



Adams County Chapter Habitat for Humanity

P.O. Box 3561
Gettysburg, PA 17325
717-334-5557



Application Packet

Home Buying Program

CHECKLIST ITEMS NEEDED FOR APPLICATION (COPIES ONLY)

- Proof of identification: government photo id and social security card for all family members, children included. If new to the United States you must have “permanent residency status” and lived or worked in Adams County for at least a year.
- Copies of birth certificates for all children and/or dependents on application.
- Proof of public assistance funds, if applicable. For example, food stamps, SSI, child support, alimony, etc.
- Pay stubs for the most recent consecutive 90 days.
- All checking, savings, credit union and retirement fund statements (401k, etc.) for the last three months.
- W-2 forms from all employers for the past two consecutive years, **federal tax returns for the last two years with all schedules. If you do not have two consecutive years of tax returns you cannot apply at this time.**
 - If self employed, a current year-to-date P&L may be necessary. Corporate and/or partnership returns may also be needed.
- Correct and complete addresses and phone numbers of present and former employers, landlords, banks, creditors, etc. for the last two years
- If applicable, 1099 Forms for all other sources of income for the past two years.
- If applicable, bankruptcy filing papers (schedule of debtors -all pages), discharge letter, and letter of explanation from you as to the circumstances surrounding the bankruptcy.
- If applicable, complete copies of divorce and/or separation agreements, custody agreements and child support orders.

**ALL OF THE INFORMATION ABOVE IS NEEDED TO ASSESS YOUR APPLICATION.
If you do not have two consecutive years of tax returns, you cannot apply.**

Submit the application. There are 3 ways to submit an application:

- 1) **Mail to:** Adams County Habitat for Humanity
Attn: Kimberly Wilhelm
P.O. Box 3561, Gettysburg, PA 17325
- 2) **Drop off to :** ACNB / Kimberly Wilhelm
675 Old Harrisburg Road, Gettysburg, PA 17325
Monday through Friday, between 9:00am and 4:00pm
- 3) **Email:** Contact Kimberly Wilhelm at kwilhelm@acnb.com for a link to a secure portal.

ELIGIBILITY CHECKLIST – ADAMS COUNTY

If you're applying for a property located in ADAMS COUNTY:

Can you (and the co-applicant, if applicable) check off all of the boxes below?

- I am a United States citizen or a legal permanent resident.
- I LIVE **OR** WORK in Adams County and have for at least the past year.
- I am currently living in stable housing (i.e. not living in a car, shelter, hotel, etc.)
- If I'm employed, I have been employed in the same field for at least 1 year.
- My current housing is overcrowded, unaffordable, dangerous, unhealthy, temporary, **or otherwise substandard**.
- My gross annual household income (before taxes) falls within the income guidelines below:

INCOME GUIDELINES

Family Size	Minimum	Maximum (80% of median income)
1 person	\$54,250	\$53,550
2 person	\$62,000	\$61,200
3 person	\$69,750	\$68,850
4 person	\$77,500	\$76,500
5 person	\$83,700	\$82,650
6 person	\$89,900	\$88,750
7 person	\$96,100	\$94,900
8 person	\$102,300	\$101,000



- I have NOT declared bankruptcy within the past two years. If I have declared bankruptcy, it has been discharged over two years ago.
- I have NOT been foreclosed upon within the past four years.
- I have a stable source of income that I do not expect to end within the next 3 years.
- I am willing to partner with Adams County Chapter Habitat for Humanity by volunteering up to 250 hours of my time working on the construction sites, participating in home owner preparation classes, attending meetings and events, etc.
- I understand I need to attend an Information Session before I may be offered a Habitat home.
- I am a first time homebuyer (you can continue with the application even if you are not a first time homebuyer)





Adams County Habitat for Humanity
 P.O. Box 3561
 Gettysburg, PA 17325
 717-334-5557

Date Received: _____
 Staff Initials: _____
 App Fee: _____
 Version 10/23

Application for Housing



We are pledged to the U.S. policy for the achievement of equal housing opportunity. We support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, age, religion, sex, handicap, marital or familial status, income source, national origin, sexual preference, or exercising the right to federal credit protection.

This is an application for acceptance to our Affordable Homeownership Program, in which you would purchase a house from Adams County Chapter Habitat for Humanity.

1. APPLICANT INFORMATION

Applicant: (Please include name as it appears on legal documents)

First Name	Last Name	Maiden or Other Name (if applicable)
------------	-----------	--------------------------------------

Home Address	Apt/Lot No.	City	State	Zip Code
--------------	-------------	------	-------	----------

Home Phone Number	Cell Phone Number	Email Address
-------------------	-------------------	---------------

Are you at least 18 years old? Yes No Birth date: / / Social Security #:

I am a Veteran, active-duty, reserves/National Guard, or a surviving spouse of a Veteran Yes No

Co-Applicant (if applicable): (Please include name as it appears on legal documents)

Note: Co-applicant will be co-owner of Habitat home and will be responsible for Habitat mortgage. It is not required that each adult in household be listed as co-applicant. However, if you are married and not legally separated, your spouse must be listed as a co-applicant.

First Name	Last Name	Maiden or Other Name (if applicable)
------------	-----------	--------------------------------------

Home Address	Apt/Lot No.	City	State	Zip Code
--------------	-------------	------	-------	----------

Home Phone Number	Cell Phone Number	Email Address
-------------------	-------------------	---------------

Are you at least 18 years old? Yes No Birth date: / / Social Security #:

Previous Address: If you (applicant and/or co-applicant) have lived in your current residence for less than two (2) years, please include your previous address(es):

1.	_____	Who?
Previous Address	Apt/Lot No. City State Zip Code	<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant

2.	_____	Who?
Previous Address	Apt/Lot No. City State Zip Code	<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant

2. WILLINGNESS TO PARTNER

To be considered for a Habitat home, you and your household must be willing to complete up to 250 "sweat equity" hours. This means you will be required to help build the homes of others and attend trainings to help you transition to becoming a homeowner. Persons unable to work on an active construction site because of a physical condition will be provided other opportunities to fulfill the Sweat Equity requirement.

I AM WILLING TO COMPLETE THE REQUIRED SWEAT EQUITY HOURS: Applicant Co-Applicant
 Yes No Yes No

3. HOUSING

What is your current housing condition?

Please check all the boxes that describe the problems where you live now.

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Temporary | <input type="checkbox"/> Too small | <input type="checkbox"/> Government subsidized | <input type="checkbox"/> Plumbing/electrical problems |
| <input type="checkbox"/> Structural problems | <input type="checkbox"/> Roof problems | <input type="checkbox"/> Unsafe | <input type="checkbox"/> Handicap accessibility needed |
| <input type="checkbox"/> Living in same house with another family | | <input type="checkbox"/> Paying more than 40% of your monthly income for rent | |

Number of bedrooms:

Number of bathrooms:

Do you: Own Rent Other (please explain)

How long have you lived at this location?

Monthly rent or mortgage payment: \$

Unpaid mortgage balance (if applicable): \$

IMPORTANT: Please describe what is wrong with your current housing and why you need a Habitat home. Provide pictures of any structural, outstanding maintenance repairs or overcrowded conditions, if applicable.

Landlord Contact Information (if applicable)

Name

Address

Phone Number

Other people who live with you: List the names and ages of people who currently live with you **AS WELL AS** people who plan on living in your Habitat home at least half (50%) of the time.

Please explain any shared child custody arrangements on the back of Page 3 or on a separate sheet of paper, and include a copy of court judgments.

Name	Birth Date	Gender	Relationship to Applicant (child, mother, friend, etc.)	Will this person live in Habitat house at least 50% (half) of the time?
1.		<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Y <input type="checkbox"/> N
2.		<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Y <input type="checkbox"/> N
3.		<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Y <input type="checkbox"/> N
4.		<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Y <input type="checkbox"/> N
5.		<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Y <input type="checkbox"/> N
6.		<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Y <input type="checkbox"/> N
7.		<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Y <input type="checkbox"/> N
8.		<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Y <input type="checkbox"/> N

4. UNEARNED INCOME

You do not need to be employed to be eligible for a Habitat house. However, you must have sufficient regular, reliable income that will not end to be able to repay the Habitat home mortgage. If you or anyone in your household is receiving money from a source other than employment, please check each type of income.

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Military Allotment | <input type="checkbox"/> Railroad Benefits | <input type="checkbox"/> Retirement/Pension |
| <input type="checkbox"/> Roomer/Boarder | <input type="checkbox"/> Social Security | <input type="checkbox"/> SSI | <input type="checkbox"/> Tribal Money |
| <input type="checkbox"/> Unemployment Benefits | <input type="checkbox"/> Veterans Benefits | <input type="checkbox"/> Workers Compensation | <input type="checkbox"/> Other |
| <input type="checkbox"/> Alimony | <input type="checkbox"/> Child Support | <input type="checkbox"/> Disability Benefits | |

For each box checked above, complete the following information (Use an additional sheet of paper if needed):

Person receiving income	Type of income	Amount	Frequency (weekly/monthly)	Will this income end? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?
1.				<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?
4.				<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?
5.				<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?

5. EMPLOYMENT

You do not need to be employed to qualify for a Habitat house. If you or anyone in your household (age 18 or above) is currently employed, please tell us about money received for work (full or part-time, temporary, seasonal, or self-employment) including money from wage, salary, tips, and/or commission **from the past 2 years**. If you work(ed) for more than one employer, complete a box for each employer. If you need to list more than 3 employers, please use an additional sheet of paper.

1.				
Who in the household works at this job?	Start/End Date	Job Title	Employer's Name	
Employer's Address	City	State	Zip Code	Employer's Phone Number
Wage: \$ _____ per hour		Average monthly earnings before tax (including tips & commission): \$ _____		
Is this job temporary? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what date do you expect this job to end?				
2.				
Who in the household works at this job?	Start/End Date	Job Title	Employer's Name	
Employer's Address	City	State	Zip Code	Employer's Phone Number
Wage: \$ _____ per hour		Average monthly earnings before tax (including tips & commission): \$ _____		
Is this job temporary? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what date do you expect this job to end?				
3.				
Who in the household works at this job?	Start/End Date	Job Title	Employer's Name	
Employer's Address	City	State	Zip Code	Employer's Phone Number
Wage: \$ _____ per hour		Average monthly earnings before taxes (including tips & commission): \$ _____		
Is this job temporary? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what date do you expect this job to end?				

6. EXPENSES

IMPORTANT: We need to know how much money you spend every month on household expenses. You do not need to include rent or mortgage payments, as they are included above. Please check all the boxes that you pay every month.

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Alimony | <input type="checkbox"/> Auto Payment | <input type="checkbox"/> Child Care | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> Credit Card Payment | <input type="checkbox"/> Insurance | <input type="checkbox"/> Loan Payment | <input type="checkbox"/> Medical Bills |
| <input type="checkbox"/> Phone Bill | <input type="checkbox"/> Television/Internet Bill | <input type="checkbox"/> Utility Bill (gas, electric) | <input type="checkbox"/> Other |

For each box checked above, complete the following information (Use an additional sheet of paper if needed):

Who Pays	Type of Expense	Paid to Whom	Amount Paid	How Often Paid (Weekly, Monthly)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

7. ASSETS

Tell us about your household assets. An asset is cash, money in the bank, anything that can be sold, or can be converted into cash. An asset does not include personal property such as jewelry, furniture, electronics, etc. Check all that apply.

- | | | |
|--|--|---|
| <input type="checkbox"/> Bank Account (Checking/Debit) | <input type="checkbox"/> Bank Account (Savings) | <input type="checkbox"/> Inherited Property |
| <input type="checkbox"/> Houses/Buildings | <input type="checkbox"/> Land | <input type="checkbox"/> Stocks/401K/IRA |
| <input type="checkbox"/> Savings Bonds | <input type="checkbox"/> Vehicle (Car, Truck, ATV, Boat) | <input type="checkbox"/> Other |

For each box checked above, complete the following information (Use an additional sheet of paper if needed):

Owner	Type of Asset (Describe)	Value	Where is asset located? (Include name of bank or company where it is held, address of property, etc.)
1.			
2.			
3.			
4.			

8. DEBTS

Tell us about debts held by you (applicant and/or co-applicant). Check all that apply.

- | | | | |
|---|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Credit Card (Visa, MasterCard, Discover, American Express) | <input type="checkbox"/> Limited Purpose Credit Card (Sears, Lowes, Stage, Conn's, etc.) | <input type="checkbox"/> Medical Debt | <input type="checkbox"/> Student Loan |
| <input type="checkbox"/> Utility Company | <input type="checkbox"/> Vehicle Loan (Car, Truck, ATV, Boat) | <input type="checkbox"/> Other | |

For each box checked above, complete the following information (Use an additional sheet of paper if needed):

Whose name is on account?	Type of Debt	Company	Unpaid Balance	Is account in good standing?
1.				<input type="checkbox"/> Yes <input type="checkbox"/> No
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No
4.				<input type="checkbox"/> Yes <input type="checkbox"/> No
5.				<input type="checkbox"/> Yes <input type="checkbox"/> No

9. DECLARATIONS

	Applicant	Co-Applicant
Do you have any debt because of a court decision against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been declared bankrupt within the past 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had property foreclosed on in the past 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there currently a lawsuit filed <u>against</u> you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a legal US citizen or permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you paying alimony or child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Answering "yes" to these questions does not automatically disqualify you. If you answered "yes" to any question, however, please explain on a separate sheet of paper.

10. MARKETING INFORMATION

How did you hear about Adams County Chapter Habitat for Humanity Affordable Homeownership Program?

11. AUTHORIZATION AND RELEASE OF INFORMATION

I understand that by filing out an application for housing with Adams County Chapter Habitat for Humanity, I am authorizing Adams County Chapter Habitat for Humanity to evaluate my actual need for a Habitat home, my ability to repay the no-interest loan and other expenses of homeownership, and my willingness to be a partner family. I understand that **Habitat for Humanity screens all potential staff (whether paid or unpaid), board members, and applicant families on applicable sex offender registries, as well as run a criminal background check.** I understand that **the evaluation will include, but is not limited to, personal visits, credit checks, landlord reference checks, and employment verification.** I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected to receive a Habitat home, I may be disqualified from the program. The original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved.

By signing this statement I am submitting to such inquiries, allowing the release of my personal information to Adams County Chapter Habitat for Humanity, and certifying that all information submitted on this application is accurate and complete.

X X

Applicant Signature	Date	Co-applicant Signature	Date
---------------------	------	------------------------	------

Please return this application to the mailing address below. If you have questions, please call the office at (717) 334-5557.

P.O. Box 3561
Gettysburg, PA 17325

If this application was completed by someone other than the applicant/co-applicant, please supply the following information:

This information was taken by: Face-to-face interview Mail Telephone
 Internet Other (please specify)

Interviewer's Name	Organization	Phone Number	Email Address
--------------------	--------------	--------------	---------------

X

Interviewer's Signature	Date
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Borrower's Certification & Authorization

Certification

The undersigned certify the following:

1. I/We have applied for a mortgage loan from Adams County Chapter Habitat for Humanity.

In applying for the loan:

I/We completed a loan application containing various information on the purposes of the loan, the amount and source of the down payment, employment and income information, and assets and liabilities. I/We certify that all of the information is true and complete. I/We made no misrepresentations in the loan application with the employer and/or other documents, nor did I/We omit any pertinent information.

2. I/We understand and agree that Adams County Chapter Habitat for Humanity reserves the right to change the mortgage loan review process to a full documentation program. This may include verifying the information provided on the application with the employer and/or the financial institution.
3. I/We fully understand that it is a Federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements when applying for this mortgage, as applicable under the provisions of Title 18, United States Code, Section 1014.

Authorization to Release Information

To Whom It May Concern:

1. I/We have applied for a mortgage loan from Adams County Habitat for Humanity .
As part of the application process, Adams County Habitat for Humanity or any of its Board Members or volunteers may verify information contained in my/our loan application and in other documents required in connection with the loan, either before the loan is closed or as part of its quality control program.
2. I/We understand and agree that Adams County Habitat for Humanity reserves the right to change the mortgage loan review process to a full documentation program. This may include verifying the information provided on the application with the employer and/or the financial institution.
3. Adams County Habitat for Humanity or any of its Board Members or volunteers may address this authorization to any party names in the loan application.
4. A copy of this authorization may be accepted as an original.
5. Your prompt reply to Adams County Habitat for Humanity or any of its Board Members or volunteers is appreciated.

<	_____ Applicant	_____ Date	_____ Social Security Number
<	_____ CoApplicant	_____ Date	_____ Social Security Number
<	_____ CoApplicant	_____ Date	_____ Social Security Number

Obtaining a credit report

RE/MAX of Gettysburg donates the expense of pulling a credit report for Adams County Chapter Habitat for Humanity. To allow them to directly request the credit report, please complete the next page entitled "Social Security Number Authorization".

SOCIAL SECURITY NUMBER AUTHORIZATION

SSA

This form recommended and approved for, but not restricted to use by, the members of the Pennsylvania Association of Realtors® (PAR).

1 CONSUMER NAME _____

2 CONSUMER ADDRESS _____

3 CONSUMER SOCIAL SECURITY NUMBER _____

4 CONSUMER DATE OF BIRTH _____

5 BROKER RE/MAX of Gettysburg _____

6 A separate authorization form must be completed for each consumer involved in a real estate transaction.

7 I agree that Broker(s), his/her agent(s) and/or employee(s) may provide my social security number to lenders, title agencies, credit
8 reporting companies, or others as necessary for obtaining reports or information from a credit reporting agency, determining the exist-
9 tence of domestic liens, obtaining a criminal background report (for prospective tenants only), ordering a mortgage payoff or for
10 purposes of satisfying requirements of the Patriot Act.

11 CONSUMER UNDERSTANDS THAT BROKER HAS NO CONTROL OVER THE USE OF ANY INFORMATION AFTER
12 IT IS DISCLOSED TO A THIRD PARTY. CONSUMER AGREES TO RELEASE AND HOLD BROKER HARMLESS FROM
13 ANY AND ALL LIABILITY FOR ANY MISUSE OR SUBSEQUENT DISCLOSURE BY ANY THIRD PARTY OF THE
14 INFORMATION OR REPORTS DISCLOSED BY BROKER PURSUANT TO THE TERMS OF THIS AUTHORIZATION.

15 Consumer's signature serves as an acknowledgement of receipt of a copy of this authorization.

16 CONSUMER _____ DATE _____



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12/13

RE/MAX of Gettysburg, 18 Carlisle St Suite 300 Gettysburg, PA 17325
Phone: 717-338-0881 Fax: 717-338-0441 Suzanne Christianson

Produced with zipForm® by zipLogix 18070 Fifteen Mile Road, Fraser, Michigan 48026 www.zipLogix.com

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-C, visit www.irs.gov and search IVES.

1a. Current name			2a. Spouse's current name (if joint return and transcripts are requested for both taxpayers)		
i. First name	ii. Middle initial	iii. Last name/BMF company name	i. Spouse's first name	ii. Middle initial	iii. Spouse's last name
1b. First taxpayer identification number (see instructions)			2b. Spouse's taxpayer identification number (if joint return and transcripts are requested for both taxpayers)		
1c. Previous name shown on the last return filed if different from line 1a			2c. Spouse's previous name shown on the last return filed if different from line 2a		
i. First name	ii. Middle initial	iii. Last name	i. First name	ii. Middle initial	iii. Last name
3. Current address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)					
a. Street address (including apt., room, or suite no.)		b. City	c. State	d. ZIP code	
4. Previous address shown on the last return filed if different from line 3 (see instructions)					
a. Street address (including apt., room, or suite no.)		b. City	c. State	d. ZIP code	
5a. IVES participant name, ID number, SOR mailbox ID, and address					
i. IVES participant name		ii. IVES participant ID number	iii. SOR mailbox ID		
iv. Street address (including apt., room, or suite no.)		v. City	vi. State	vii. ZIP code	
5b. Customer file number (if applicable) (see instructions)			5c. Unique identifier (if applicable) (see instructions)		
5d. Client name, telephone number, and address (this field cannot be blank or not applicable (NA))					
i. Client name				ii. Telephone number	
iii. Street address (including apt., room, or suite no.)		iv. City	v. State	vi. ZIP code	

Caution: This tax transcript is being sent to the third party entered on Line 5a and/or 5d. Ensure that lines 5 through 8 are completed before signing. (see instructions)

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 for line 6 transcripts

a. Return Transcript **b. Account Transcript** **c. Record of Account**

7. Wage and Income transcript (W-2, 1098-E, 1099-G, etc.)

a. Enter a max of three form numbers here; if no entry is made, all forms will be sent.

b. Mark the checkbox for taxpayer(s) requesting the wage and income transcripts. If no box is checked, transcripts will be provided for all listed taxpayers

Line 1a Line 2a

8. Year or period requested. Enter the ending date of the tax year or period using the mm dd yyyy format (see instructions)

/ / / / / / / /

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, if applicable, line 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; however, if both spouses' names and TINs are listed in lines 1a-1b and 2a-2b, both spouses must sign the request. 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-C on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

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

Sign Here	Signature for Line 1a (see instructions)		Date	Phone number of taxpayer on line 1a or 2a
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed	
	Print/Type name			
	Title (if line 1a above is a corporation, partnership, estate, or trust)			
	Spouse's signature (required if listed on Line 2a)			Date
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed	
Print/Type name				

Instructions for Form 4506-C, IVES Request for Transcript of Tax Return

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

Future Developments

For the latest information about Form 4506-C and its instructions, go to www.irs.gov and search IVES. Information about any recent developments affecting Form 4506-C (such as legislation enacted after we released it) will be posted on that page.

What's New. Form 4506-C includes the Client company requesting transcripts and increased the number of Wage and Income transcripts requests.

General Instructions

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

Designated Recipient Notification. Section 6103(c) limits disclosure and use of return information received pursuant to the taxpayer's consent and holds the recipient subject to penalties for any unauthorized access, other use, or redisclosure without the taxpayer's express permission or request.

Taxpayer Notification. Section 6103(c) limits disclosure and use of return information provided pursuant to your consent and holds the recipient subject to penalties, brought by private right of action, for any unauthorized access, other use, or redisclosure without your express permission or request.

Purpose of form. Use Form 4506-C to request tax return information through an authorized IVES participant. You will designate an IVES participant to receive the information on line 5a.

Note: If you are unsure of which type of transcript you need, check with the party requesting your tax information.

Where to file. The IVES participant will fax Form 4506-C with the approved IVES cover sheet to their assigned Service Center.

Chart for ordering transcripts

If your assigned Service Center is:	Fax the requests with the approved coversheet to:
Austin Submission Processing Center	Austin IVES Team 844-249-6238
Kansas City Submission Processing Center	Kansas City IVES Team 844-249-8128
Ogden Submission Processing Center	Ogden IVES Team 844-249-8129

Specific Instructions

Line 1a/2a (if spouse is also requested). For IMF Requests: Enter the First, Middle Initial, and Last Name in the indicated fields. If all characters will not fit, please enter up to 12 for First name and 22 for Last name. For BMF Requests: Enter the company name in the Last Name field. If all characters will not fit, please enter up to 22.

Line 1b/2b (if spouse is also requested). Enter the social security number (SSN) or individual taxpayer identification number (ITIN) for the individual listed on line 1a including the dashes in the correct format, or enter the employer identification number (EIN) for the business listed on line 1a including the dashes in the correct format.

Line 1c/2c (if spouse is also requested). Enter your previous name as shown on your last filed tax return if different than line 1a.

Line 3. Enter your current address in the indicated fields. If you use a P.O. Box, include it and the number in the Current Address field.

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, or Form 8822-B, Change of Address or Responsible Party — Business, with Form 4506-C.

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

Line 5c. Enter up to 10 alpha-numeric characters to create a unique identifier that will show in the mailbox file information. The unique identifier cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

Note. If you use an SSN, we will not input the information and the customer file number or unique identifier will reflect a generic entry of "9999999999".

Line 5d. Enter the Client company name, address, and phone number in the indicated fields. A Client company receives the requested tax transcripts from the IVES participant. If the IVES participant is also the Client company, the IVES participant information should be entered on Line 5a and 5d. These fields cannot be blank or Not Applicable (NA).

Line 6. Enter only one tax form number (1040, 1065, 1120, etc.) per request for all line 6 transcripts request types.

Line 6a. Return Transcript 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-H, Form 1120-L, and Form 1120-S. Return transcripts are available for the current year and returns processed during the prior 3 processing years.

Line 6b. Account Transcript 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.

Line 6c. Record of Account 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.

Line 7. The IRS can provide a transcript that includes data from these information returns: Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. Enter up to three information return types. If no specific type is requested, all forms will be provided. 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, Form W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need Form W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213.

Line 8. Enter the end date of the tax year or period requested in mm dd yyyy format. This may be a calendar year, fiscal year or quarter. Enter each quarter requested for quarterly returns. Example: Enter 12 31 2018 for a calendar year 2018 Form 1040 transcript.



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 if unchecked.

Signature and date. Form 4506-C must be signed and dated by the taxpayer listed on line 1a and, if listed, 2a. The IRS must receive Form 4506-C within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines, including lines 5a through 8, are completed before signing.

Authorized Representative: A representative can sign Form 4506-C for a taxpayer if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5a, and Form 2848 is attached to the Form 4506-C request. 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. If Form 4506-C is signed by a representative, the Authorized Representative check box must be marked.

Electronic Signature: Only IVES participants that opt in to the Electronic Signature usage can accept electronic signatures. Contact the IVES participant for approval and guidance for electronic signatures. If the Form 4506-C is signed electronically, the Electronic Signature check box must be marked.

Individuals. Transcripts listed on line 6 may be furnished to either spouse if jointly filed. Signatures are required for all taxpayers listed on Line 1a and 2a.

Corporations. Generally, Form 4506-C 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-C but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-C can be signed by any person who was a member of the partnership during any part of the tax period requested on line 8.

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.

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-C 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.
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-C 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.

Additional Information & Required Disclosures

KEEP THIS PAGE FOR YOUR RECORDS

VALUATION DISCLOSURE NOTICE

We may order an appraisal or other property valuation in connection with your loan and we may charge you for this appraisal or property valuation.

If an appraisal or property valuation is completed, we will promptly provide a copy to you, even if the loan does not close.

PRIVACY ACT NOTICE

1. We collect nonpublic personal information about you from the following sources:
 - Information we receive from you on applications or other forms;
 - Information about your transactions with us, or others, and;
 - Information we receive from a consumer-reporting agency.

2. We may disclose the following kinds of nonpublic personal information about you:
 - Information we receive from you on applications and other forms, such as name, address, social security number, income, or number in household.
 - Information about your transactions with us, such as your loan balance, and payment history.

3. We DO NOT disclose any nonpublic personal information about our customers to anyone, except as permitted by law.

4. We may disclose nonpublic personal information about you to the following types of third parties:
 - Financial service providers, such as mortgage servicing agents, and;
 - Non-profit organizations of government agencies.
 - Nonaffiliated third parties as permitted by law.

5. We restrict access to nonpublic personal information about you to:
 - Habitat for Humanity's agents and employees that need to know that information to provide Habitat for Humanity services to you;
 - Disclosures to other non-affiliated third parties as permitted by law.

6. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

Frequently Asked Questions

KEEP THIS PAGE FOR YOUR RECORDS

Q: IS there an application fee ?

A: No, we do not charge an application fee.

Q: Do I list someone on the application even though they are not a co-applicant?

A: Yes, all people who will be living in the home MUST be listed on the application. If they are 18 years of age or older, their income (earned and unearned) must be listed. If they are under 18 years of age but receive unearned income, that income has to be listed as well.

Q: Can I do sweat equity hours before I'm approved and will they carry over?

A: You are welcome to volunteer with us before you're approved and those hours you volunteer may carry over toward your sweat equity hours.

Q: Can I take the financial classes even if I'm not accepted?

A: Yes, we encourage you to take financial classes to become prepared for homeownership, but they are at your own expense. Once in the program, our mentors will work one on one with you and provide useful tools to be successful in your new home.

Q: If 15 people apply for one property, how do you choose who gets approved?

A: Individuals and families are qualified based on who best meets criteria: need for housing, ability to repay the mortgage, and willingness to partner, among other criteria. If multiple applicants meet the criteria equally, selection is first come, first serve for the desired area.

Q: If I'm not chosen, do I get put on a waiting list?

A: Yes, you will be added to the wait list and will be notified when we have a property coming available in your desired area.

Q: How much of a down payment do I need?

A: No down payment is required and your closing costs due at settlement may be financed as part of your mortgage loan.

Q: Can I resell the house to whomever?

A: Habitat for Humanity houses are deed-restricted until the mortgages are paid in full. Contact us for more information.

Q: What's the timeline of the process?

A: Determine Readiness and Eligibility – 5-15 minutes
Application – 1-2 hours
Document Gathering – 1-2 weeks
Approval – 1-3 Months
Building the House, Sweat Equity Hours & Closing – 1-2years depending on availability.

Q: If I am a single person with 2 children, how many bedrooms do I qualify for?

A: 1-person household is eligible for 1-2 bedrooms
2-person household is eligible for 1-2 bedrooms
3-person household is eligible for 2-3 bedrooms
4-person household is eligible for 2-4 bedrooms
5-person household is eligible for 3-4 bedrooms
6-person household is eligible for 3-4 bedrooms
7-person household is eligible for 4 bedrooms
8-person household is eligible for 4 bedrooms

Affordable Housing and Other Resources

KEEP THIS PAGE FOR YOUR RECORDS

- **Adams County Housing Authority**
Website: <https://www.adamscha.org>
Phone (717)334-1518
- **PA Department of Human Services**
Website: <https://www.dhs.pa.gov/Pages/default.aspx>
(800) 692-7462 or (800)451-5886 TDD for hearing impairments)
- **Catholic Charities**
Website <https://www.cchbg.org/>
Phone (717)657-4804
- **Luminest Community Development**
Website: <https://luminest.org/>
Phone (717)977-3900
- **South Central Community Action Programs (SCCAP)**
Website: <https://www.sccap.org/>
Phone (717)334-7634
- **Adams County Veterans Affairs**
Website: <https://adamscountypa.gov/departments/veteransaffairs>
Phone (717)337-9835
- **USDA Loans**
Website <https://eligibility.sc.egov.usda.gov/eligibility/welcomeAction.do>

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 - Information about your transactions with us, or others, and;
 - Information we receive from a consumer-reporting agency.
2. We may disclose the following kinds of nonpublic personal information about you:
 - Information we receive from you on applications and other forms, such as name, address, social security number, income, or number in household.
 - Information about your transactions with us, such as your loan balance, and payment history.
3. We DO NOT disclose any nonpublic personal information about our customers to anyone, except as permitted by law.
4. We may disclose nonpublic personal information about you to the following types of third parties:
 - Financial service providers, such as mortgage servicing agents, and;
 - Non-profit organizations of government agencies.
 - Nonaffiliated third parties as permitted by law.
5. We restrict access to nonpublic personal information about you to:
 - Habitat for Humanity's agents and employees that need to know that information to provide Habitat for Humanity services to you;
 - Disclosures to other non-affiliated third parties as permitted by law.
6. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.