# Submission Form/Lender Cover letter & **Application for Homebuyer**



From:			Com	pany:	
	Phone #:			·	
	Borrower(s) Name:				
	City/County:				
				-	
	First Mortgage Pre-qua				
	Total Household Size: _	[# Ad	lults	_ # under 18 years	]
	Annual Income: \$	Inc	ome Lin	nit \$	
Incomple process:	te packages cannot be proc	essed. Send	ALL IT	EMS at once to start	t the pre-qualification
Check ite	ms Needed & Attached:				
☐ Submis	ssion Form/Lender Cover Letter &	& Application for	or Homeb	uyer-Self Help Form (s	igned by lender & borrower)
_	m Income Inclusions-Self Help Fo			, , , ,	
	ers Authorization-Self Help Form	ū	•	rrower(s)	
	-Self Help Form attached signed				
	rs Application (1003) verify total #	of household	members	are listed (all residents	s will be verified)
	stimate				
	Report Tri-merged (3 Sources-Ex	•			
_	Credit report for all ADULT househouse			dults NOT going on title/lo	<mark>an.</mark>
_	If no FICO scores; require 3 alterna				
	All derogatory items require an exp				
	t pay stubs or proof of all other in	come (60 days	s) – <mark>REQ</mark> l	JIRED FOR <b>ALL</b> ADULT I	HOUSEHOLD MEMBERS
	Child Support/SSI/SSA				
	ax Returns <u>and</u> W-2's– REQUIRE Confirm total number of household			SEHOLD MEMBERS	
	If others are listed as dependent's l			ehold include letter of expl	anation
<del>-</del>	Self Employed-3 years' tax returns	out no longer pu	01 11000	mora morado fottor or oxpr	anaton
☐ Curren	t Bank Statements (2 months) &	401-K or any o	other retir	ement account stateme	ent (all asset accounts)
	Unnamed deposits from other s	ources other tl	han empl	oyer (explanation for ea	ach deposit)
assistance	ewing the <u>completed</u> package, e and remaining items that will letter indicating the reason for	be needed for	or final a	pproval. For borrowe	
By signing	g below, I acknowledge the ab	ove applicant	t has bee	en pre-qualified by ou	r office for the amount liste
Primary L	ender- Signature Date				
By signing	below, I acknowledge that th	e information	provide	d above is true and co	orrect.
Borrower-	Signature	/_ Date	Co-Bori	ower Signature	Date

Program: Income Inclusions HOME/CDBG/NSP/CalHOME					5
Type of leading	YES	NO	Time	Received	Amount Received
Type of Income			Туре	from whom?	Annually
1 The full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees tips, and bonuses, and other compensation for personal					\$
services.					Φ
2 The net income from the operation of a business of profession. Expenditures for business expansion or amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation of assets used in a business or profession may be deducted, based on straight-line depreciation, as provided in Internal Revenue Services Regulations. Any withdrawal of cash or assets from the operation or business will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested in					
the operation by the family.					\$
Interest, dividends, and other net income of any kind from real or personal property. Expenditures for amortization of capital indebtedness shall not be used in determining net income. An allowance for depreciation is permitted only as authorized in number 2 (above). Any withdrawal of cash or assets from an investment will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested by the family.					\$
4The full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts, including lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount.  5 Payments in lieu of earnings, such as					\$
unemployment and disability compensation, and severance pay.					\$
6 Welfare assistance, Welfare assistance made under the Temporary Assistance for Needy Families (TANF 45 CFR 260.31) program.					\$
7 Periodic and determinable allowances such as alimony and child support payments, and regular contributions or gift received organizations or from persons not residing in the dwelling.					\$
8 All regular pay, special pay, and allowances					¢
of a member of the Armed Forces.			_	<u> </u>	\$
			S	ubtotal Total:	A. \$

	Assets:	Source	Total Value of Asset	Interest Earned Annually
1a	Cash held in savings accounts (current balance)		\$	\$
1k	Cash held in checking accounts (avg. balance for last 6 mos.)		\$	\$
10	Cash held in safe deposit boxes		\$	\$
10	Other cash		\$	\$
2	Cash value of revocable trusts available to the borrower.		\$	\$
3	investments.		\$	\$
4	Cash value of stocks or bonds.		\$	\$
5a	Cash value of Treasury bills, certificates of deposit and money market accounts.		\$	\$
5k	Individual retirement, 401(K), and Keogh accounts (even though early withdrawal could result in a penalty).		\$	\$
6	Retirement and pension funds.		\$	\$
7	Cash value of life insurance policies available before death.		\$	\$
3	Personal property held as an investment such as gems, jewelry, coin collections, antique cars, etc.		\$	\$
ζ	Lump sum or one-time receipts, such as inheritances, capital gains, lottery winnings, victim's restitution, insurance settlements and other amounts not intended as periodic payments.		\$	\$
10			\$	\$
	borrower.	otal Assets:	<u> </u>	
	Тс	\$	в.\$	
	Total Income; S	ubtotal + As	ssets (A+B):	

I certify that all information on this form is true and correct to the best of my knowledge and I understand that any deliberate falsifications are grounds for rejection of the application. I consent to all verification of any information herein contained.

consent to all verification of any information herein contained.					
*Family/Income Details & Income Determination Worksheet will have the final and verified income					
Borrower's- Signature	Date	Co-Borrower's- Signature	Date		
Print Name		Print Name			
Fillit Name		Fillit Name			

## Form **4506-T**

(Rev. September 2015) Department of the Treasury Internal Revenue Service

### Request for Transcript of Tax Return

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

OMB No. 1545-1872

**Tip.** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506**, **Request for Copy of Tax Return**. There is a fee to get a copy of your return.

	e shown on tax return. If a joint return, yn first.	enter the name	1b First social security nu number, or employer i				ification
<b>2a</b> If a jo	int return, enter spouse's name shown	on tax return.	2b Second social secu identification numb	rity number per if joint ta	or individual	taxpayer	
3 Curre	nt name, address (including apt., room	n, or suite no.), city, state,	and ZIP code (see instruc	tions)			
4 Previo	ous address shown on the last return f	iled if different from line 3	(see instructions)				
	transcript or tax information is to be madelephone number.	ailed to a third party (such	ı as a mortgage company),	enter the thi	rd party's name	e, address,	
you have fil on line 5, th	the tax transcript is being mailed to a teled in these lines. Completing these stee IRS has no control over what the thiformation, you can specify this limitation.	eps helps to protect your rd party does with the info	privacy. Once the IRS disc ormation. If you would like to	loses your ta	ax transcript to t	the third party	listed
	nscript requested. Enter the tax form	n number here (1040, 106	5, 1120, etc.) and check the	e appropriate	e box below. Er	nter only one to	ax form
mad For	turn Transcript, which includes most of the to the account after the return m 1065, Form 1120, Form 1120-A, For treturns processed during the prior 3 processed during the 3 processed duri	is processed. Transcrip orm 1120-H, Form 1120-L	ots are only available for _, and Form 1120S. Return	the following transcripts a	ng returns: Fo are available fo	rm 1040 ser	ies,
ass	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.						ility
	cord of Account, which provides the nscript. Available for current year and					and the Acco	ount
	rification of Nonfiling, which is proof or June 15th. There are no availability i						
the: trar exa	rm W-2, Form 1099 series, Form 1098 se information returns. State or local inscript information for up to 10 years. In Imple, W-2 information for 2011, filed in poses, you should contact the Social Se	information is not include formation for the current y a 2012, will likely not be av	d with the Form W-2 inform rear is generally not availab ailable from the IRS until 20	mation. The le until the ye 113. If you ne	IRS may be ab ear after it is filed ed W-2 informa	ole to provide d with the IRS. tion for retirem	this For ient
Caution: If	you need a copy of Form W-2 or Form turn, you must use Form 4506 and rec	n 1099, you should first co	ontact the payer. To get a c	opy of the Fo			
	ar or period requested. Enter the endurs or periods, you must attach anoth						
eac	h quarter or tax period separately.	12/31/2016	12/31/2015	12/31/	2014	/	/
Caution: D	o not sign this form unless all applicab	le lines have been comp	leted.				
requested. managing r	of taxpayer(s). I declare that I am either lift the request applies to a joint return, nember, guardian, tax matters partne execute Form 4506-T on behalf of the ture date.	at least one spouse must r, executor, receiver, adr	sign. If signed by a corpor ministrator, trustee, or part	ate officer, 1 y other than	percent or mo the taxpayer,	re shareholde I certify that I	r, partner, have the
	ory attests that he/she has read the att authority to sign the Form 4506-T. Se		n so reading declares that	he/she	Phone number 1a or 2a	er of taxpayer	on line
Sign	Signature (see instructions)		Date				
Sign Here	Title (if line 1a above is a corporation, pa	artnership, estate, or trust)					
	Spouse's signature		Date				

Form 4506-T (Rev. 9-2015)

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

#### **Future Developments**

For the latest information about Form 4506-T and its instructions, go to www.irs.gov/form4506t. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

### **General Instructions**

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

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

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

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

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

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

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

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

### If you filed an individual return and lived in:

Mail or fax to:

Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address

Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301

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

559-456-7227

Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia

Internal Revenue Service RAIVS Team Stop 6705P-6 Kansas City, MO 64999

816-292-6102

### Chart for all other transcripts

If you lived in or your business was in:

Mail or fax to:

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address

Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409

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 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.

### PART I BORROWER(S) AUTHORIZATION

I/We, hereby authorize Self-Help Enterprises to verify my past and present income, employment earnings records, bank accounts, stock holdings and any other asset balances that are needed to process my mortgage loan application. I further authorize the lender to order a credit report and verify other credit information, including past and present mortgage and landlord references

### PART II <u>AUTHORIZATION FOR RELEASE OF INFORMATION</u>

I/We, the undersigned, hereby give permission to Self-Help Enterprises to release the information on the "Application for Homebuyers", SHE F-10301.1, and any other information gathered by Self-Help Enterprises, to the Homebuyers Assistance Program Lender. It is my/our understanding that this information is to be used solely for the purpose of my/our application for participation in the Program.

It is understood that a copy of this form will also serve as authorization.						
Date	Social Security #	Applicant				
	Social Security #	Applicant				

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