

**NORTH SUBURBAN CONSORTIUM  
FIRST TIME HOME BUYER DOWN PAYMENT ASSISTANCE LOAN  
APPLICATION CHECKLIST**

**MAIL APPLICATION TO:**

*P. O. Box 278  
Malden, MA 02148*

**DROP OFF IN PERSON AT:**

*17 Pleasant St., 3<sup>rd</sup> Floor  
Malden, MA 02148*

**APPLICATIONS WILL NOT BE ACCEPTED VIA EMAIL.** The application will not be processed unless it is completely filled out AND all supporting documentation is provided. *If an item does not apply to you, please write in N/A beside the check box.* If you have questions about this application, please contact us at **781-324-5720 Ext. 5729**. If it is determined your home and household meet qualifications, you will be notified in writing.

**Applicant Name (please print):** \_\_\_\_\_

**Co-applicant Name (please print):** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**Eligible Property**

To be eligible, a property must be:

- Located in one of the following communities: Arlington, Chelsea, Everett, Malden, Medford, Melrose, Revere, Winthrop;
- Occupied by income-eligible persons as described below; and
- Single Family /Condominium/Town house.

**Income-Eligibility**

To be income-eligible, annual (gross) income of all persons in the household cannot exceed 80% of median for the area as determined by Housing and Urban Development (HUD). Annual income includes all income anticipated to be received by household members for the next 12 months. 2016 income limits are listed below.

| Effective 4-14-17       | 1 Person | 2 Person | 3 Person | 4 Person | 5 Person | 6 Person |
|-------------------------|----------|----------|----------|----------|----------|----------|
| <b>80% Income Limit</b> | \$54,750 | \$62,550 | \$70,350 | \$78,150 | \$84,450 | \$90,700 |

*Please contact NSC for income limits for households with more than six persons.*

- Completed Application signed and dated by *applicant, co-applicant and all family members over the age of 18, as applicable*
- Authorization Form *signed and dated by applicant, co-applicant and all family members over the age of 18, as applicable*
- Copy of signed Purchase & Sale Agreement
- Voluntary Sale Disclosure, *if applicable (to be signed by seller prior to executing Purchase & Sale Agreement)*
- Right to Withdraw, *if applicable (to be signed by seller if Purchase & Sale Agreement has already been executed at the time of this application)*
- First Time Home Buyer Counseling Workshop Certificate *(cannot be more than 2 years old)*
- Evidence of Permanent Resident Alien Status or Legal Alien Status for applicant/co-applicant, *if applicable*
- Bank Statements: *three most recent months' statements or a three month average of checking account balance provided on financial institution's letterhead.*
- Statements for 401Ks, IRAs, Stocks/Bonds, Retirements/Pensions, *if applicable*
- Three most recent months' pay stubs for applicant, co-applicant and all other household members age 18 or older, *if applicable*
- Three years of federal tax returns (all schedules) and three years of W2s (all employers) for applicant, co-applicant and all other household members age 18 or older, *if applicable*
- If self-employed, provide a year-to-date profit and loss statement and tax returns for the previous three (3) years
- Current Social Security award letters (including disability income) for all adult household members, *if applicable*
- Divorce Decree and proof of alimony payments, *if applicable*
- Current child support printout, *if applicable*

**Page Two - FTHB Down Payment Assistance Application Checklist**

- Zero Income Affidavit/Unemployment statement, *if applicable (separate affidavit for each applicable household member required)*
- Liquid Asset Certification
- IRS Certification Form AND IRS 4506-T Form
- HQS Disclosure
- Copy of complete mortgage credit report *(or credit reports if more than one applicant)*
- Copy of Mortgage Application, 1003 and 1008 Forms issued by primary mortgage lender
- Copy of TRID documents issued by primary mortgage lender
- Copy of primary and other mortgage *(if applicable)* financing commitment letter

***Additional documentation/information may be required upon receipt and review of your application and the information provided.***

***To Apply***

Applications are available

- at Malden Redevelopment Authority office located at 17 Pleasant St., Third Floor, Malden MA 02148
- online at [www.maldenredevelopment.com](http://www.maldenredevelopment.com)

***Questions/Appointments***

**For questions or to schedule an appointment, please call 781-324-5720. If you wish to discuss in person, please call for an appointment.**

***The North Suburban Consortium & Malden Redevelopment Authority do not discriminate against any person in program or client services regardless of race, color, age, national origin, marital status, sex, disability, religion, or any other legally protected status.***



**NORTH SUBURBAN CONSORTIUM**  
 C/O Malden Redevelopment Authority  
 17 Pleasant St., 3<sup>rd</sup> Floor, Malden MA 02148  
 Mailing Address: P.O. Box 278, Malden MA 02148  
 Telephone: (781) 324-5720 Fax: (781) 322-3734  
 To request accommodation or language assistance: 781-324-5720

**FIRST TIME HOME BUYER APPLICATION**

|   |  |           |                                      |              |
|---|--|-----------|--------------------------------------|--------------|
| <b>PART 1 -- GENERAL INFORMATION</b>  |  |           |                                      |              |
| Name of Applicant:  |  | (Last)    | (First)                              | (MI)         |
| Name of Co-Applicant:   |  | (Last)    | (First)                              | (MI)         |
| Address:  |  |           |                                      |              |
| Applicant preferred phone # _____   |  |           | Co-Applicant preferred phone # _____ |              |
| Email Address:  |  |           |                                      |              |
| Citizenship Status* (CIRCLE ONE):   |  | Applicant |                                      | Co-Applicant |
| Are you a US citizen?   |  | Yes       | No                                   | Yes      No  |
| Are you a permanent resident alien?   |  | Yes       | No                                   | Yes      No  |
| Other(Please Specify):  |  |           |                                      |              |
| *Each applicant and co-applicant must comply with all applicable restrictions on citizenship and legal immigration status pursuant to the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) and 8 U.S.C. 1611 et. seq., both of which are in effect as of the adoption of these policies; and further, must be eligible under any future statutes or regulations governing eligibility enacted subsequently. The residency status of a qualified alien must be continuous in nature required under 24 CFR 9.254. |  |           |                                      |              |

**PART 2 -- DEMOGRAPHIC INFORMATION:** The information requested below is for statistical purposes only and has no bearing on the approval of your application. Please check the box that applies to the applicant.

Ethnicity: (CHECK ONE)  Hispanic or Latino     Not Hispanic or Latino

Race: (CHECK ONE)  White                       Black or African American                       American Indian or Alaska Native  
 Asian                                       Native Hawaiian or other Pacific Islander                       Other

**PART 3 -- HOUSEHOLD COMPOSITION:** List all current household members. Indicate the relationship of each member to the applicant or co-applicant (spouse, sibling, etc.). List all wages, W2, Social Security, SSI, pensions, retirements, rents etc.

| Household Member Name | Relationship to Applicant | Age | Source of Income | Estimated Monthly Amount | Employer |
|-----------------------|---------------------------|-----|------------------|--------------------------|----------|
|                       |                           |     |                  |                          |          |
|                       |                           |     |                  |                          |          |
|                       |                           |     |                  |                          |          |
|                       |                           |     |                  |                          |          |
|                       |                           |     |                  |                          |          |
|                       |                           |     |                  |                          |          |
|                       |                           |     |                  |                          |          |
|                       |                           |     |                  |                          |          |

Is applicant, co-applicant or any other household member over the age of 18 a full-time student?  Yes     No

Do you anticipate an increase or decrease in household members in the next six months?  Yes     No

If yes, please explain:

**PART 4--EMPLOYMENT INFORMATION:** Provide information for Applicant and Co-Applicant, as applicable

**Applicant:**

Employer Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone#: \_\_\_\_\_  
 Date of Hire: \_\_\_\_\_ Monthly Salary: \$ \_\_\_\_\_

**Co-Applicant:**

Employer Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone#: \_\_\_\_\_  
 Date of Hire: \_\_\_\_\_ Monthly Salary: \$ \_\_\_\_\_

**PART 5 -- ANNUAL HOUSEHOLD INCOME:** Include wages, salaries and tips, alimony, child support, military income, part-time income, temporary income, TANF, Social Security, pensions, retirements, other benefits for all household members age 18 or older. List gross income. Failure to disclose complete earnings can render an applicant disqualified from consideration. Attach additional pages if needed.

| Source                              | Applicant | Co-applicant | Other Household Member 18 or Older | Total Annual Income |
|-------------------------------------|-----------|--------------|------------------------------------|---------------------|
| Salary                              |           |              |                                    |                     |
| Overtime, Commission, Tips, Bonuses |           |              |                                    |                     |
| Alimony, Child Support              |           |              |                                    |                     |
| Social Security /Disability         |           |              |                                    |                     |
| Pensions, Retirement Funds, etc.    |           |              |                                    |                     |
| Unemployment, Workers' Compensation |           |              |                                    |                     |
| Net Income from Business            |           |              |                                    |                     |
| Net Income from Rental Property     |           |              |                                    |                     |
| Welfare Payments                    |           |              |                                    |                     |
| Interest and/or Dividends           |           |              |                                    |                     |
| Other                               |           |              |                                    |                     |

**PART 6 -- ASSET INFORMATION:** Attach bank statements (most recent three months of checking or recent three month average checking balance as listed on financial institution's letterhead; current savings account balance) and other proof of asset information.

| Type  | Cash Value | Name of Account | Bank Name | Account Number |
|---|------------|-----------------|-----------|----------------|
| Checking Account<br><i>(list six-month average balance)</i> |            |                 |           |                |
| Savings Account<br><i>(current balance)</i>                 |            |                 |           |                |
| Stocks, Bonds, CDs  |            |                 |           |                |
| IRAs, 401K  |            |                 |           |                |
| Life Insurance  |            |                 |           |                |
| Other   |            |                 |           |                |

Do you own any other real estate?  Yes  No

Have you disposed of any major assets in the past two years?  Yes  No

**PART 7- CONFLICT OF INTEREST:**

Are you or any member of your family related to anyone who works for the MRA/City of Malden or anyone who is a member of the MRA/NSC Board or an elected official of the City of Malden?

Yes *If yes, explain*       No

Explanation:

**PART 8 - PRIVACY ACT NOTICE:** This notice is provided to you pursuant to the requirements of the Privacy Act of 1974. As a result of your request and/or receipt of financial assistance through NSC's Homebuyer program, the United States Department of Housing and Urban Development is requiring the collection of this information to determine your eligibility for assistance through the program and to protect the Government's financial interest and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant and as required by law, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released to any other person or government agency without your prior written consent, except as may be permitted or required by law. NSC is authorized to ask this information by the National Affordable Housing Act of 1990.

If you wish to allow NSC staff to discuss your application with a third party, you must list the individual that you wish to allow access to your information below:

By listing the individual below and signing this application, you are authorizing NSC staff to discuss your case with this individual.

|      |              |             |
|------|--------------|-------------|
| Name | Relationship | Telephone # |
|------|--------------|-------------|

**PART 9 - DECLARATIONS:** Please answer the questions below. A "yes" answer may not be an automatic reason for rejection but may cause North Suburban Consortium to request additional information to determine eligibility.

|   | Applicant |    | Co-Applicant |    |
|---|-----------|----|--------------|----|
|   | Yes       | No | Yes          | No |
| a.) Are there any outstanding judgments against you?  |           |    |              |    |
| b.) Have you been declared bankrupt within the past 7 years?  |           |    |              |    |
| c.) Have you had property foreclosed upon or given deed in lieu thereof in the last 3 years?  |           |    |              |    |
| d.) Are you party to a lawsuit?   |           |    |              |    |
| e.) Are you presently delinquent or in default on any loan, mortgage, financial obligation, government debt, bond, or loan guarantee? |           |    |              |    |

**PART 10 - APPLICANT(S) SIGNATURE/CERTIFICATION:**

By signing below, the homeowner(s) and other household family member(s) over the age of 18 certify that all income sources and assets have been disclosed on this application. I/we acknowledge that the information provided is true and correct. I/we acknowledge and understand any false statements or false information made on this application will result in immediate denial of my/our application for this program.

|   |      |
|---|------|
| Applicant's signature                         | Date |
| Co-Applicant's signature                      | Date |
| Signature of family member over the age of 18 | Date |
| Signature of family member over the age of 18 | Date |
| Signature of family member over the age of 18 | Date |

*The North Suburban Consortium & Malden Redevelopment Authority do not discriminate against any person in program or client services regardless of race, color, age, national origin, marital status, sex, disability, religion or any other legally protected status.*

**Warning:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

|  |
|--|
| <b><i>For Official Use Only:</i></b><br>Application Received By: _____ Date/Time Application Received: _____ |
|--|

**AUTHORIZATION FOR RELEASE OF INFORMATION  
NORTH SUBURBAN CONSORTIUM**

C/O Malden Redevelopment Authority  
17 Pleasant St, 3<sup>rd</sup> Floor, Malden MA 02148  
Mailing Address: P.O. Box 278, Malden MA 02148  
Telephone: (781) 324-5720 Fax: (781) 322-3734

To request accommodation or language assistance: 781-324-5720

**TO WHOM IT MAY CONCERN:**

I/We, the undersigned, have applied for purchasing a house that is partly subsidized by federal funds and hereby authorize you to release to the NORTH SUBURBAN CONSORTIUM (NSC) all records and information necessary to determine my/our eligibility for assistance through this program. This authorization hereby gives NSC the right to request all information that we can or could obtain from any persons, company, or firm on any matters referred to below. I/We agree to have no claims for defamation, violation of privacy, or otherwise against any person or firm or corporation by reason of any statement of information released by them to NSC for the purposes of determining eligibility.

**INFORMATION COVERED:**

- Employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips;
- Cash held in checking/savings accounts, stocks, bonds, certificates of deposit (CD's) Individual Retirement Accounts (IRA's), interest, dividends, etc.;
- Payments from Social Security OR Veterans Administration, Annuities, Insurance Policies, Retirement Funds, Pensions, Disability or Death Benefits;
- Unemployment, disability and/or Worker's Compensation, Welfare Assistance;
- Mortgage Loan Information, including balance, payment record, etc.;
- Income from Operation of a Business;
- Alimony or child support payments, etc.

**SOURCES THAT MAY BE ASKED TO PROVIDE WRITTEN/ORAL VERIFICATIONS:**

|   |   |   |
|---|---|---|
| Employers<br>Social Security Administration<br>Veteran's Administration | Banks<br>Financial/Retirement Institutions<br>Unemployment Agency | Alimony/Child Support Agencies<br>Other Support Providers<br>Welfare Agency |
|---|---|---|

I/we agree that a photographic or FAX copy of this authorization may be used for the purposes stated above. This Authorization is good for 12 months from the date signed below.

|   |              |      |
|---|--------------|------|
| Applicant's Signature                     | Printed Name | Date |
| Co-Applicant's Signature                  | Printed Name | Date |
| Other Family Member Over Age 18 Signature | Printed Name | Date |
| Other Family Member Over Age 18 Signature | Printed Name | Date |
| Other Family Member Over Age 18 Signature | Printed Name | Date |

**NORTH SUBURBAN CONSORTIUM**

Phone: 781-324-5720 Ext 5729

Fax: 781-322-3734

*Serving the communities of*

MALDEN ♦ MEDFORD ♦ ARLINGTON ♦ CHELSEA ♦ EVERETT ♦ MELROSE ♦ REVERE ♦ WINTHROP

**Disclosure to Seller: Voluntary, Arm's Length Purchase Offer**

*(to be signed by Seller prior to execution of purchase offer and contract of sale)*

This is to inform you that \_\_\_\_\_ would like to purchase the property located at \_\_\_\_\_ if a satisfactory agreement can be reached. They are prepared to pay \$ \_\_\_\_\_ for a clear title to the property under conditions described in the proposed contract of sale.

Because Federal funds may be used in the purchase, we are required to disclose to you the following information:

1. The sale is voluntary. If you do not wish to sell, the buyer, \_\_\_\_\_, with North Suburban Consortium (NSC) assistance will not acquire your property. The buyer does not have the power of eminent domain to acquire your property by condemnation (i.e. eminent domain) and the agency/sponsor NSC will not use the power of eminent domain to acquire the property.
2. The subject property is listed for purchase at \$ \_\_\_\_\_. We believe the property's fair market value is \$ \_\_\_\_\_ (*appraised value acceptable*). The buyer is prepared to purchase your property with assistance from the NSC, however, depending on the results of the appraisal, the written offer may differ from this amount.

Since the purchase would be a voluntary, arm's length transaction, you would not be eligible for relocation payments or other relocation assistance under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA), or any other law or regulation. Also, as indicated in the contract of sale, this offer is made on the condition that no tenant will be permitted to occupy the property before the sale is completed.

Again, please understand that if you do not wish to sell your property, no further action will be taken to acquire it. If you are willing to sell the property under the conditions described in the contract of sale, please sign this document and the contract of sale and return to: North Suburban Consortium, c/o Malden Redevelopment Authority, 17 Pleasant St., 3<sup>rd</sup> Floor, Malden, MA 02148.

If you have questions, contact the NSC HOME Program Director at 781-324-5720 Ext. 5729.

Sincerely,

\_\_\_\_\_  
Buyer

\_\_\_\_\_  
Buyer

\_\_\_\_\_  
Date

Form continues on next page with Seller's Acknowledgment

**Disclosure to Seller: Voluntary, Arm's Length Purchase Offer (Page 2)**

**Acknowledgement**

As the Seller I/we understand that the NSC will inspect the property for health and safety deficiencies. I/we also understand that public funds may be involved in this transaction and, as such, if the property was built before 1978, a lead-based paint disclosure must be signed by both the buyer and seller, and that a visual assessment will be conducted to determine the presence of deteriorated paint.

As the Seller, I/we understand that in order for the buyer to receive assistance from the NSC, the property must be currently owner-occupied, vacant for at least 3 months at the time of submission of purchase offer, new (never occupied), or renter purchasing the unit. I/we hereby certify that the property is:

Vacant at least 3 months;  Owner-occupied;  New; or  Being Purchased by Occupant

*I/we hereby certify that I/we have read and understand this "Disclosure" and  a copy of said notice was given to me prior to the offer to purchase. If received after presentation of the purchase offer, I/we choose  to withdraw or  not to withdraw, from the contract of sale.*

\_\_\_\_\_  
*Seller*

\_\_\_\_\_  
Date

\_\_\_\_\_  
*Seller*

\_\_\_\_\_  
Date



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**RIGHT TO WITHDRAW**

Date: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_

Subject Property: \_\_\_\_\_  
\_\_\_\_\_, Massachusetts

Dear Owner:

On \_\_\_\_\_, 20\_\_\_\_ the buyer entered into an option to acquire the subject property for \$ \_\_\_\_\_. Our records do not indicate if it was made clear to you that the acquisition of the property is voluntary in nature through an amicable agreement and, therefore, without any threat of eminent domain (condemnation), and/or that we informed you we believe the estimate of fair market value of your property to be \$ \_\_\_\_\_ (*appraised value acceptable*).

Because you were not advised of one or both of the above, you are being given the opportunity to withdraw from your agreement of sale, without penalty. **Before we can proceed, it is necessary that you complete, date, sign and return this letter to us indicating your decision to not withdraw from the agreement of sale.**

If you have any questions about this notice, please contact the buyer or the NSC at 781-324-5720 x 5729.

Sincerely,

\_\_\_\_\_  
(Signature and title of Buyer or Representative)

\_\_\_\_\_  
(Date)

- I/we certify that I/we understand I/we have the right to withdraw from my/our agreement to sell the subject property, without penalty.
- I/we do not wish to withdraw from my/our agreement to sell the subject property.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

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MALDEN ❖ MEDFORD ❖ ARLINGTON ❖ CHELSEA ❖ EVERETT ❖ MELROSE ❖ REVERE ❖ WINTHROP

**Zero Income Affidavit**

**Household Name:** \_\_\_\_\_  
\_\_\_\_\_

**Subject Property Address:** \_\_\_\_\_  
\_\_\_\_\_

1. I hereby certify that I do not individually receive income from any of the following sources:
  - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
  - b. Income from 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 received from persons living in my household;
  - i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
  - j. Any other source not named above.
  
2. I certify that I have no income of any kind and I have not filed IRS Tax Returns for the previous 2 years. I do not anticipate a change expected in my financial status or employment status during the next 12 months.

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 understands that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the repayment of NSC HOME funds.

\_\_\_\_\_  
Signature of Applicant/Household Member

\_\_\_\_\_  
Date

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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

\_\_\_\_\_  
Name

My Commission Expires: \_\_\_\_\_

**NORTH SUBURBAN CONSORTIUM**  
Phone: 781-324-5720 Ext 5729 Fax: 781-322-3734

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**Liquid Asset Certification**

The combined totals of my/our available liquid assets after closing will not exceed \$75,000. The definition of liquid assets is typified by cash, monetary holdings in bank accounts (savings, checking, certificates of deposit), stocks, bonds, trust funds, gifted money and other forms of capital investments.

Borrower Signature: \_\_\_\_\_ Date \_\_\_\_\_

Co-Borrower: \_\_\_\_\_ Date \_\_\_\_\_

Co-Borrower: \_\_\_\_\_ Date \_\_\_\_\_

Witness: \_\_\_\_\_ Date \_\_\_\_\_

**NORTH SUBURBAN CONSORTIUM**

**c/o Malden Redevelopment Authority**

17 Pleasant St., 3<sup>rd</sup> Floor

Malden MA 02148

Mailing Address: P.O. Box 278

Malden MA 02148

Telephone: (781) 324-5720 Fax: (781) 322-3734

To request accommodation or language  
assistance: 781-324-5720

**Internal Revenue Certification**

I/We certify that the \_\_\_\_\_, \_\_\_\_\_ and \_\_\_\_\_ 1040 IRS Tax Returns with Schedules submitted to the North Suburban Consortium are those actually submitted to the Internal Revenue Service by me/us and that to date, they have not been changed to necessitate any change in income as reported.

---

Applicant's Signature

Printed Name

Date

---

Co-Applicant's Signature

Printed Name

Date

---

Other Family Member Over Age 18

Printed Name

Date

Signature

---

Other Family Member Over Age 18

Printed Name

Date

Signature

---

Other Family Member Over Age 18

Printed Name

Date

Signature

---

**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](http://www.irs.gov/form4506t).

**Tip.** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](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.

|  |  |
|--|--|
| 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. |  |

NCS/TRV PROCESSING, P.O. BOX 321, EGG HARBOR CITY, NJ 08215

**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.

|  |  |  |  |
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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.**

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

Phone number of taxpayer on line 1a or 2a

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<br>RAIVS Team<br>Stop 6716 AUSC<br>Austin, TX 73301<br><br>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<br>RAIVS Team<br>Stop 37106<br>Fresno, CA 93888<br><br>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<br>RAIVS Team<br>Stop 6705 P-6<br>Kansas City, MO 64999<br><br>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<br>RAIVS Team<br>P.O. Box 9941<br>Mail Stop 6734<br>Ogden, UT 84409<br><br>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<br>RAIVS Team<br>P.O. Box 145500<br>Stop 2800 F<br>Cincinnati, OH 45250<br><br>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.



**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.

## NORTH SUBURBAN CONSORTIUM

Phone: 781-324-5720 Ext 5729

Fax: 781-322-3734

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*Serving the communities of*

MALDEN ❖ MEDFORD ❖ ARLINGTON ❖ CHELSEA ❖ EVERETT ❖ MELROSE ❖ REVERE ❖ WINTHROP

### HOUSING QUALITY STANDARD (HQS)

#### INSPECTION DISCLOSURE

The North Suburban Consortium through its designated entities will conduct a visual "hands off" inspection of the readily accessible areas of the property to determine compliance with the Housing Quality Standards (HQS) as adopted by the U.S Department of Housing and Urban Development (HUD).

The HQS inspection will be performed by the North Suburban Consortium through its designated entities prior to the acquisition at no cost to the buyer or seller.

If the house does not pass HQS, the Housing Rehabilitation Inspector will create a list of necessary work and a cost estimate. If it is determined that the buyer can reasonably undertake the work necessary to meet HQS, the buyer can sign a statement of their intention to complete the work within six months. If more substantial work is needed, the buyer must either apply to the Purchase and Rehabilitation loan program or select another home.

The HQS inspection is not intended to be a replacement for any other property inspection required by the lender or requested by the buyer. The HQS inspection will be made of readily accessible areas of the building and is limited to visual observation or apparent conditions existing at the time of the inspection only. Latent and concealed defects and deficiencies are excluded from the inspection: equipment and systems will not be dismantled. The HQS inspection is not a guarantee or warranty of the adequacy, performance or condition of any structure, item or system at the property address.

North Suburban Consortium and/or its designated entities is not responsible for the cost of repairing or replacing any reported or unreported defect or deficiency and for any consequential damage, property damage or personal injury of any nature.

Acceptance and understanding of this disclosure are hereby acknowledged:

SIGNATURES:

\_\_\_\_\_  
Applicant:

\_\_\_\_\_  
Co-Applicant:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Date: