurance Premium paid to _____ <small>(Homeowner's Insurance Agency Name)</small>			\$ _____ /year



CITY OF
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Community Development Department
300 Monroe Avenue NW, Suite 440
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Phone (616) 456-3030, Fax (616) 456-3673

INSURANCE AGREEMENT

I hereby agree to place the City as a second mortgagee on my property insurance policy per the application requirements and guidelines of the City of Grand Rapids Housing Rehabilitation, Rental 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.

Property Owner's Signature

Property Address

Date

Insurance Carrier

Carrier Address

Policy Number



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 in order to determine eligibility to receive assistance.

Household Member's Name _____ Social Security # _____

Property Address _____ Phone Number _____

Answer each item. Please print clearly:

Yes No

- Income checklist items with Yes/No checkboxes and descriptions: I am employed and receive a salary or wages... The employment described above is the same employment I had for 12 months... I receive tips... I currently have savings... I currently have investments... I receive alimony... I am self-employed... I had capital gains... I had other gains... I receive IRA distributions... I receive rental income... I receive income from royalties, partnerships, S corporations, and/or trusts, etc.

Yes **No**

I am currently unemployed and have been unemployed since _____

I receive unemployment benefits of \$_____/week (Attach copy of approval letter)

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

Please explain: _____

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: _____

I receive Social Security benefits of \$_____/month (Attach copy of annual award letter)

I receive Supplemental Security Income (SSI) of \$_____/month (Attach copy of annual award letter)

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

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

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

I receive Child Support payments of \$_____/month

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

I have adjustments to my income on my tax return for the following (please 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 Human Services (DHS). (List the benefit(s) in the appropriate section below and attach a copy with all pages of your most recent Notice of Case Action with an "Income Summary" section)

FIA Caseworker's Name _____ Phone # _____

FIA Case # _____

List the bills and amounts paid for you directly to providers by the DHS.

(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 DHS.

Amount \$ _____/month

I receive Cash Assistance from the DHS.

Amount \$ _____/month

 I receive benefits from another public service organization besides DHS.

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



**CITY OF GRAND RAPIDS
HOUSING REHABILITATION PROGRAM
and LEAD HAZARD CONTROL PROGRAM**

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

Request for Transcript of Tax Return

OMB No. 1545-1872

▶ Request may be rejected if the form is incomplete or illegible.

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 "Order a Transcript" 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. <u>City of Grand Rapids Community Development Dept, 300 Monroe Ave NW-Rm 440, Grand Rapids, MI 49503 Phone (616)456-3030</u>	

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 IRS 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. ▶ 1040
- a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, 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 30 calendar 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 30 calendar 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 2010, filed in 2011, will not be available from the IRS until 2012. 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 45 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. 2012
- Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved **identity theft** on your federal tax return

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, **either** husband or wife must sign. If signed by a corporate officer, partner, 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.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

	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

Complete Lines 1 - 4 and sign below



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 in order to determine eligibility to receive assistance.

Household Member's Name _____ Social Security # _____

Property Address _____ Phone Number _____

Answer each item. Please print clearly:

Yes No

- I am employed and receive a salary or wages. I earn \$_____ per year. (Attach copies of two recent pay stubs)
Employer(s): Name _____ Name _____
Phone # _____ Phone # _____
The employment described above is the same employment I had for 12 months of the previous tax year
I receive tips. If yes, how much? \$_____/per week
I currently have savings of \$_____ (Attach copies of most recent savings statements)
I currently have investments of \$_____ (Attach copies of most recent investment statements)
I receive alimony or separate maintenance payments of \$_____/month
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 had \$_____ in capital gains/(losses) in the previous tax year
I had \$_____ in other gains/(losses) in the previous tax year
I receive IRA distributions of \$_____/month (Attach statement of benefits)
I receive rental income of \$_____/month from real estate
I receive income of \$_____/month from royalties, partnerships, S corporations, and/or trusts, etc.

Yes **No**

I am currently unemployed and have been unemployed since _____

I receive unemployment benefits of \$_____/week (Attach copy of approval letter)

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

Please explain: _____

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
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- Other: _____

I receive Social Security benefits of \$_____/month (Attach copy of annual award letter)

I receive Supplemental Security Income (SSI) of \$_____/month (Attach copy of annual award letter)

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

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

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

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- 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 Human Services (DHS). (List the benefit(s) in the appropriate section below and attach a copy with all pages of your most recent Notice of Case Action with an "Income Summary" section)

FIA Caseworker's Name _____ Phone # _____

FIA Case # _____

List the bills and amounts paid for you directly to providers by the DHS.

(For example: house payment, gas, electric, or water bills, or childcare providers.)

Paid to/Reason _____ Amount \$ _____/month

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

Amount \$ _____/month

I receive Cash Assistance from the DHS.

Amount \$ _____/month

 I receive benefits from another public service organization besides DHS.

From _____ Reason _____ Amount \$ _____/month

From _____ Reason _____ Amount \$ _____/month

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Signature

Date



**CITY OF GRAND RAPIDS
HOUSING REHABILITATION PROGRAM
and LEAD HAZARD CONTROL PROGRAM**

AUTHORIZATION TO VERIFY INFORMATION

Name: _____

Address: _____

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

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- 2) To verify my income and employment information.
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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)
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- 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. 2012
- Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved **identity theft** on your federal tax return

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, **either** husband or wife must sign. If signed by a corporate officer, partner, 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.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

	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

Complete Lines 1 - 4 and sign below

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 RELEVANT 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