

APPLICATION FOR HEALTHY HOMES GRANT

Funds Available to Property Owners

The City of Columbus, Department of Development, Healthy Homes program, has grant funds available to address housing related hazards.

If you are a landlord or an owner occupant, you may be eligible for funding if you:

- Own property within the City of Columbus corporate limits
- Have total household income at or below 80% area median income
- Have an active insurance policy on the property
- Are not in active foreclosure or unconfirmed bankruptcy
- Are current on mortgage & property taxes
- Do not have municipal, state, or federal liens
- **Applicants cannot be on the City of Columbus, Housing Division Bid list as an active bidder.**

You may be eligible to receive a grant of **\$7,500**, average per unit, to pay for home repairs. If you would like more information or are interested in applying for funds, please contact:

Patti Chatman
Healthy Homes Program
Phone: 614-645-7896
Email: pfchatman@columbus.gov
Fax: 614-645-6675

All owners of rental property must complete a Fair Housing Workshop conducted by the Columbus Urban League.

Property Owner Information

Name: Mr. /Ms. _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: Cell _____ Home: _____

Email: _____

Project Property Information

Property Address(s): _____

City: _____ State: _____ Zip Code: _____

Owner Occupied: Yes No Tenant Occupied: Yes No # Units in Building _____ # of Bedrooms _____

Property Insurance: Yes No Company: _____ Amount: _____

Date of Purchase: _____ Year Property Constructed _____ Mortgage Balance _____

Property Mortgager Name: _____ Phone #: _____

City: _____ State: _____ Zip Code: _____

**Please attach a Residential Occupant Profile sheet for each unit you wish to enroll in the program.*

How did you hear about this program?

Friend/Family Member Columbus Public Health Community Outreach Event Other: _____

Applicant's Certification

The Applicant certifies that all information in this application and all information furnished in support of this application is given for the purpose of obtaining a grant under the City of Columbus' Healthy Homes program and is true and complete to the best of the Applicant's knowledge and belief.

The Applicant agrees to allow the following reviews/inspections by City staff:

- (1) An historic preservation review to determine historic eligibility
- (2) An environmental review to determine floodplain location
- (3) Review for relocation obligations
- (4) Healthy Homes Rating System Assessment & Radon Testing
- (5) A City of Columbus Code Inspection

Further, the Applicant agrees to comply with all applicable requirements of the aforementioned.

Signature _____ Date _____

Signature _____ Date _____

Do you have any business or personal relationships with any of the contractors in the Healthy Homes Program? If so please explain.

Healthy Homes Grant Application – Next Steps

Submit the following to complete your application:

The following documents are required to process your application. Please return the forms that are required on this checklist with your application as soon as possible. Please send copies, not originals.

Owner-Occupied Applicants/Co-Applicants:

- ✓ Copy of Photo ID
- ✓ Proof of household income — three consecutive pay stubs, social security award letter, retirement/pension statement, ADC income, second job, child support, etc.
- ✓ Bank Statements (Prior 3 months full checking and/or savings account statements)
- ✓ Copy of Federal Income Tax Returns including all schedules for most recent two (2) years or federal form 4506-T if you do not have a filing requirement; Federal verification of non-filing letter can be downloaded from the IRS at <https://www.irs.gov/individuals/get-transcript>
- ✓ Copy of most recent mortgage and/or home equity line of credit statement(s)
- ✓ Declaration page as proof of property insurance including policy period
- ✓ Completed Residential Occupant Profile Form (page 3 of application)
- ✓ Completed Request for Technical Assistance Form (page 7 of the application)
- ✓ Disabled homeowners and/or occupants: Physician must complete enclosed eligibility form (page 10); Physician must provide Non-Rx Certification for Prescription/Letterhead statement

Investor Applicants/Co-Applicants:

- ✓ Copy of Photo ID
- ✓ Copy of most recent Federal Tax Returns including Schedule C or E for past 2 years
- ✓ Lease agreement if project address not included on schedule C or E
- ✓ Declaration page for property insurance showing project address and policy period
- ✓ Copy of most recent mortgage and/or home equity line of credit statement(s)
- ✓ Completed Residential Occupant Profile for each unit (page 3 of application)
- ✓ Completed Vacant Unit Status form (if applicable, page 6 of the application)
- ✓ Completed Request for Technical Assistance Form (page 7 of the application)
- ✓ Disabled homeowners and/or occupants: Physician must complete enclosed eligibility form (page 10); Physician must provide Non-Rx Certification for Prescription/Letterhead statement

Listed below are the steps that will occur during the Healthy Homes process:

- Feasibility Inspection
- Eligibility Determination
- Healthy Homes Rating System Assessment
- Radon Testing/Mitigation
- Work Specifications
- Bid Process
- Sign Grant Agreement and Contract
- Healthy Homes Repairs
- Invoice, Final Inspections and Approval
- Maintenance and Monitoring

Please return to:

Attention: Patti Chatman
111 N. Front St., 3rd Floor
Columbus, Ohio 43215
Fax: 614-645-6675
Questions: 614-645-3048

A City of Columbus Code Inspection will be conducted on the property once applying for funds. The property will have to meet all applicable housing codes.

Residential Occupant Profile

Occupant Name: Mr. /Ms. _____ Owner Occupant Tenant Occupant

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: Home _____ Email: _____

The following information is required by the Federal Government for reporting purposes and in no way restricts participation in this program.

Please check one of the following regarding the occupant: Hispanic/Latino Non Hispanic/Latino

Please check all that apply regarding the occupant:

White Black or African American Asian American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander

If the occupant is female head of household please check this box: Female head of Household

FAMILY COMPOSITION:						
NAME	RELATIONSHIP	DATE OF BIRTH	SEX	RACE	GROSS MONTHLY	INCOME SOURCE
	<i>Head of Household</i>					

Are you or someone in your household currently disabled? Yes No

Does your disability require home accessibility modifications? Yes No **If yes, complete page 10 Home Accessibility Modification Eligibility Form*

Current Monthly Rent _____ Total number of rooms: _____ Number of bedrooms: _____ Date of occupancy _____

Are you receiving any housing assistance? (check one)

No Assistance Section 8 Certificate Section 8 Voucher Other Assistance: _____

The information below will be used to determine assets for the occupant and is required in order to receive grant funding.

Marketable Securities(ex. stocks, bonds, etc.) Cash & Cash Equivalents(ex. checking account, savings account)

Real Estate Other: _____ None

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. Title 18. See 1001, provides: Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies or makes any false, litigious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both. I hereby attest that to the best of my knowledge, the information provided herein is true and correct:

Tenant Signature _____ Date _____

Homeowner Signature _____ Date _____

Before applying for Healthy Homes funding this Notice should be given to your tenants occupying the units you are requesting the funding for.

Notice to Tenants

The owner of your unit submitted an application to the City of Columbus Development Department for Federal financial assistance. The application is currently being reviewed. If approved, the proposed project activities will include health and safety repairs and improvements in your unit. The repairs may require you to leave the premises for a brief period and you will work with City staff to facilitate the relocation details. The expense for this relocation is paid for by the program.

Eligibility for the program is based on tenant income as part of the application review process. Tenant income must be re-certified every 6 months. A City of Columbus Relocation Specialist will contact you for the purpose of determining income eligibility and to explain the process of the project if the application is approved. Please have the following items available upon request:

- Proof of household income — three consecutive pay stubs, social security award letter, retirement/pension statement, ADC income, second job, child support, etc.
- Bank Statements (for all checking and savings accounts)
- Proof of all assets

In addition two inspections (Decent, Safe & Sanitary and Healthy Homes) will be conducted on your unit as part of the application process. Please cooperate with the City of Columbus in order to process the application in a timely fashion. If you have any questions in regards to the application please contact your landlord. The names of the people that may contact you from the City of Columbus are listed below.

- Gerald Furlow
- Debra Magwood
- Spencer Edwards
- Representative from
Columbus Public
Health

Thank you for cooperation with this program.

2023 HUD Income Guidelines for the Columbus MSA

(effective June 15, 2023)

INCOME LIMITS (MEDIAN FAMILY INCOME \$93,700)		
FAMILY SIZE		80% AMI
ONE	YEARLY	\$55,550
TWO	YEARLY	\$63,500
THREE	YEARLY	\$71,450
FOUR	YEARLY	\$79,350
FIVE	YEARLY	\$85,700
SIX	YEARLY	\$92,050
SEVEN	YEARLY	\$98,400
EIGHT	YEARLY	\$104,750

Guidelines

Owner shall not sell property for 3 years beginning after completion of the healthy homes repairs. If there shall be any such material sale, transfer, disposition, encumbrance, or alteration of use without the written consent of the City of Columbus the outstanding Grant Funds shall become due and payable.

Owner-Occupied Applicants/Co-Applicants:

- For owner occupied units, the owner must be at or below 80% of the most current area median income level as established by HUD at the time of qualifying for income eligibility.

Investor Applicants/Co-Applicants:

- For tenant occupied units, the rental units must be occupied by a tenant whose income is at or below 80% of the AMI as established by HUD At the time of qualifying for income eligibility.
 - Investor owners must keep rents affordable and prioritize renting to low income families with children under 6 years of age for a period of not less than 3 years after the completion of healthy homes repairs.
-

City of Columbus | Department of Development | Housing Services
Healthy Homes Program | 111 N. Front St., 3rd Fl. | Columbus, OH 43215

Vacant Unit Occupant Status

I/We _____, the owner of

_____ verify that the unit is currently vacant.

To be in compliance with Federal regulations that pertain to the Healthy Homes program fund, when reviewing applicants, I/we will give priority consideration to renting to households that are low to moderate income and to households of families with children age six (6) and under, elderly age 62 and older, or disabled.

Signature _____ Date _____

Request for Technical Assistance

I, _____, the applicant of the property/properties located at

_____ request technical assistance from the City of Columbus.

Technical assistance includes:

- 1 Radon Testing.
2. Healthy Homes Assessment; ratings with the highest hazards will be addressed.
- 3 Work specifications.
- 4 Other technical assistance as needed.

Comments _____

Signature _____ Date _____

Healthy Homes Supplemental Funding

Housing conditions should support the health and well-being of its residents; they should not cause injuries or illness.

This simple principle lies at the heart of healthy housing initiatives in the City of Columbus and recognizes interactions between housing and disease, injury, and overall well-being. Identifying unhealthy housing conditions is a prerequisite to correcting them before they negatively impact health.

The City of Columbus Healthy Homes Grant includes limited Healthy Homes Funding to correct physical hazards in grantee housing. The Healthy Homes Grant Program is required to use HUD's Healthy Home Rating System (HHRs) in an effort to standardize assessment criteria. The HHRs Assessment of grantee homes is performed by the Columbus Public Health Department, Healthy Homes Program.

Using the HHRs, the Healthy Home Assessor examines 14 hazards, or categories of hazards. Each of the 14 hazards are assessed separately and weighted according to likelihood of occurrence and the severity of possible outcomes should the hazard result in harm (i.e., a risk-based approach in which a value is generated for each hazard).

A priority ranking of hazards is generated in an alphabetical scale based on the estimated risks of potential harm to the most vulnerable occupants; with the letter score 'A' being the most harmful. Inspections are essentially carried out in the traditional fashion (i.e., a physical assessment of the whole property for deficiencies) and hazards ranked using a computer with specialized software.

While this does not involve a new approach to the physical inspection of dwellings, it does require an understanding and appreciation of the potential effects that could result from deficiencies that should be identified during the inspection. The HHRs concentrates on threats to health and safety. It is generally not concerned with matters of quality, comfort and convenience. However, in some cases, such matters could also have an impact on a person's physical or mental health or safety.

Hazards found in your property will be listed in the **Healthy Homes Action Plan**. The Healthy Homes funding is prioritized and allocated by the Healthy Homes program to address Radon and Asthma related burdens and other hazards such as: Smoke Detectors/CO2 Detectors, mold and moisture issues and fall hazards.

More information including a full list of the 14 hazards can be found in the handout "The Effect of the Defect" can be found at www.hud.gov/healthyhomes.



Referral Form

We Need Your Help!

Do you know a property owner within the City of Columbus limits? If the property owner meets the following qualifications please provide their information and we will contact them to see if they qualify for the Healthy Homes Grant:

- Owns property within the City of Columbus corporate limits
- Have total household income at or below 80% area median income
- Have an active insurance policy on the property
- Not in active foreclosure or unconfirmed bankruptcy
- Mortgage and property taxes are paid current
- No municipal, state, or federal liens

Referral:

Name: _____

Address: _____

Contact Number: _____

Email: _____

Reason for referral: _____

Referred by:

Name: _____

Address: _____

Contact Number: _____

Email: _____

Signature _____ Date _____

HOME ACCESSIBILITY MODIFICATION ELIGIBILITY

Name <small>(Last, First, M.I.)</small>	Occupant, Disabled	<input type="checkbox"/> M <input type="checkbox"/> F	DOB:
Physician/Chiropractor Signature:		Date of last physical exam:	

PERSONAL HEALTH HISTORY

List any diagnosed medical conditions/disabilities:

How long will these medical conditions/disabilities last?

IDENTIFY ONE OR MORE MAJOR LIFE ACTIVITIES THAT ARE SUBSTANTIALLY LIMITED DUE TO THE DISABILITY:

Exercise	<input type="checkbox"/> Climbing Stairs
	<input type="checkbox"/> Walking
	<input type="checkbox"/> General Mobility
	<input type="checkbox"/> Pulling/Lifting
	<input type="checkbox"/> Other (Explanation):

OTHER PROBLEMS

Mark the boxes below and check whether the following modifications would be medically necessary for an accessible living environment [or] of helpful benefit to the client. **Transfer the marked items below to a Non-Rx Certification for Prescription [or] letterhead statement.**

<u>MOBILITY MODIFICATIONS</u>	Necessity	Beneficial	<u>MOBILITY MODIFICATIONS</u>	Necessity	Beneficial
<input type="checkbox"/> Grab Bars			<input type="checkbox"/> Stair Lifts		
<input type="checkbox"/> Wheelchair Ramp			<input type="checkbox"/> Widening Doorways		
<input type="checkbox"/> Handrails for Steps			<input type="checkbox"/> Toilet Assist Railings		
<input type="checkbox"/> Accessible Bath/Shower			<input type="checkbox"/> Other (Explanation):		
<input type="checkbox"/> Chair Lifts					

Request for Transcript of Tax Return

OMB No. 1545-1872

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

Tip: Get faster service: Online at www.irs.gov, **Get Your Tax Record** (Get Transcript) or by calling 1-800-908-9946 for specialized assistance. We have teams available to assist. **Note:** Taxpayers may register to use **Get Transcript** to view, print, or download the following transcript types: **Tax Return Transcript** (shows most line items including Adjusted Gross Income (AGI) from your original Form 1040-series tax return as filed, along with any forms and schedules), **Tax Account Transcript** (shows basic data such as return type, marital status, AGI, taxable income and all payment types), **Record of Account Transcript** (combines the tax return and tax account transcripts into one complete transcript), **Wage and Income Transcript** (shows data from information returns we receive such as Forms W-2, 1099, 1098 and Form 5498), and **Verification of Non-filing Letter** (provides proof that the IRS has no record of a filed Form 1040-series tax return for the year you request).

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

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

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

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

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

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

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

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

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

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

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

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	
_____	_____
_____	_____

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.

The mailing location for the Form 4506-T has changed. Please see Chart for Individual transcripts or Chart for all other transcripts for the correct mailing location.

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

If a third-party is unable to accept a Tax Transcript mailed to the taxpayer, they may either contract with an existing IVES participant or become an IVES participant themselves. For additional information about the IVES program, go to www.irs.gov 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 shows two different addresses, send your request to the address based on the address of your most recent return.

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

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

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

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

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

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

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

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

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

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer. **Note:** If you are heir at law, Next of Kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

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

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

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

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

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

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

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

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

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

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

If you filed an Individual return and lived in:	Mail or fax to:
Florida, Louisiana, Mississippi, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUCS Austin, TX 73301 855-587-9604
Alabama, Arkansas, Delaware, Georgia, Illinois, Indiana, Iowa, Kentucky, Maine, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, North Carolina, Oklahoma, South Carolina, Tennessee, Vermont, Virginia, Wisconsin	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094
Alaska, Arizona, California, Colorado, Connecticut, District of Columbia, Hawaii, Idaho, Kansas, Maryland, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Dakota, Utah, Washington, West Virginia, Wyoming	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-298-1145

Chart for all other transcripts

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



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