



Dear Prospective Tenant,

We are pleased that you would like to be a part of our New Bedford Housing Community

Attached to this letter you will find our Application for Tenancy along with a document checklist. Please be advised that this office will only accept full applications, this means that your application for Rental Housing must be completely filled out and signed where applicable and submitted with all supporting documents as requested in the attached checklist. Once we review your application we may request more documents based on the Unit /Property that you are applying to as well as if you have or are requesting a subsidy.

As a prospective tenant you must supply us with all requested documentation as it applies to your household. We will be unable to process your application if incomplete documentation is given.

Please indicate on your application which property you are applying for and whether or not you have a subsidy or if you believe that you are eligible for a subsidy.

Please feel free to contact this office with any questions regarding this process.

Chrissy McCarthy - Administrative assistant (508) 696-3285 chrissy@theresource.org

NEW BEDFORD TENANT DOCUMENTATION CHECKLIST

_____ **COMPLETED Application:**

Please do not fill-out these forms, please just sign them:

_____ Tenant Income Certification (TIC)

_____ 4506-T Form (if Self Employed)

Please provide copies of these forms for ALL Household occupants:

_____ Birth Certificates

_____ License (for any occupant 18 years or older)

_____ Social Security Cards

Please provide applicable INCOME documents from list below:

_____ 8 Weekly, 4 Bi-Weekly Pay stubs OR Employer Verification Form completed by employer

_____ Proof of Social Security Income including any benefits received by minor children(Benefit Letter NOT Statement)

_____ Proof of Veterans Benefits (If any)

_____ Proof of Unemployment/ Workman's Comp.

_____ Proof of Alimony or Child Support

_____ Proof of Foster Care

_____ Proof of Public Assistance (food stamps or cash assistance)

_____ Proof of any Other Income Documents

_____ Student Status Affidavit

_____ Bank Statements, Investments, IRAs & 401ks and Pensions for 3 months

_____ 2 Years Federal Tax Returns with ALL schedules attached OR Non-Filing Status Notarized

_____ Affidavit for NO Assets/ Income

_____ Section 8 or Housing Assistance Award Letter

INCOME GUIDELINES

Family size	1	2	3	4	5	6	7	8
Very Low	229,450	33,650	37,850	42,050	45,450	48,800	52,150	55,550
Income 50%								
Low Income	35,340	40,380	45,420	50,460	54,540	58,560	62,580	66,660
60% Median								



**TRI-The Resource Inc
HOUSING
Tenant Application Form**



Property/Address: _____ **Date:** _____

Household Information: Complete the following information for each household member that will occupy the unit at time of move-in:

Name (Last, First, MI)	Relationship to the Head of Household	Sex (M/F)	Birth Date (mm, dd, yyyy)	Student (Y/N)	Social Security Number

Current Address:	_____	
Primary Phone:	() _____	Alternate Phone: () _____

Are you claiming a "Preference"? *Certain preferences are assigned to applicants in order to provide housing opportunities for households with special needs. See Tenant Selection Plan for greater detail.*

- ☐ Displaced by Government Action or Presidentially Declared Disaster.
☐ Victim of Domestic Violence.
☐ Working, Elderly, or Disabled.
☐ Other or Local Preference: _____

Type:

1st Choice:	<input type="checkbox"/> 2 BR	<input type="checkbox"/> 3 BR	<input type="checkbox"/> 4 BR	<input type="checkbox"/> 5 BR	<input type="checkbox"/> Other _____
2nd Choice:	<input type="checkbox"/> 2 BR	<input type="checkbox"/> 3 BR	<input type="checkbox"/> 4 BR	<input type="checkbox"/> 5 BR	<input type="checkbox"/> Other _____

Would you or anyone in your household benefit from a special needs unit?
(Mobility, vision, or hearing impairment) ☐ Yes ☐ No

Will you or anyone in your household require a live-in care attendant? ☐ Yes ☐ No

Name of Live-In Care Attendant: _____

Relationship (If any): _____

Housing References:

List the **past 3 years** of housing references. (If additional space is required, use the back of this page.)

	<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
1.	_____ _____ _____ Phone: ()	_____ _____ _____	Own <input type="checkbox"/> Rent <input type="checkbox"/>	From: _____ To: _____
2.	_____ _____ _____ Phone: ()	_____ _____ _____	Own <input type="checkbox"/> Rent <input type="checkbox"/>	From: _____ To: _____
3.	_____ _____ _____ Phone: ()	_____ _____ _____	Own <input type="checkbox"/> Rent <input type="checkbox"/>	From: _____ To: _____

Household Information (continued)

1. Will anyone else live in the unit on either a full-time or part-time basis, such as children temporarily absent, children in a joint custody arrangement, children away at school, unborn children, children in the process of being adopted, or temporarily absent family members? ☐ **Yes** ☐ **No**

If YES, explain _____

2. Do you expect the number of household members to change in the future? ☐ **Yes** ☐ **No**

If YES, explain how many members will be added or reduced, and when that change will take place.

3. Have any of the household members used names or a social security number other than the names and numbers used above? ☐ **Yes** ☐ **No**

If YES, explain _____

4. Are any or ALL members of the household full-time students? ☐ **Yes** ☐ **No**

If YES, explain _____

5. Have you or any member of your household ever been convicted of, plead guilty to or been placed on probation for any crime? ☐ **Yes** ☐ **No**

If YES, provide the nature of the crime(s): _____

Date: _____ State: _____ City: _____

County: _____

Are any of the above convictions a felony? ☐ **Yes** ☐ **No** If YES, Please explain _____

Are you or any members of your household subject to a lifetime registration requirement under a state sex offender registration program? ☐ **Yes** ☐ **No** If YES, Please explain _____

Are there any criminal charges pending now? ☐ Yes ☐ No If YES, please explain _____

6. Do you live in subsidized housing now or have you in the past? ☐ Yes ☐ No

If YES, where? _____ From _____ To _____

Were you evicted? _____ If YES, why? _____

7. Have you or your spouse/co-applicant ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or for any other reason?

☐ Yes ☐ No

If YES, explain _____

8. Have you ever filed or are you currently filing for bankruptcy? ☐ Yes ☐ No

If YES, give reason _____

Date of filing: _____

9. Have you ever lived at any other property managed by _____ [TRI-The Resource Inc)

☐ Yes ☐ No

If YES, where? _____

TRI-TR

10. Why do you want to move from your current residence? _____

11. How did you hear about us? _____

12. Are you a Board Member, employee, or a member of the immediate family of an employee or Board Member of TRI (If so this will not necessarily disqualify your application) ? _____

Income Information:

Earned income is counted only for household members 18 or older and members who are legally emancipated. Unearned income such as a grant or benefit is counted for all household members, including minors.

Include all GROSS income (before taxes) each household member expects to earn in the next 12 months. (Check either YES or NO to each question.)

Do YOU or ANYONE in your household receive OR expect to receive income from:

1. Employment wages or salaries? Self-employment? Regular pay as a member of the Armed Forces? ☐ Yes ☐ No

(Include overtime, tips, bonuses, commission and payments received in cash.)

<u>Household Member</u>	<u>Name of Company</u> (or note if self-employed)	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Unemployment benefits or worker's compensation? ☐ Yes ☐ No

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Public Assistance, General Relief or Temporary Aid to Needy Families (TANF)? ☐ Yes ☐ No

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. (a) Child Support or Spousal Support (alimony)? ☐ Yes ☐ No

(We must count court ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered, rather, received directly from the payer.)

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(b) How is the support received? (Check all that apply)

<input type="checkbox"/> Child Support Enforcement Agency	Name of Agency: _____
<input type="checkbox"/> Court of Law	Name of Court: _____
<input type="checkbox"/> Directly from Individual	Name of Person: _____
<input type="checkbox"/> Other	Explain: _____

(c) If money is not actually received, are you taking legal action to remedy? ☐ Yes ☐ No

Explanation: _____

5. Social Security, SSI or any other payments from the Social Security Administration? ☐ Yes ☐ No

<u>Household Member</u>	<u>SSA Office</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

6. Regular payments from a pension, retirement benefit, annuities, or Veteran's benefits? ☐ Yes ☐ No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

7. Regular payments from a severance package? ☐ Yes ☐ No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

8. Regular payments from any type of settlement? (For example, insurance settlements)

☐ Yes ☐ No

Household Member

Source of Benefit

Amount

_____	_____	_____
_____	_____	_____

9. Disability, death benefits or life insurance dividends?

☐ Yes ☐ No

Household Member

Source of Benefit

Amount

_____	_____	_____
_____	_____	_____

10. Regular gifts or payments from anyone outside of the household?

☐ Yes ☐ No

(This includes anyone supplementing your income or paying any of your bills.)

Household Member

Source of Benefit

Amount

_____	_____	_____
_____	_____	_____

11. Educational grants, scholarships, or other student benefits?

☐ Yes ☐ No

Household Member

Source of Benefit

Amount

_____	_____	_____
_____	_____	_____

12. Regular payments from lottery winnings or inheritances?

☐ Yes ☐ No

Household Member

Source of Benefit

Amount

_____	_____	_____
_____	_____	_____

13. Regular payments from rental property or other types of real estate transactions?

☐ Yes ☐ No

Household Member

Source of Benefit

Amount

_____	_____	_____
_____	_____	_____

14. Any other income sources or types not listed above?

☐ Yes ☐ No

Household Member

Source of Benefit

Amount

_____	_____	_____
_____	_____	_____

15. Do you or any other household member expect any change in income in the next 12 months? ☐ Yes ☐ No

If YES, explain: _____

Zero Income Verification:

Are YOU or is ANY OTHER ADULT member of your household claiming zero income?

☐ Yes ☐ No If YES, who? _____

Asset Information:

Include all assets and the corresponding annual interest rate, dividends or any other income derived from the asset. An asset is defined as any lump sum amount that you hold in your name and currently have access to. Include the value of the asset and corresponding income from the asset in the space provided.

INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU or ANYONE in your household hold:

1. Checking or savings account?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Household Member</u>	<u>Bank or Financial Institution</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
2. CDs, money market accounts or treasury bills?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Household Member</u>	<u>Bank or Financial Institution</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
3. Stocks, bonds or securities?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Household Member</u>	<u>Source (Broker's Name)</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
4. Trust funds?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Household Member</u>	<u>Bank or Financial Institution</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
Are any of the above listed trusts irrevocable? <input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Pensions, IRAs, 401Ks, 403Bs, KEOGH or other retirement accounts?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Household Member</u>	<u>Location of Account</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
6. Cash on hand?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
7. Surrender value of a whole life, universal life, or endowment insurance policy which is available to the policy holder before death?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Household Member</u>	<u>Life Insurance Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

8. Real estate, rental property, land contract/contract for deeds or other real estates holdings? (This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property) ☐ Yes ☐ No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

9. Personal property as an investment? (This includes paintings, coin or stamp collections, artwork collections or show cars and antiques. This does not include your personal belongings such as your car, furniture or clothing.) ☐ Yes ☐ No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

10. Do you have a safe deposit box containing contents with a monetary value? ☐ Yes ☐ No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

11. Have you or any household member disposed of or given away any asset(s) for LESS than fair market value within the past 2 years? ☐ Yes ☐ No

<u>Household Member</u>	<u>Description of Asset Disposed</u>	<u>Amount Received</u>
_____	_____	_____

Explanation: _____

Do you or anyone listed above own a vehicle?

Vehicle Identification:

1.	License #: _____	State Issued: _____	Make/Model/Year: _____
2.	License #: _____	State Issued: _____	Make/Model/Year: _____

All questions that were answered YES on this application will be verified through the appropriate third-party source. It will be your responsibility to provide management with all necessary information to properly process your application and verify your eligibility. This will include names, addresses, phone and fax numbers, account numbers (where applicable), and any other information required to expedite this process.

Signature Clause:

I understand that that this application is not an offer housing. I understand I should not make any plans to move or end my present tenancy until I have received an offer of housing from TRI-The Resource Inc , based on this application and the additional materials needed to complete the application process.

I certify that all information and answers to the 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 consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information and expedite this process in anyway possible

I understand that in compliance with the FAIR CREDIT REPORTING ACT the processing of this application includes but is not limited to making any inquiries deemed necessary to verify the accuracy of the information I provided, including procuring consumer reports from consumer credit reporting agencies and obtaining credit information from other credit institutions.

I hereby grant *TRI-The Resource Inc*] the right to process this application for the purpose of obtaining a Rental/Lease Agreement with this property. Additionally, I authorize all corporations, companies, law enforcement agencies, academic institutions, and current and former employers to release information they may have about me and release them from any liability and responsibility from doing so. A photographic or faxed copy of this authorization shall be as valid as the original.

I(We) Certify that the information I/We have given in this application is true and correct. I/We understand that TRI may request a Criminal Offender Record Information Report(CORI) from the Criminal History Systems Board and/or perform credit checks and internet searches for all adult members of the household.

Signed under the pains and penalties of perjury.

All household members 18 and over must sign below:

Signature	Date
Signature	Date
Signature	Date
Signature	Date

For Office Use Only

Check here if
Pre-Application
is on file. ☐

Application Date:_____ **Time:**_____ **Desired Move-In Date:** _____
Application Received By: _____ **As Agent for Owner**

TRI-The Resource Inc
Fair Information Act - Statement of Rights

TRI-The Resource Inc for Community and Economic Development (TRI) will collect information about applicants and tenants for their housing programs as required by law in order to determine eligibility, amount of rent, and correct apartment size. The information collected is used to manage the housing programs, to protect the public's financial interest, and to verify the accuracy on information submitted. Where permitted by law, it may be released to government agencies, other housing authorities, and to civil or criminal investigators and prosecutors. Otherwise, the information will be kept confidential and only used by TRI staff in the course of their duties.

The Fair Information Practices Act established requirements governing the use and disclosure of the information collected from Applicants. Applicants and tenants may give or withhold their permission when requested by TRI to provide information. However, failure to permit TRI to obtain the required information may result in delay, ineligibility for programs, or termination of tenancy. The provision of false or incomplete information is a criminal offense punishable by fines and/or imprisonment.

As an applicant or tenant, you have the following rights in regards to the information collected about you.

1. No information may be used for any purpose other than those described above without your consent.
2. No information may be disclosed to any person other than those described above without your consent. If we receive a legal order to release the information, we will notify you.
3. You or your authorized representative have a right to inspect and copy any information collected about you.
4. You may ask questions and receive answers from TRI about how we collect and use your information.
5. You may object to the collection, maintenance, dissemination, use, accuracy, completeness, or type of information we hold about you. Any such objection and/or subsequent investigation will be duly noted and made part of your file.

I have read and understand this Fair Information Practices Statement of Rights and have received a copy for future reference.

Signature _____ Date _____

Print Name _____

TRI-THE Resource Inc for Community and Economic Development does not discriminate on the basis of race, color, religion, sex, national origin, ancestry, sexual orientation, age, familial status, marital status, veteran status, public assistance, disability, genetic information, gender identity or any other class protected by state, federal or local law, in the access or admission to its housing program(s), or employment, or any other of its programs, activities, functions or services.



STUDENT STATUS AFFIDAVIT

Applicant/Tenant Name: _____
Address: _____

Completed For: (check one)

- ☐ Move-in; effective date:
☐ Annual recertification; effective date:

Will all of the persons in your household be or have been full-time students during five calendar months of the certification year? ☐ Yes ☐ No

If YES, then is anyone in your household:

- A student and receiving AFDC/TANF? ☐ Yes ☐ No
- A student who was previously in a foster care program under Part B or Part E of title IV of the Social Security Act? ☐ Yes ☐ No
- A student enrolled in a job training program under the Job Training Partnership Act (federal, state or local)? ☐ Yes ☐ No
- A single parent living with his/her minor children and such parent is not a dependent (as defined in Section 152) and whose children are not dependants of another individual other than a parent? ☐ Yes ☐ No
- Married and file a joint return ☐ Yes ☐ No

I agree to notify management immediately if my student status changes. I understand that changes in student status may affect my eligibility to participate in this Program.

I hereby certify under penalty of perjury that the information provided above is accurate and complete to the best of my knowledge. I consent to release such information in order to comply with Program regulations. I understand that providing false or misleading information may subject me to criminal penalties.

_____ (Signature of Tenant)	_____ Date
_____ (Signature of Co-Tenant)	_____ Date
_____ (Signature of Co-Tenant)	_____ Date
_____ (Signature of Co-Tenant)	_____ Date
_____ (Signature of Manager)	_____ Date

Self Employment or No Employment

SELF EMPLOYMENT:

People whom are self employed need to provide the following:

1. Two (2) years of your IRS Tax Return 1040 with ALL Schedules attached for the years 2016 and 2017.
2. Complete the attached IRS Form 4506-T requesting Certified copies of the 2016 and 2017 Federal Income Tax Transcripts with all attached Schedules. All Self Employed Adults in your Household will need to fill this form out. Please make copies if needed. You may also call the IRS on their 1800 number as shown on the attached 4506 T Form and its instructions. Please return this completed form along with your copies of your Tax Returns with your other requested documentation.
3. Please fill out the attached "Self Employment Income Affidavit" if you are self employed. This form is to be filled out to determine your anticipated Self Employment Income for this year.

NO EMPLOYMENT NO INCOME:

1. If you or anyone in your household over the age of eighteen (18) who is not in school full time is "unemployed" or has no form of income please fill out the attached "Certification of Zero Income" form. Please return this signed form with all other documentation in your "Rental Application".

NON FILING OF FEDERAL INCOME TAXES:

1. If anyone in your household is over the age of eighteen and not claimed as a "Dependent" on your Federal Tax Return and does NOT file taxes because their income is below the Federal filing threshold (please see threshold below) they must sign and have notarized the attached " Federal Income Filing Status" form. Please return this signed and notarized document with all other requested documents in your rental application.

If any of the following apply you do not need to file a Federal Income tax return for 2017:

Under 65 years of age and "single" and your earned Income is \$10,400.00 or under

Over 65 years of age and "single" and your earned income is \$16,950.00 or under

Married filing "jointly" and under 65 years of age and your combined earned income is under \$20,800.00

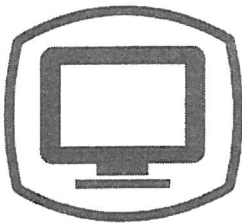
Married filing "jointly" and over 65 years of age and your combined earned income is under \$23,300.00



Taxpayer Assistance Center

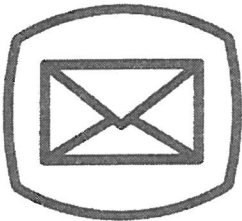
Need a Tax Return Transcript?

We offer 3 Easy Options



1

Online — Go to **IRS.gov/transcript** to download a copy of your tax return transcript immediately.



2

Mail — You can use the Get Transcript by Mail online at **IRS.gov/transcript** or complete **Form 4506-T** to request your tax account transcript or **Form 4506T-EZ** to get your tax return transcript and mail it to the IRS. **Form 4506-T** is available at **IRS.gov/form4506t**. **Form 4506T-EZ** is available at **IRS.gov/form4506tez**.



3

Call — **800-908-9946** and follow the voice prompts.

Transcripts sent to your home address will be mailed free of charge. Please allow 5 - 10 calendar days from the time the IRS receives the request for delivery.

You can order an exact copy of a previously filed and processed tax return, including attachments and **Form W-2**, by completing **Form 4506, Request for Copy of Tax Return**. Mail the completed form with \$50 for each tax year requested to the address in the instructions. **Form 4506** is available at **IRS.gov/form4506**. Generally copies are available for the current year and the past six years. Either spouse can submit and sign **Form 4506** to request copies of jointly filed tax returns. Allow 75 calendar days to receive your copies.

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.**

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 and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

TRI- The Resource Inc PO Box 4548 Tisbury MA 02568 (508)696-3285

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. ▶ 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 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.

12 / 31 / 2016	12 / 31 / 2017	/ /	/ /
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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. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

General Instructions

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

Purpose of form. Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

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

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

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

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

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

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

If you filed an individual return and lived in:

Mail or fax to:

Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301
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
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
	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, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409
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
	801-620-6922
	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.

SELF EMPLOYMENT INCOME AFFIDAVIT

Use this form for any applicant or resident who receives income as a business owner, independent contractor, sole proprietorship, cash pay, odd jobs, etc.

Applicant/Tenant: _____

Name of Business: _____

Business Address: _____

Type of Business: _____

Position Held: _____

Start Date: _____

Anticipated Gross Annual Income: \$ _____

Anticipated Annual Business Expenses: \$ _____

Anticipated Annual Profit: \$ _____

Previous Year Profit (or Loss): \$ _____

Cash Withdrawals from Business: \$ _____

Do you file tax returns? ☐ YES Taxpayer ID# _____ ☐ NO

If YES please submit tax returns with schedule C for past 3 years

If NO please state why: _____

- If tax returns were not filed please submit a profit/loss report for each month since the business started
- Please include documents such as invoices, receipts, written business plan, or accountant statement of business income.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant Signature

Date

CERTIFICATION OF ZERO INCOME

(To be completed by all adult household members with no reported income)

Applicant/Tenant: _____ **Unit #:** _____

1. I currently have no income of any kind and I do not expect this to change in the next 12 months [] **YES** [] **NO**

2. I have been living with zero income for _____ years and _____ months

3. I hereby certify that I do not individually receive income from any of the following sources:

- a. Wages from employment (including commissions, tips, bonus, etc.)
- b. Income from the operation of a business
- c. Rental income from real or personal property
- d. Interest or dividends from assets
- e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits
- f. Unemployment or disability payments
- g. Public assistance payments
- h. Periodic allowances such as alimony, child support, or gifts from persons not living in my household
- i. Sales from self employed resources (Avon, Mary Kay, etc.)
- j. Cash payments
- k. Any other source not named above

4. The reason I have no income is: _____

5. I will be using the following sources of funds to pay for:

Rent:

Utilities:

Food:

Clothing:

Transportation:

Internet/Cable/Phone: _____

Toiletries: _____

Credit cards/loans/bills: _____

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

(Signature of Tenant)

Date

(Signature of Manager)

Date

FEDERAL INCOME FILING STATUS- filing not required

To Whom It May Concern:

This is to certify that I, _____, have not filed an annual Federal Income tax return since _____ due to my taxable income not being sufficient to meet the minimum filing requirements of \$_____.

Sincerely, _____

Print name:

Street:

Town:

COMMONWEALTH OF MASSACHUSETTS

_____, SS

Date:

Then personally appeared the above-named _____ proved to me through satisfactory evidence of identification, which was _____ to be the person whose name are signed on the preceding document and acknowledged that she executed the foregoing instrument voluntarily for its stated purpose.

Notary Public

My Commission expires: _____