



**TRIBAL HOUSING DEPARTMENT**  
Intake Interview and Application Checklist

**Applicant Check:**

- ☐ Completed and signed application
- ☐ Photo ID for each adult household member
- ☐ Alaska Native/American Indian (AN/AI) tribal enrollment or Certificate of Indian Blood
- ☐ Income verification for each household member (all necessary documentation)
- ☐ Credit Report authorization signed (Note: fees will need to be paid upon selection)
  - ☐ Individual Adult
  - ☐ Applicant and Co-Applicant
- ☐ Signed Release of Information
- ☐ Signed 4506-T for relevant tax situation
- ☐ Certification of no Income Tax Returned Filed, *if applicable*
- ☐ All applicable documents listed under “Required Documentation”

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**FILE CERTIFICATION FOR COMPLETENESS**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Certifying CTA Representative

\_\_\_\_\_  
Date Complete



## REQUIRED DOCUMENTATION

- ☐ Social Security Cards or Photo ID showing SS# for all family members over the age of 6
- ☐ Complete set of tax returns for the last three (3) years
- ☐ Documentation of Proof of Indian Blood
- ☐ At least three (3) most current paycheck stubs and any other income documentation received by any household member over the age of 18
- ☐ Verification of each claimed preference
- ☐ Applicable statements from the following agencies showing the amount of benefits/income and the name of the recipient:
  - ☐ Social Security Benefits
  - ☐ Disability
  - ☐ Public Assistance/TANF
  - ☐ Child Support
  - ☐ Alimony
  - ☐ Pension or Retirement
  - ☐ Native Corporation dividends in excess of \$2,000 per recipient, per year
  - ☐ Longevity
  - ☐ Unemployment
  - ☐ Veterans Administration Payments
  - ☐ Any other income or regularly received payment received by any adult member of the household (including if received on behalf of any member of household, adult or minor, even if temporarily absent)
  - ☐ Any income derived from assets such as: real, personal, or rental property, interest on accounts, stock, dividends, CD's, IRA's, etc.

## REQUIRED AUTHORIZATIONS

- ☐ Landlord Verification
- ☐ Credit Report Authorization
- ☐ Release of Authorization
- ☐ Form 4506T
- ☐ Certification by Applicant of no Income Tax Returns Filed, *if applicable*

**Craig Tribal Association does not discriminate on the basis of age, color, sex, religion, national origin, handicap or familial status. American Indian/Alaska Native (AI/AN) applicants receive preference in applying for Craig Tribal Association's housing programs.**

## CRITERIA FOR ACCEPTANCE OF THIS APPLICATION

All information requested in this application is necessary to satisfy our selection guidelines or to satisfy HUD requirements. Be sure that all information is correct.

- Application must be fully complete, signed, and dated with all necessary documentation prior to processing.
- Only persons listed on this application with their relations to the head of household, date of birth, age, gender, and social security number will be permitted to reside in an assigned unit. \*It is important to keep this information updated as it will help CTA determine the family composition.\*

By signing the application, you are stating that all information contained in the application is true and correct.

## REQUIREMENT TO PROVIDE TAX INFORMATION

CTA's Tribal Housing Department requires each applicant to provide copies of Income Tax Returns of the most recent three years. If the applicant or an adult member of the household has not filed taxes, the Certification of no Income Tax Returned Filed will need to be completed and notarized.

All adult members of the household who do not provide their tax return documents for the most recent three years must complete the Request for Transcript of Tax Return form 4506-T reflecting their tax situation and submit the Request to the IRS per form instructions. It takes a minimum of ten (10) days for the IRS to process this request. **Your application will not be considered complete until the information is received.**

IF an adult member of the household has completed, signed, and notarized the Certification by Applicant of no Income Tax Returns Filed, and all other tax information for the household is submitted, this requirement will be considered met for application completeness.

CTA's Tribal Housing Department receives federal funds for its' housing assistance programs. By failing to file Income Tax Returns for any reason other than an exemption from the IRS from the requirement to file, you are in violation of federal law. CTA cannot admit applicants who have been or are currently in violation of any local, state, or federal laws.

## REASONS APPLICATION MAY BE DENIED

- Incomplete application and/or any required documentation or authorizations
- Provision of misleading or false information on application
- Omission of tenancy history
- Negative endorsements from previous and/or current landlords such as non-payment of rent, destruction of property, eviction, a history of violence to persons and/or property, or a history of poor housekeeping
- Any false information provided by the applicant that materially affects eligibility
- Over or under income limits
- Failure to update application annually or within timeframe of written request



## APPLICATION FOR ADMISSION

*It is the responsibility of the applicant to update this application as changes in family circumstances occur. Failure to update information at least annually or within the time frame specified in a written request for updated information will result in the application being deemed inactive.*

### APPLICANT INFORMATION

☐ Initial Application

☐ Update Information

☐ Addition to Household

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work/Message \_\_\_\_\_

Email Address \_\_\_\_\_

Interested in:

☐ Rent

☐ Lease With Option to Purchase

Do you own any pets?

☐ Yes

☐ No

Type(s): \_\_\_\_\_

### HOUSEHOLD COMPOSITION

(List all household members that intend to live in this apartment with you, including any expected additions in the next 12 months):

Name	Relationship	DOB	Age	Gender
1.	Head of Household			
2.				
3.				
4.				
5.				
6.				
7.				

The following information is for Federal reporting purposes, and in some cases, for eligibility purposes.

Are you: ☐ **Enrolled Member of Craig Tribe\*** ☐ **Alaska Native** ☐ **American Indian**

*\*If you are claiming Tribal preference, documentation of enrollment in the Craig Tribe of Alaska must be provided. To claim preference as an Alaska Native/American Indian, you must provide a Certificate of Degree of Indian Blood from the Bureau of Indian Affairs, or other acceptable proof from a federally recognized Tribe.*

**PLEASE ANSWER THE FOLLOWING AS IT APPLIES TO YOU OR ANY MEMBER IN YOUR HOUSEHOLD:**

1. Are you or anyone listed on this application required to register as a sex offender? \_\_\_\_\_ ☐ YES ☐ NO
2. Have you or anyone listed on this application been convicted of domestic violence? \_\_\_\_\_ ☐ YES ☐ NO
3. Have you or anyone listed on this application been convicted of dealing or manufacturing illegal drugs? \_\_\_\_\_ ☐ YES ☐ NO
4. Have you or anyone listed on this application been evicted of a rental unit of any type? \_\_\_\_\_ ☐ YES ☐ NO
5. Have you or anyone listed on this application been convicted of any crime other than a traffic violation? ☐ YES ☐ NO

If yes to any of the above, please explain: \_\_\_\_\_

**HOUSING REFERENCES**

LANDLORD INFORMATION	DATES
Name _____	From: _____
Address _____	To: _____
Phone Number _____	Did you (circle): <b>OWN</b> <b>RENT</b>
Name _____	From: _____
Address _____	To: _____
Phone Number _____	Did you (circle): <b>OWN</b> <b>RENT</b>
Name _____	From: _____
Address _____	To: _____
Phone Number _____	Did you (circle): <b>OWN</b> <b>RENT</b>

## HOUSEHOLD INCOME INFORMATION

**\*ALL INCOME MUST BE REPORTED FOR EACH INDIVIDUAL IN THE HOME OVER THE AGE OF 18.\***

Income includes but is not limited to the following:

- Hourly wage/Salary
- Social Security
- Unemployment
- Self-employed
- Disability
- VA Benefits
- Public Assistance
- Child Support/Alimony
- Pensions/Retirement
- Rental property income
- General Relief, TANF, AFDC
- Any other regular payments received
- Annuity or trust

### ANNUAL GROSS INCOME (INCOME BEFORE DEDUCTIONS):

NAME	SOURCE OF INCOME	TOTAL ANNUAL INCOME	PFD (Y/N)
1.		\$	
2.		\$	
3.		\$	
4.		\$	
5.		\$	
6.		\$	
<b>TOTAL HOUSEHOLD INCOME:</b>		\$	

### ASSETS/Non-NATIVE DIVIDENDS:

**List ALL assets held by ALL household members, including minors.**

Assets and Dividends includes, but is not limited to the following:

- Real Property
- Recreational vehicles/watercraft
- Stocks
- Non-commercial boats
- Interest in non-native corporations
- Other asset/dividend

NAME	DESCRIPTION OF ASSET	CURRENT VALUE
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$

**BANK ACCOUNTS:**

List each household member's bank accounts, use additional sheet if necessary.

- Checking and Savings
- CD's, IRA's, Bonds
- Other

NAME	BANK OR LENDING INSTITUTION	ACCOUNT NUMBER
1.		
2.		
3.		

**NATIVE CORPORATION SHARES:**

List each household member's corporate shares, use additional sheet if necessary.

SHAREHOLDER	CORPORATION	# OF SHARES
1.		
2.		
3.		
4.		
5.		
6.		

**APPLICANT STATUS**

The following questions pertain to specific eligibility requirements of the Low Rent Program.

1. Do you own a home? \_\_\_\_\_ ☐ YES ☐ NO

2. Do you or any household members require any special accessibility features? ☐ YES ☐ NO

3. Will ANY ADULT household member require a live in care attendant to live independently? \_\_\_\_\_ ☐ YES ☐ NO

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship (if any)

4. Will you be paying for child care to enable you to work or attend school? \_\_\_\_\_ ☐ YES ☐ NO

\_\_\_\_\_  
Child Care Provider

\_\_\_\_\_  
Contact Number

5. Are you an Honorably Discharged Veteran?  
(If so, please provide a copy of your DD214) \_\_\_\_\_ ☐ YES ☐ NO

## CURRENT HOUSING CONDITIONS

In order to ensure prompt processing of the application and ensure proper preference scoring is applied, this section must be filled out as completely and descriptively as possible.

Current Address: \_\_\_\_\_ City/State: \_\_\_\_\_

# of occupants: \_\_\_\_\_ # of bedrooms: \_\_\_\_\_ Monthly Rent Amount: \$ \_\_\_\_\_

**\*PLEASE INDICATE IF ANY OF THE FOLLOWING APPLIES TO YOUR CURRENT HOUSING SITUATION.**

**VERIFICATION OF EACH CLAIMED PREFERENCE IS REQUIRED.\***

- ☐ **Homeless:** Are you living in a shelter, institution, or public place not designed for human habitation? Do you lack a regular nighttime residence?
- ☐ **Involuntarily Displaced:** Have you been displaced by a disaster, actual or threatened physical violence, action of a property owner or landlord\*, or activity of a State or local governing body?
- ☐ **Substandard:** Use the attached contract sheet to describe, in detail, the issues in your current housing that make it substandard or unsafe. Substandard conditions will be evaluated and documented during the home visit.
- ☐ **Rent Burden:** Have you paid more than 50% of your income for rent for more than 90 days?
- ☐ **Disability:** Does your current residence not meet a disabled household member's special needs?
- ☐ **Overcrowded:** Are there more than two persons or multi-generations per bedroom where you currently live?
- ☐ **Non-permanent Housing:** Are you staying in a non-permanent situation, i.e. a hotel, friend, or relatives home where you are not a permanent resident or party to the lease agreement?
- ☐ **Local Resident:** Have you lived in Craig for at least six months and qualify for the Alaska PFD?
- ☐ **Veteran:** Are you an honorably discharged veteran?

\*Please note, situations where an eviction has been served by a landlord for non-payment or other good cause does not qualify as Involuntary Displacement.



Please describe any extraordinary circumstances related to your current housing situation:

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**APPLICANT CERTIFICATION AND DECLARATION OF TRUTH**

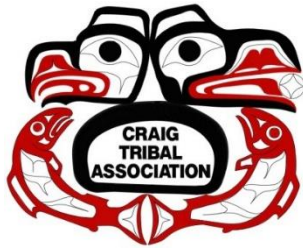
**PLEASE READ BEFORE SIGNING**

I/We understand that CTA's Tribal Housing Department is relying on this information to prove my household's eligibility for housing programs. I certify that all information and answers to the above questions are true and complete to the best of my knowledge I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have CTA's Tribal Housing Department verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting the CTA Tribal Housing Department's resident selection criteria and the Low Rent Program requirements.

**All ADULT household members must sign below:**

_____ Head of Household Signature	_____ Date
_____ Adult Member Signature	_____ Date
_____ Adult Member Signature	_____ Date
_____ Adult Member Signature	_____ Date



**TRIBAL HOUSING DEPARTMENT**  
1330 Craig-Klawock Highway  
Craig, Alaska 99921  
Tel: (907) 826-3996  
Fax: (907) 826-3997

## VERIFICATION OF LANDLORD

Application is not complete until this form is returned

Applicant Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

The above named individual has applied to us for participation in a low income housing program. The signature of the applicant(s) on this form signifies their consent for you to provide us with the requested information.

**Your prompt return of this verification is required. Return via fax: (907) 826-3997 or by mail.**

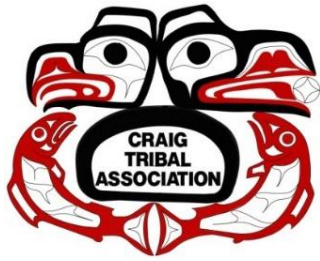
\_\_\_\_\_  
Signature of Head of Household                      Other Adult

Is/Was utilities included in rent? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Was the applicant evicted? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If so, was it drug related? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Did the tenant have good housekeeping practices? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Would you rent to this tenant again? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Did this tenant have neighbor complaints? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Did this tenant have damage beyond normal wear and tear? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If yes to any of the above, please explain: \_\_\_\_\_

Additional comments/information: \_\_\_\_\_

\_\_\_\_\_  
Landlord Name                      Landlord Signature                      Date



**TRIBAL HOUSING DEPARTMENT**  
1330 Craig-Klawock Highway  
Craig, Alaska 99921  
Tel: (907) 826-3996  
Fax: (907) 826-3997

## CREDIT REPORT AUTHORIZATION

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BY MY SIGNATURE BELOW I AUTHORIZE CRAIG TRIBAL ASSOCIATION'S TRIBAL HOUSING DEPARTMENT to obtain a Consumer Credit Report and/or Background Report on me. This authorization is valid for purposes of verifying information given pursuant to mortgage lending, leasing, rental, or any other lawful purpose covered under the Fair Credit reporting Act (FCRA).

Applicant's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Co-Applicant's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Current Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-applicant Signature

\_\_\_\_\_  
Date

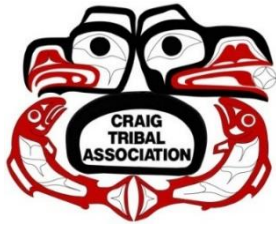
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### FOR OFFICE USE:

CREDIT REPORT FEE PAID: \$ \_\_\_\_\_

CTA REPRESENTATIVE: \_\_\_\_\_



**TRIBAL HOUSING DEPARTMENT**  
1330 Craig-Klawock Highway  
Craig, Alaska 99921  
Tel: (907) 826-3996  
Fax: (907) 826-3997

## AUTHORIZATION FOR RELEASE OF INFORMATION

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**CONSENT:** I authorize and direct and Federal, State, or local agency, organization, business, or individual to release **Craig Tribal Association's Tribal Housing Department** any information or materials needed to complete and verify my application for a rental unit, leasing, or any other lawful purpose covered under the Fair Credit Reporting Act (FCRA). I understand this release will remain valid for as long as my housing application and file remains active.

**INFORMATION COVERED:** I understand that, depending on program policies and requirements, previous or current information regarding myself or anyone in my household may be needed. Verifications and inquiries that may be requested include but are not limited to: Identity and Marital Status; Employment, Income, and Assets; Residences and Rental Activity; Medical or Child Care Allowances; Credit and Criminal Activity.

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED:** The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to: Previous Landlords; Past and Present Employers; Veterans Administration; Welfare Agencies; Retirement Systems; Courts and Post Offices; State Unemployment Agencies; Banks and other Financial Institutions; Schools and Colleges; Social Security Administration; Credit Providers and Credit Bureaus; Law Enforcement Agencies; Medical and Child Care Providers; Utility Companies; and Support and Alimony Providers.

**WARNING:** Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful false statements or misrepresentation of any material fact involving the use of or obtaining federal funds.

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Head of Household Signature

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Date

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Spouse Signature

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Date

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Adult Member Signature

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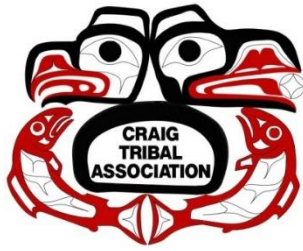
Date

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Adult Member Signature

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Date



**TRIBAL HOUSING DEPARTMENT**  
1330 Craig-Klawock Highway  
Craig, Alaska 99921  
Tel: (907) 826-3996  
Fax: (907) 826-3997

### CERTIFICATION BY APPLICANT OF NO INCOME TAX RETURNS FILED

**\*MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC\***

I/We, \_\_\_\_\_, certify that I/we have not filed income tax returns for the following years: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_. The reason I/we have not filed taxes is \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_.

**Section 1001 of title 18 of the US Code makes it a criminal offense to make willful false statements or misrepresentation of any material fact involving the use of or obtaining federal funds.**

By signing below, I/we acknowledge that if it is determined that I/we have misrepresented this information the I/we are subject to prosecution for misrepresentation of income and/or assets for the purpose of unlawfully obtaining federal funds.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

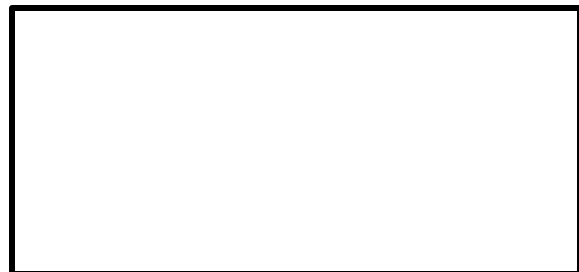
\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_, Alaska.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Date Commission Expires



(SEAL)

# Request for Transcript of Tax Return

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

OMB No. 1545-1872

**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](http://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.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number or individual taxpayer identification number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
<b>4</b> 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.

Craig Tribal Association; Tribal Housing Department; PO Box 828; Craig, Alaska 99921; (907) 826-3996

**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:** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

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

Phone number of taxpayer on line 1a or 2a

**Sign Here**

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



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

## Future Developments

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

## 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](http://IRS.gov) and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

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

If you are requesting more than one transcript or other product and the chart 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  512-460-2272
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  559-456-7227
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  816-292-6102

## 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, 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 84409  801-620-6922
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  859-669-3592

**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. If you completed line 5 requesting the information be sent to a third party, 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.



**CAUTION** 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.