Submission Form/Lender Cover letter

&



Application for Homebuyer

Shadie: shadieg@selfhelpenterprises.org Phone: (559) 802-1608 Fax (559) 651-3634
om: Company:
C Phone #: E-mail:
Borrower(s) Name:
City/County: Amount Requested: \$
First Mortgage Pre-qualification amount \$
Total Household Size: [# Adults # under 18 years]
Annual Income: \$ Income Limit \$
omplete packages cannot be processed. Send <u>ALL ITEMS</u> at once.
 <u>ack items Needed & Attached:</u> Submission Form/Lender Cover Letter & Application for Homebuyer-Self Help Form (signed by lender & borrower Pre-Application for Homebuyer-attached Program Income Inclusions-Self Help Form attached-signed by all adult household members (2 pgs.) Borrowers Authorization-Self Help Form attached-signed by all adult household members 4506-T; attached signed by all adult household members (2 pgs.) _enders Application (1003) verify all total # of household members are listed (all will be verified) _oan Estimate Credit Report Tri-merged (3 Sources-Experian, Trans Union, Equifax) Credit report for all ADULT household members – includes adults NOT going on title/loan.
If no FICO scores; require 3 alternative credit letters
 Explanation letter for each derogatory Current pay stubs or proof of all other income (60 days) – FOR ALL ADULT HOUSEHOLD MEMBERS Child Support/SSI/SSA/Unemployment, etc
 2018 Tax Returns <u>and</u> W-2's FOR ALL ADULT HOUSEHOLD MEMBERS Confirm total number of household members are listed If others are listed as dependent's but no longer part of household include letter of explanation Self Employed-3 years' tax returns Current Bank Statements (2 months) & 401-K or any other retirement account statement (all asset accounts)
CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC

After reviewing the <u>completed</u> package, you will receive a pre-qualification letter identifying eligibility, amount of assistance and remaining items that will be needed for final approval. For borrowers that do not qualify, you will receive a letter indicating the reason for denial and appeal process.

By signing below, I acknowledge the above applicant has been pre-qualified by our office for the amount listed.

Primary Lender- Signature Date

By signing below, I acknowledge that the information provided above is true and correct.

PRE-APPLICATION FOR HOMEBUYER/PRE-APLICACIÓN PARA COMPRADORES

Date / Fecha:____

THE INFORMATION IN THE BOX BELOW IS REQUIRED / LA INFORMACIÓN EN LA CAJA ABAJO SE REQUIERE

Applicant Name / Nombre del Solicitante Co-		o-Applicant Name / Nombre del Co-Solicitante			
Home Phone / Teléfon		Vork or Cell Phone Trabajo o Celular	The best time to call me is Es el mejor hora para llamarme		
Email Address/ Direcc	ión de correo electrónico				
Current Address / Dire	ección Corriente				
City / Ciudad	Zip / Código Postal	County / Cond	ado		
Mailing Address / Dire	cción Para Envío				
City / Ciudad	Zip / Código Postal				
Total # persons in	household / Total personas en el hoga	r Estimated A	Annual Income/Ingreso Anual E	stimado:	
Have you owned a	property in the last 3 years?/¿Ha sido	+	opiedad en los últimos 3 años?	?	

IN WHAT CITY ARE YOU LOOKING TO BUY A HOME?					
¿EN QUÉ CIUDAD ESTÁ BUSCANDO PARA COMPRAR SU CASA?					
Spanish speaking only?/Sólo Habla en Español? 🗌 Yes / Si 🗌 No / No					

How did you hear about us?/ ¿Cómo se enteró de nosotros?

The information below is for statistical/government monitoring purposes only. This information is voluntary. La información abajo es para estadística y seguimiento por parte del gobierno. Esta información es voluntaria.

Applicant Demographic Info	ormation / Información	demográfica del solicitante:
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Age / Edad: (please check one box / marque sólo una caja)
Ethnicity / Etnecidad:
🗌 Hispanic or Latino (Hispano) 🔲 Not Hispanic or Latino (No Hispano)
Race / Raza:
 ☐ 11 – White (Blanco) ☐ 12 – Black/African American (Negro) ☐ 13 – Asian (Asiático) ☐ 14 – American Indian/Alaskan Native (AmIndio) ☐ 15 – Native Hawaiian/Other Pacific Islander (Isleño Pacífico) 20 – Other Multi-Racial (Otro Multi-Racial)
Gender / Género: 🗌 Male / Varón 🛛 🗌 Female / Hembra
Handicapped /Incapacitado: 🗌 Yes / Si 🗌 No / No
I CENTIEN TUAT THE INFORMATION OWEN ON THE SOURCE STUD AND THE SOURCE STUD

I CERTIFY THAT THE INFORMATION GIVEN ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. CERTIFICO QUE LA INFORMACIÓN DADA EN ESTA FORMA ES VERDADERA Y EXACTA A LO MEJOR DE MI CONOCIMIENTO.

NAME / NOMBRE

DATE / FECHA

NAME / NOMBRE

DATE / FECHA



		HOME/CDBG/CalHOME Program: Income and Asset Inclusions						
Type of Income	YES	NO	Туре	Received from whom?	Amount Received Annually			
The full amount, before any payroll deductions,	of							
wages and salaries, overtime pay, commissions,								
fees tips, and bonuses, and other compensation f	or							
personal services.								
The net income from the operation of a business								
of profession. Expenditures for business								
expansion or amortization of capital indebtednes	S							
shall not be used as deductions in determining ne	t							
income. An allowance for depreciation of assets								
used in a business or profession may be deducted	,							
based on straight-line depreciation, as provided in	1							
Internal Revenue Services Regulations. Any								
withdrawal of cash or assets from the operation o	r							
business will be included in income, except to the)							
extent the withdrawal is reimbursement of cash o	r							
assets invested in the operation by the family.								
Interest, dividends, and other net income of any								
kind from real or personal property. Expenditure	s							
for amortization of capital indebtedness shall not								
be used in determining net income. An allowance	e							
for depreciation is permitted only as authorized in	1							
number 2 (above). Any withdrawal of cash or								
assets from an investment will be included in								
ncome, except to the extent the withdrawal is								
eimbursement of cash or assets invested by the								
amily.								
The full amount of periodic amounts received								
rom Social Security, annuities, insurance								
oolicies, retirement funds, pensions, disability or								
leath benefits, and other similar types of periodic								
eceipts, including lump-sum amount or								
rospective monthly amounts for the delayed start								
f a periodic amount.								
ayments in lieu of earnings, such as								
nemployment and disability compensation, and								
everance pay.								
Velfare assistance, Welfare assistance made								
nder the Temporary Assistance for Needy								
amilies (TANF 45 CFR 260.31)) program.								
eriodic and determinable allowances such as								
limony and child support payments, and regular								
ontributions or gift received organizations or								
om persons not residing in the dwelling.	ļļ							
ll regular pay, special pay, and allowances of a								
ember of the Armed Forces.								

	Type of Assets:	Yes	No	Source	Total Value of Asset	Interest Earned Annually
la	Cash held in savings accounts (current balance)					
1b	Cash held in checking accounts (avg. balance for last 6 mos.)					
1c	Cash held in safe deposit boxes					
1d	Other cash					
2	Cash value of revocable trusts available to the applicant.					
3	Equity in rental property or other capital investments.					
4	Cash value of stocks or bonds.					
5a	Cash value of Treasury bills, certificates of deposit and money market accounts.					
5b	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.					
8	Personal property held as an investment such as gems, jewelry, coin collections, antique cars, etc.					
9	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	Mortgages or deeds of trust held by applicant.					
11	Assets(cash, property, etc.) gifted or sold below market value in last 24 months					
	Total Ass	sets:			1	В.
	Total Income; Subtota	I + As	sets (A+B):		
	APPLICANT'S (CERT	FIFI	CATION		
nde: erifi	certify that all information on this form is true a rstand that any deliberate falsifications are groun cation of any information herein contained. ily/Income Details & Income Determination Works	nds fo	or reje	ection of the a	application. I con	nd I sent to all
	Systeening Details & meenic Determination works	HEEL W	111 118	ve ule illiai an	u vermeu income	
Signa	Pr Pr	int Na	me		Date	
	ature Pri					

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 AUTHORIZATION FOR RELEASE OF INFORMATION

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	DOB
			DOB
	Social Security #	Applicant	

Form **4506-T** (March 2019) 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.

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 of	ode (see in	structions)

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

5a 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.

5b Customer file number (if applicable) (see instructions)

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 5a, 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.
 - a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days
- 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
- 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.

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

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

Signat has the	tory attests that he/she has read the attestation clause and upon so e authority to sign the Form 4506-T. See instructions.	reading declares that he/she	Phone number of taxpayer on line 1a or 2a
Sign	Signature (see instructions)	Date	
Sign Here	Title (if line 1a above is a corporation, partnership, estate, or trust)	1	
	Spouse's signature	Date	United States of the

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Form 4506-T (Rev. 3-2019)

Form 4506-T (Rev. 3-2019)

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 4506-1 (such as legislation enacted after we released it) will be posted on that page.

What's New. The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number, Full financial and tax information, such as wages and taxable income, is shown on the transcript,

A new optional Customer File Number field is available to use when requesting a transcript. You have the option of inputting a number, such as a loan number, in this field. You can input up to 10 numeric characters. The customer file number should not contain an SSN. This number will print on the transcript. The customer file number is an optional field and not required.

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 5a) 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 Mail or fax to: and lived in: Alabama, Kentucky, Louisiana, Internal Revenue Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, Service **BAIVS** Team Stop 6716 AUSC the Commonwealth of the Austin, TX 73301 Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address 855-587-9604 Alaska, Arizona, Arkansas California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Internal Revenue Service Kansas, Michigan, Minnesota Montana, Nebraska, Nevada, **RAIVS** Team Stop 37106 New Mexico, North Dakota, Fresno, CA 93888 Oklahoma, Oregon, South Dakota, Utah, Washington, 855-800-8105 Wisconsin, Wyoming Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Internal Revenue Service RAIVS Team Hampshire, New Jersey, New York, North Carolina, Ohio, Stop 6705 S-2 Kansas City, MO 64999 Pennsylvania, Rhode Island, South Carolina, Vermont, 855-821-0094 Virginia, West Virginia

Chart for all other transcripts

If you lived in or Mail or fax to: your business was in: Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawai Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Mississippi Internal Revenue Service Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, North Carolina, **RAIVS** Team P.O. Box 9941 Mail Stop 6734 North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South Ogden, UT 84409

Dakota, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands the U.S. Virgin Islands, A.P.O. or F.P.O. address

Maine, Massachusetts, New Hampshire, New York, Pennsylvania, Vermont

Internal Revenue Service RAIVS Team Stop 6705 S-2

855-821-0094

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

Note. If you use an SSN, name or combination of both, we will not input the information and the customer file number will be blank on the transcript.

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. 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 informa-tion 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.

855-298-1145

Kansas City, MO 64999