Submission Form/Lender Cover letter & Application for Homebuyer

From:		Compan	ny:
			E-mail:
	Borrower(s) Name:		
	City/County (Program): _		Amount Requested: \$
	First Mortgage Pre-qualif	ication amoun	t \$
			# under 18 years]
	Annual Income: \$	Income	Limit \$
ncomple	te packages cannot be proces	ssed.	
Send ALL	. ITEMS at once. (Mark items a	ittached)	
☐ Submis	ssion Form/Lender Cover Letter & A	Application for Ho	mebuyer
☐ Pre-Ap	plication for Homebuyer		
☐ Progra	m Income Inclusions-signed by <u>all a</u>	adult household n	nembers (2 pgs.)
☐ Borrow	ers Authorization -signed by all adu	ult household mer	nbers
☐ 4506-T	; signed by all adult household men	mbers (2 pgs.)	
☐ First m	ortgage lender application (1003) v	erify all total # of	household members are listed (all will be verified)
☐ Loan E	stimate/Fees worksheet (breakdow	vn of all financing	terms)
☐ Credit I	Report Tri-merged (3 Sources-Expe	erian, Trans Unio	n, Equifax)
	If no FICO scores; require 3 alternativ	e credit letters	
	Signed explanation letter for each der	rogatory	
☐ Curren	t pay stubs or proof of all other inco	ome (60 days) –Fo	OR ALL ADULT HOUSEHOLD MEMBERS
	Child Support/SSI/SSA/Unemploymen	nt, etc.	
☐ Verificat	ion of Employment (if applicable)		
□ 2022,2	021, 2020 Tax Returns and W-2's-	- FOR ALL ADULT	HOUSEHOLD MEMBERS
	Confirm total number of household m	embers are listed	
	If others are listed as dependent's but	t no longer part of h	ousehold include letter of explanation
		M 12	
Curren		•	retirement account statement (all asset accounts) employer (explanation for each deposit)
	below, I acknowledge the abov	e applicant has	been pre-qualified by our office for the amoun
listed.			
Primary Le	ender- Signature	D	ate
3y signing	below, I acknowledge that the	information prov	ided above is true and correct.
Borrower-	Signature	Date Co	o-Borrower Signature Dat

PRE-APPLICATION FOR HOMEBUYER/PRE-APLICACIÓN PARA COMPRADORES

Date / Fecha:_____

THE INFORMATION IN THE BOX BELOW IS REQUIRED / LA IN	≀MACIÓN EN LA CAJA ABAJO SE REQUIERE
--	--------------------------------------

Applicant Name / Nombre del Solicitante		Co-Applicant Name / Nombre del Co-Solicitante				
Home Phone / Teléfono de Casa		Work or Cell Phone Trabajo o Celular	The best time to call me is AM / PM Es el mejor hora para llamarme AM / PM			
Email Address/ Dirección de con	rreo electrónico					
Current Address / Dirección Cor	riente					
City / Ciudad	Zip / Código Postal	County / Cond	lado			
Mailing Address / Dirección Para	l a Envío					
City / Ciudad	Zip / Código Postal					
Total # persons in househ	n <mark>old /</mark> Total personas en el ho	gar Estimated	Annual Income/Ingreso Anual Estimado:			
	•	\$	<u> </u>			
Have you owned a proper ☐ Yes ☐ No If YES, please explain:	ty in the last 3 years?/¿Ha sid	do dueño de un pi	ropiedad en los últimos 3 años?			
·	LOOKING TO BUY A HOME?	1				
	BUSCANDO PARA COMPRAR					
Spanish speaking only?/S	Sólo Habla en Español? 🔲 Y	∕es / Si	No			
low did you hear about us?/	¿Cómo se enteró de nosotros?					
			only. This information is voluntary. ierno. Esta información es voluntaria.			
Applicant Demographic Inf	formation / Información demo	ográfica del solicit	tante:			
Age / Edad: (please check one	box / marque sólo una caja)] 19-24] 25-44] 45-64	☐ 65 and over				
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	l				
Handicapped /Incapacitado:	☐ Yes / Si ☐ No / No					
			ATE TO THE BEST OF MY KNOWLEDGE. XACTA A LO MEJOR DE MI CONOCIMIENTO.			
IAME / NOMBRE	DATE / FECHA	NAME / NOM	BRE DATE / FECHA			



Mark yes or not to all questions

Type of Income	YES	NO	Туре	Received from whom?	Amount Received Annually
The full amount, before any payroll deductions, of		NO	Туре	WIIOIII;	Annuany
wages and salaries, overtime pay, commissions,					
fees tips, and bonuses, and other compensation for		l l			
personal services.					
The net income from the operation of a business					Ī
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.					
The 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					1
receipts, including lump-sum amount or					
prospective monthly amounts for the delayed start		1			
of a periodic amount.					
Payments in lieu of earnings, such as					
unemployment and disability compensation, and					
severance pay.					
Welfare assistance, Welfare assistance made					
under the Temporary Assistance for Needy					
Families (TANF 45 CFR 260.31)) program.					
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.					
All regular pay, special pay, and allowances of a					
member of the Armed Forces.					
			Subtotal 7	Total:	\$
					A.

T	ype of Assets:	Yes	No	Source	Total Value of Asset	Interest Earned Annually
la	Cash held in savings accounts (current balance)					
1 b	Cash held in checking accounts (avg. balance for last 6 mos.)	<u>*</u> }				
lc	Cash held in safe deposit boxes					
l d	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.					
5Ь	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 A	ssets:				B. \$
	Total Income; Subtot	al + A	ssets	(A+B):	\$	
	APPLICANT'S	CER	TIF	ICATION		
nders erific	ertify that all information on this form is true tand that any deliberate falsifications are groation of any information herein contained. y/Income Details & Income Determination Work	unds f	or rej	jection of the	application. I co	nsent to all
	yrmeome Details & meome Determination work	isneet	***************************************	ave the mar a	ind vermed meome	
Signat	ure F	rint N	ame		Date	-
Signa	ture P	rint Na	ame		Date	-

LENDERS INCOME CALCULATION

Borrower:				<u>Monthly</u>		
Hourly:	\$ (wage) X(hours) X 52 weeks divided	by 12 =		\$		
Weekly:	\$ (wage) X 52 weeks divided by 12 =			\$		
Bi Weekly:	\$ (wage) X 26 pay periods divided by 12 =			\$		
Twice a Month:	\$ (wage) X 24 pay dates divided by 12 =			\$		
Monthly	\$ (wage) =			\$	_	
Bonus, Unemplo	yment, Child Support, Overtime, Seasonal,			\$		
Bonus, Unemplo	yment, Child Support, Overtime, Seasonal,			\$		
Income from all	asset accounts; checking/savings, CD, retirement accou	nts, etc.		\$	_	
Other income: _				\$		Annual
NOTES/EXPL	ANATIONS: To	tal Wages	(B)	\$	X 12 =	
Co Borrower: Hourly:	\$ (wage) X(hours) X 52 weeks divided	by 12 =		\$	_	
Weekly:	\$ (wage) X 52 weeks divided by 12 =			\$		
Bi Weekly:	\$ (wage) X 26 pay periods divided by 12 =			\$		
Twice a Month:	\$ (wage) X 24 pay dates divided by 12 =			\$		
Monthly	\$ (wage) =			\$		
Bonus, Unemplo	yment, Child Support, Overtime, Seasonal,			\$		
Bonus, Unemplo	yment, Child Support, Overtime, Seasonal,			\$	_	
Income from all a	asset accounts; checking/savings, CD, retirement accounts	nts, etc.		\$		
Other income: _				\$		Annual Income
NOTES/EXPLA		al Wages (G	CB) \$	<u> </u>	X12 =	
Income					то	tal Annual

TOTAL HOUSE	EHOLD INCOME FROM ALL SOURCES (E	3) + (CB) =	\$		X 12 =	

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.

				DOB
Date	Social Security #	Applicant si	ignature	
				DOB
	Social Security #	Applicant si	gnature	

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.

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

OMB No. 1545-1872

		If-help service tools. Please visit us at IRS. gov and click on "Get a Tax Transe Form 4506, Request for Copy of Tax Return. There is a fee to get a copy			I 1-800-908-9946. If you need a copy
1a	Name shown	n on tax return. If a joint return, enter the name shown first.	1b	taxpayer identificat	number on tax return, individual ion number, or employer ier (see instructions)
2a	If a joint retur	rn, enter spouse's name shown on tax return.	2b		<mark>irity number or individual</mark> ion number if joint tax return
3	Current name	e, address (including apt., room, or suite no.), city, state, and ZIP code (se	e ins	structions)	
4	Previous add	dress shown on the last return filed if different from line 3 (see instructions)			
5a	If the transcrip	pt or tax information is to be mailed to a third party (such as a mortgage compar	ny), (enter the third party's na	ame, address, and telephone number
Equ	uifax Verificatio	on Services 11432 Lackland Road, St. Louis, MO 63146 - C/O Self Help E	nter	prises 8445 W. Elowir	Court, Visalia CA 93290
5b	Customer file	e number (if applicable) (see instructions)			
have 5a, info 6	e filled in these the IRS has no rmation, you ca Transcript re per request. I Return Trans to the accour Form 1120-A the prior 3 pr Account Tra assessments estimated tax Record of Ac Available for ce	script, which includes most of the line items of a tax return as filed with the Int after the return is processed. Transcripts are only available for the follow, Form 1120-L, and Form 1120S. Return transcripts are avaiocessing years. Most requests will be processed within 10 business days inscript, which contains information on the financial status of the account, and adjustments made by you or the IRS after the return was filed. Return payments. Account transcripts are available for most returns. Most requests ccount, which provides the most detailed information as it is a combinat current year and 3 prior tax years. Most requests will be processed within	S di ke to eck tll RS wing ailab rn ir will ion (scloses your tax trans of limit the third party's he appropriate box belt A tax return transcript returns: Form 1040 state for the current year such as payments in a such as payments in the processed within 1 of the Return Transcriptions is limited to the transcriptions of the Return Transcriptions of the such as payments in the such as payments in the processed within 1 of the Return Transcriptions of the such as payments and the such as payments and the such as the su	cript to the third party listed on line authority to disclose your transcript low. Enter only one tax form number does not reflect changes made series, Form 1065, Form 1120, and returns processed during made on the account, penalty items such as tax liability and 0 business days
7 8	June 15th. Th Form W-2, Fo information re for up to 10 ye for 2011, filed	of Nonfiling, which is proof from the IRS that you did not file a return for there are no availability restrictions on prior year requests. Most requests with the series, Form 1098 series, or Form 5498 series transcript. The leturns. State or local information is not included with the Form W-2 information ears. Information for the current year is generally not available until the year in 2012, will likely not be available from the IRS until 2013. If you need W-2 incurity Administration at 1-800-772-1213. Most requests will be processed will	RS of the after 2 info	processed within 10 loan provide a transcripe IRS may be able to provide it is filed with the IRS promation for retirements	ousiness days
	tion: If you ne	eed a copy of Form W-2 or Form 1099, you should first contact the payer, see Form 4506 and request a copy of your return, which includes all attach.	To	get a copy of the Forr	
9	Year or period you must attack	d requested. Enter the ending date of the year or period, using the mm/dd/yych another Form 4506-T. For requests relating to quarterly tax returns, such as 2/31/2022 12/31/2021 12/3 not sign this form unless all applicable lines have been completed.	yy fo Fori	ormat. If you are reques m 941, you must enter	
required to ex	nature of taxpa lested. If the re aging member secute Form 45 Bignatory atte	ayer(s). I declare that I am either the taxpayer whose name is shown on line equest applies to a joint return, at least one spouse must sign. If signed by r, guardian, tax matters partner, executor, receiver, administrator, trustee, or 506-T on behalf of the taxpayer. Note: This form must be received by IRS wests that he/she has read the attestation clause and upon so reading carity to sign the Form 4506-T. See instructions.	y a part vithin	corporate officer, 1 pe y other than the taxpa n 120 days of the signa	rcent or more shareholder, partner, yer, I certify that I have the authority
C:-	Sig	nature (see instructions)	Dat	e	
Sig He	re Title	e (if line 1a above is a corporation, partnership, estate, or trust)	1		
	Spo	ouse's signature	Dat	e	

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.

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 tiled. 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

855-587-9604

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, Wyorning

Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888

855-800-8105

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

Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999

855-821-0094

Chart for all other transcripts

If you lived in or your business was in:

Mail or fax to:

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South 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

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

855-298-1145

Maine, Massachusetts, New Hampshire, New York, Pennsylvania, Vermont Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999

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 <u>should not</u> 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 example.

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

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 property 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

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 hearfrom 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.