AUBURN HOME OWNERSHIP PROGRAM
APPLICATION CHECKLIST

When you apply for the Auburn Home Ownership Program, we need the following information to start the application process:

☐ **Verification of Income**
_____ Completed Request for Transcript of Tax Return Form 4506-T (Attached)
_____ Completed Signed Eligibility Release Form (Attached)
_____ Two months pay stubs or benefit statements
_____ Two recent bank statements
_____ Other income

☐ **Assets:** Please list all assets owned along with value (Savings, Retirement Accounts, Real Estate, Vehicles)

☐ **Return to: Yvette Bouttenot, Community Development Department**
2nd Floor, Auburn Hall
60 Court Street
Auburn, Maine
Telephone 333-6601 ext. 1336

OFFICE USE ONLY
Date Rec'd:____________

HOME OWNERSHIP PROGRAM
City of Auburn, Community Development
60 Court Street, Auburn, ME 04210 Telephone 333-6601

Applicant's Name ____________________________________ Date of Birth ______________________________________

Co-applicant's Name ______________________________________ Date of Birth ____________________________________

Applicant's Social Security # ________________ Co-applicant's Social Security # ________________

Mailing Address ____

Email Address ____

Phone: Home ______________________ Work _____________________ Cell ____________________

Number of people who live in the applicant(s) household______________

Please provide additional information:

Name	Relationship	Age

The Community Development Program reports certain information to the federal government. Please provide the race and ethnicity of the head of household (check one box):

Race:

- ☐ White
- ☐ Black/African American
- ☐ Asian
- ☐ American Indian or Alaskan Native
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ American Indian/Alaskan Native & White
- ☐ Black/African American & White
- ☐ Asian & White
- ☐ American Indian/Alaskan Native & Black
- ☐ Other Multi-Racial

Ethnicity:

- ☐ Hispanic
- ☐ Not Hispanic

EMPLOYMENT:

Applicant's Employer ________________________________Number of Years Employed ____________

Employer’s Address ____Phone ___________________

Co-applicant’s Employer _____________________________ Number of Years Employed ____________

Employer’s Address ____Phone ___________________

ASSETS: Check yes or no for each asset, enter the value, and who owns the asset.

Type of Asset	**Yes**	**No**	**Asset Owned by**	**Amount of Debt on Asset**	**Market Value of Asset**
Real Estate				**$**	**$**
Stock, Bonds, Retirement				**$**	**$**
Auto				**$**	**$**
Auto				**$**	**$**
Savings				**$**	**$**
Recreational Vehicle				**$**	**$**
Other				**$**	**$**

<u>MONTHLY</u> INCOME: Check yes or no for each type of income. Enter the amount of all money that household members have received for the past 30 days, or money that you expected to receive. *Provide a copy of your most recent check stub or statement for any other source of income listed below with your application.*

Source of Income	**Yes**	**No**	**Money Received by Applicant**	**Other Household Members**	**Office Use Only Monthly Total**
Applicant Employment			$	$	$
Temporary Assistance to Needy Families			$	$	$
Social Security			$	$	$
Military/Veterans Benefits			$	$	$
Retirement or Pension Plan					
Unemployment Benefits			$	$	$
Worker’s Compensation			$	$	$
Child Support/Alimony			$	$	$
SSI/Supplemental Security			$	$	$
Interest/Dividends Income			$	$	$
Earned Income Credit			$	$	$
Other			$	$	$

PERSONAL MONTHLY EXPENSES:

Auto Insurance	$	Auto Operating Expense	$
Electricity	$	Medical Insurance	$
Life Insurance	$	Child Care Cost	$
Telephone	$	Cable/Internet	$
Child Support Payment	$	Food	$
Rent	$	Food Stamp Benefit	$
Credit Card:	$	Auto Loan:	$
Credit Card:	$	Other:	$

Please use a separate sheet to list additional expenses.

Have you applied for credit within the last 3 months? ____yes ___no

APPLICANT'S CERTIFICATION AND AUTHORIZATION TO RELEASE INFORMATION:

I/we understand that all information in this application is given for the purpose of evaluating eligibility for the City of Auburn's home ownership program. I/we authorize the City of Auburn to obtain verification of all sources named to verify income and employment, and to obtain a credit report. I/we understand that by signing this application I/we authorize release of this information to the City of Auburn.

Client information will be shared with only those individuals, entities, or committee members designated or acknowledged by the City as an interested party to the client’s application process excluding information declared as public records pursuant to M.R.S.A. Title 1 §401, Public Records and Proceedings. Otherwise, the information furnished will be held in strict confidence.

I/we hereby certify the information contained in this application is accurate and complete to the best of my/our knowledge and belief. If I/we have intentionally falsified any of this information or omitted information necessary to prevent statements from being misleading, I/we understand that I/we will be liable to the City of Auburn and that such falsification or omission(s) would be considered a Class D Crime.

________________	______________________________	______________________________
Date	Applicant's Signature	Co-Applicant's Signature

AUBURN HOME OWNERSHIP PROGRAM

CONDITIONS OF PARTICIPATION

Applicant (please print): ________________________________

Co-applicant (please print):_____________________________________

(This signed form must accompany the loan application).

I/we understand that to be eligible to participate in the Auburn Home Ownership Program, I/we must meet the following conditions:

- I/we will keep ownership of and to occupy this property for a period of ten to fifteen years (depending on the amount of assistance). If I/we choose to sell or transfer the property, the grant and balance of any loan become payable in full.
- I/we agree to furnish information on my personal income and expenses for purposes of debt management through the life of the lease period.
- If requested, I/we will meet with Community Development staff during the life of the loan to develop a budget and debt management plan.
- If leasing, I/we will commit to a budget plan during the lease period
- I/we understand that Homebuyer Education Training will be required for all adult household members and that Landlord Training will be required if I/we purchase a multi family building.
- I/we will use the property strictly for residential purposes, and will not operate a business, day care, church, social service, or educational institution on the property.
- I/we understand that if a tenant has to be relocated to make my living unit available, that tenant will be provided 90 days from closing to move out.
- I/we understand that failure to meet any one (1) of these conditions will result in my/our disqualification from participation in the Auburn Home Ownership Program.

Signatures:

Witness:____________________________ Applicant: _________________________

Witness: ____________________________ Applicant: _________________________

Date: _____________________________

Form **4506-T**
(Rev. September 2013)
Department of the Treasury
Internal Revenue Service

Request for Transcript of Tax Return

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

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

1a Name shown on tax return. If a joint return, enter the name shown first.

1b **First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)**

2a If a joint return, enter spouse's name shown on tax return.

2b **Second social security number or individual taxpayer identification number if joint tax return**

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)

4 Previous address shown on the last return filed if different from line 3 (see instructions)

5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.

Community Development Office, City of Auburn, 60 Court Street, Auburn, ME 04210

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 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . ☐

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

Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved **identity theft** on your federal tax return . . . . ☐

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

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** *For transcripts being sent to a third party, this form must be received within 120 days of the signature date.*

Phone number of taxpayer on line 1a or 2a

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 "Order a Return or Account Transcript" or call 1-800-908-9946.

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

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

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

If you filed an individual return and lived in:	Mail or fax to:
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888 559-456-5876
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, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 801-620-6922
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 859-669-3592

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

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

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

Note. If the address 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.

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.

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.

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.

HOME/CDBG Program
Eligibility Release Form

City of Auburn, Community Development Office
60 Court Street, Auburn, ME 04210
207-333-6601, ext. 1336 **Date: ______________**

Purpose: **Your signature on this HOME/CDBG Program Eligibility Release Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named organization to obtain information from a third party relative to your eligibility and continued participation in the:**

HOME TBRA Program
HOME Homebuyer Program
HOME Homeowner Rehabilitation Program
CDBG Rehabilitation Program

Privacy Act Notice Statement: **The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant's eligibility in a HOME/CDBG Program and the amount of assistance necessary using HOME CDBG funds. This information will be used to establish level of benefit on the Programs; to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.**

Instructions: **Each adult member of the household must sign a HOME/CDBG Program Eligibility Release For prior to the receipt of benefit and on an annual basis to establish continued eligibility. Additional signatures must be obtained from new adult members whenever they join the household or whenever members of the household become 18 years of age.**

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

Information Covered: **Inquiries may be made about items initialed by applicant/tenant.**

	Verification Required	Initials
Income (all sources)		
Assets (all sources)		
Child Care Expense		
Handicap Assistance Expense (if applicable)		
Medical Expense (if applicable)		
Other (list) ______________________ ______________________		
Dependent Deduction _____ Full-Time Student _____ Handicap/Disabled Family Member _____ Minor Children		

Authorization: **I authorize the above-named HOME/CDBG Participating Jurisdiction and HUD to obtain information about me and my household that is pertinent to eligibility for participation in the HOME/CDBG Program.**

I acknowledge that:

(1) A photocopy of this form is as valid as the original.

(2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).

(3) I have the right to copy information from this file and to request correction of information I believe inaccurate.

(4) All adult household members will sign this form and cooperate with the owner in this process.

Head of Household—Signature, Printed Name, and Date:
Family Member HEAD

x

Other Adult Member of the Household—Signature, Printed Name, and Date:
Family Member #2

x

Other Adult Member of the Household—Signature, Printed Name, and Date:
Family Member #3

x

Other Adult Member of the Household—Signature, Printed Name, and Date:
Family Member #4

x