



**CITY OF WHITE PLAINS
AFFORDABLE HOME OWNERSHIP PROGRAM
APPLICATION FORM**

APPLICANT:

Provide name and address of the person principally responsible for this application:

Name: _____
 First Middle Last

Address: _____
 Number Street Apt. #

 City State Zip Code

PHONE: Office () Home: () Cell: ()

E-Mail: _____

If more than one applicant, list each additional applicant and the same information on a separate sheet of paper.

APPLICANT OWNERSHIP INTEREST:

1. Are you applying for a specific Ownership Unit? If so, please state the address:

2. If you are applying for a specific unit and have identified the unit in the previous question, do you give consent to the City of White Plains to disclose the outcome of this eligibility determination? Please provide your answer below:

_____ No

_____ Yes, you may disclose the outcome to the owner of the identified unit.

_____ Yes, you may disclose the outcome to the realtor representing the owner and/or the realtor representing me, the prospective purchaser of the unit. Please specify name of realtor(s):

Do you or anyone on this application own any Real Estate?

_____ Yes, How long? _____

_____ No

INCOME:

Please list the name and gross annual income for all income earning persons who will be residing in the home ownership unit. Identify salary/wages separately from other income such as pension, investment income, support payments, etc. Income information from part time employment of children attending school full time should be listed, but will not be calculated in the gross annual income for purposes of determining eligibility under the White Plains Affordable Home Ownership Program.

_____	\$ _____	\$ _____	\$ _____
Name	Total Annual Income	Salary/Wages	Other Income
_____	\$ _____	\$ _____	\$ _____
Name	Total Annual Income	Salary/Wages	Other Income
_____	\$ _____	\$ _____	\$ _____
Name	Total Annual Income	Salary/Wages	Other Income

Add a separate sheet to report additional names and annual incomes

HOUSEHOLD MEMBERS:

Please list all persons (adults and children) who will be residing in the unit by relationship and age.

_____	_____	_____
Name	Relationship	Age
_____	_____	_____
Name	Relationship	Age
_____	_____	_____
Name	Relationship	Age
_____	_____	_____
Name	Relationship	Age
_____	_____	_____
Name	Relationship	Age

EMPLOYMENT:

Employer: _____

Employer's Address: _____
Street City State Zip

Contact name & Phone # for Employer: _____

Years With Employer: _____

If Retired, Former Employer: _____

Street City State Zip

Do you receive a pension(s)? Yes: _____ No: _____

SUPPORT DOCUMENTATION:

Applicants for home ownership units regulated under the AHOP should bring the support documentation listed below when appearing for a scheduled income certification interview. All income certification interviews will be scheduled by the White Plains Planning Department in order of priority status.

For each employed person intending to reside in the homeownership unit:

1. Copies of most recent Federal and State Income Tax Returns
2. Copy of most recent bank statement
3. Copy of forms reporting unearned income (Investment income, dividends, support payments, SSI, SSD, etc.)
4. Copies of last four (4) pay check stubs
5. Proof of Residency

For each retired person intending to reside in the ownership unit:

1. Copies of most recent Federal and State Income Tax Returns
2. Copy of most recent bank statement
3. Copy of forms reporting unearned income (Investment income, dividends, support payments, SSI, SSD, etc.)
4. Copies of Pension Award Statement, if any
5. Copy of Social Security Statement
6. Proof of Residency

APPLICANTS SIGNATURE:

I/We certify that this information is complete and accurate. I/We agree to provide, upon request, additional documentation on all income sources to the Affordable Home Ownership Program.

Name	Date	Name	Date
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WARNING: ANY PERSON WHO KNOWINGLY AND WILLINGLY MAKES FALSE OR FRAUDULENT STATEMENTS IS SUBJECT TO TERMINATION FROM THE AFFORDABLE HOME OWNERSHIP PROGRAM.

SUBMIT THIS FORM TO:

City of White Plains
Department of Planning
70 Church Street
White Plains, NY 10601
planning@whiteplainsny.gov
Fax: 914-422-1301

For additional information, feel free to call, 914-422-1300.

Minerva Place Condos Application Check List

Please provide the following documents that apply to you and call Carmen Gaskin at (914) 422-1300, or cgaskin@whiteplainsny.gov, for an appointment once you have gathered all of the following:

- 2014-2015 Federal and State Taxes for all household members
- 2014-2015 W2 forms for all household members
- Birth certificates for all household members
- Last three months of bank statements for all checking, savings, and all other assets such as IRA accounts, 401K accounts, etc.
- Four recent pay stubs from all working household members
- Award letters for pension, disability, child support or any other awarded unearned income
- Proof of enrollment from the University/College for any household members over the age of 18 that are students
- Notarized Affidavit for:
 - No Child Support
 - Non working adult (anyone over 18 years of age)
- If self-employed, provide a profit loss statement of business
- Verification of employment from employer for all working household members
- Request for Transcript of Tax Return Form
- Proof of residency - drivers license, lease or utility bill
- Submission of a certificate of completion of a HUD certified "First Time Homebuyers" course.
- Application - City of White Plains Affordable Rental Housing Application & Minerva Place Application, including the Affordability Worksheet



WESTCHESTER COUNTY 2016 AREA MEDIAN INCOME (AMI), SALES & RENT LIMITS

INCOME LIMITS & HOUSING COSTS

In determining affordability for housing, the housing costs must be calculated for the future residents. Housing costs include rent and any tenant paid utilities in rental housing; and includes the mortgage payment (Principal and Interest) property taxes, homeowners insurance and, in condominiums and cooperatives, any common charges and Home Owners Association (HOA) fees for ownership.

The U.S. Department of Housing and Urban Development (HUD) bases its income limits for a variety of housing programs on a standard called Area Median Income (AMI), for each metropolitan statistical area. The base AMI is estimated to be for an average family of 4 persons (highlighted in red on below chart). The maximum income by family size is then adjusted by a percentage determined by HUD:

FAMILY SIZE PERCENTAGE

# of Persons	1	2	3	4	5	6	7	8
Adjustment	70%	80%	90%	100%	108%	116%	124%	132%

In the cases where the AMI for Westchester County is lower in a following year, the County policy is to hold-harmless any existing property with tenants in place or new homebuyers ready to purchase a home who have signed a Contract of Sale prior to the effective date of the of the published Income Limits.

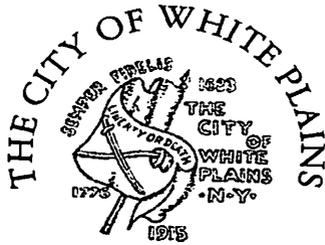
The below Income Limits are published by HUD accordance with federal guidelines, including the limits to be applied to *Multifamily Tax Subsidy Projects (MTSP)*. HUD also publishes income limits for the Neighborhood Stabilization Program (NSP) which are higher than those which apply to other Westchester County Housing Programs, at 120% AMI. Those limits are presented in the below chart, but only apply to ownership of 1-4 family homes assisted with NSP.

2016 Maximum Income Guidelines

INCOME LIMITS	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person
	Household	Household	Household	Household	Household	Household
120% AMI	\$90,600	\$103,500	\$116,450	\$129,360	\$139,750	\$150,100
100% AMI	\$75,500	\$ 86,250	\$ 97,100	\$107,800	\$116,450	\$125,100
80% AMI	\$60,400	\$ 69,000	\$ 77,650	\$ 86,250	\$ 93,150	\$100,050
*60% AMI	\$45,300	\$ 51,780	\$ 58,260	\$ 64,680	\$ 69,900	\$ 75,060
*50% AMI	\$37,750	\$ 43,150	\$ 48,550	\$ 53,900	\$ 58,250	\$ 62,550
30% AMI	\$22,650	\$ 25,900	\$ 29,150	\$ 32,350	\$ 34,950	\$ 37,550

EFFECTIVE DATE

- * MSTP, Section 8 & NSP Income Limits, March 6, 2016
- * HOME Income Limits and 80% Uncapped Income Limits, June 1, 2016



PLANNING DEPARTMENT
70 Church Street, White Plains, New York 10601
(914) 422-1300 Fax: (914) 422-1301
E-Mail: Planning@whiteplainsny.gov

THOMAS M. ROACH
MAYOR

CHRISTOPHER N. GOMEZ, AICP
COMMISSIONER

LINDA K. PUOPLO
DEPUTY COMMISSIONER

Employment Verification Form

Date: _____

Employee's Name: _____

Employer name and address: _____

Employment start date: _____

Job Title: _____

Base Pay Rate: \$ _____ per hour / week / month (circle one)

Average hours worked per week at base pay rate: _____

Overtime pay rate: \$ _____

Total base pay earnings past 12 months: \$ _____

Total overtime earnings past 12 months: \$ _____

Projected pay next twelve months: \$ _____ with overtime: \$ _____

MANAGER / SUPERVISOR / HUMAN RESOURCE - SUPPLYING INFORMATION:

Name

Title

Signature

Telephone

Date

AFFORDABLE WORKSHEET

CLIENT NAME			
PROPERTY ADDRESS			
PROPERTY TYPE			
PRICE (UNSUBSIDIZED)			
CITY OF WHITE PLAINS SUBSIDY			
SALE PRICE (AFTER SUBSIDY)			
REQUIRED DEPOSIT			
PRE-APPROVAL			
PURCHASE PRICE			
CLIENTS DEPOSIT			
LOAN AMOUNT			___ % INTEEST
MONTHLY PMI			___ YR MORTGAGE
COMMON CHARGES			
TAXES			
CLIENTS DEBTS			
OTHER FESS			
TOTAL OF EXPENSES			
MONTHLY INCOME			
YEARLY INCOME			

Verification of Employment

<p style="text-align: center;">City of White Plains</p> <p style="text-align: center;">Affordable Home Ownership Program</p> <p>AUTHORIZATION: Federal Regulations require us to verify Employment Income of all members of the household applying for participation in the HOME Program which we operate and to reexamine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p> <p>Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.</p>	<p>Employed since: _____ Occupation: _____</p> <p>Salary: _____</p> <p>Effective date of last increase: _____</p> <p>Base pay rate: \$_____/Hour; or \$_____/Week; or \$_____/Month</p> <p>Average hours/week at base pay rate: _____ Hours</p> <p>No. weeks _____, or No. weeks _____ worked/Year</p> <p>Overtime pay rate: \$_____/Hour</p> <p>Expected average number of hours overtime worked per week during next 12 months _____</p> <p>Any other compensation not included above (specify for commissions, bonuses, tips, etc.): For: _____ \$_____ per _____</p> <p>Is pay received for vacation? Yes No</p> <p>If Yes, no. of days per year _____</p> <p>Total base pay earnings for past 12 mos. \$_____</p> <p>Total overtime earnings for past 12 mos. \$_____</p> <p>Probability and expected date of any pay increase: _____</p> <p>Does the employee have access to a retirement account? Yes No</p> <p>If Yes, what amount can they get access to: \$_____</p>
<p>RELEASE: I hereby authorize the release of the requested information.</p> <p>_____</p> <p>(Signature of Applicant)</p> <p>Date: _____</p> <p>or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached.</p>	<p>Signature of _____</p> <p>or Authorized Representative</p> <p>_____</p> <p>Title: _____</p> <p>Date: _____</p> <p>Telephone: _____</p>
<p>WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.</p>	

VERIFICATION OF: Assets on Deposit

<p style="text-align: center; font-weight: bold; font-size: 1.2em;">City of White Plains</p> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">Affordable Home Ownership Program</p> <p>AUTHORIZATION: Federal Regulations require us to verify Assets on Deposit of all members of the household applying for participation in the HOME Program which we operate and to reexamine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p> <p>Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.</p>	Checking Account No. _____ _____	Average Monthly Balance for Last 6 Months _____ _____	Current Interest rate _____ _____		
	Savings Accounts _____ _____	Current Balance _____ _____	Current Interest Rate _____ _____		
	Certificate of Deposit Account No. _____ _____	Amount _____ _____	Withdrawal Penalty _____ _____	Current Interest Rate _____ _____	
	IRA, Keogh, Retirement Accounts				
	Account No. _____ _____	Amount _____ _____	Withdrawal Penalty _____ _____	Current Interest Rate _____ _____	
Money Market Funds _____ _____	Amount (Average 6-month Balance) _____ _____	Interest Rate _____ _____			
<p>RELEASE: I hereby authorize the release of the requested information.</p> _____ (Signature of Applicant) Date: _____ Or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached.	Signature of _____ or Authorized Representative _____ Title: _____ Date: _____ Telephone: _____				
<p>WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.</p>					

Request for Transcript of Tax Return

OMB No. 1545-1872

- ▶ 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 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 code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

Caution: If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ _____

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

b **Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days

c **Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days

7 **Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days

8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately. | 12 / 31 / 2014 | 12 / 31 / 2015 | / / | / /

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:** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

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

		Phone number of taxpayer on line 1a or 2a
Signature (see instructions)	Date	
Title (if line 1a above is a corporation, partnership, estate, or trust)		
Spouse's signature	Date	

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

Future Developments

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

General Instructions

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

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

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

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

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-808-9946.

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 6705 P-6 Kansas City, MO 64999 816-292-6102

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, 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 84400 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.



CAUTION 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.

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

PHA requesting release of information; (Cross out space if none)
(Full address, name of contact person, and date)

CITY OF WHITE PLAINS
DEPARTMENT OF PLANNING
70 CHURCH STREET
WHITE PLAINS, NY 10601

IHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. **Purpose:** Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. **Other Uses:** HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. **Penalty:** You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.