

NOTICE

Recertification Packets and All Required Documents are due at the briefing.

Incomplete packets will not be accepted.

You will have a 10-day deadline after the briefing to submit the requested documents. Failure to submit the forms will result in a Termination Notice per Family Obligations.

Documents may be submitted **In Person, Drop Box, Mail or FAX.**
Emails will not be accepted.

NOTICE

Please complete the Exam packet and provide ALL required documentation by the DEADLINE date for processing.

Incomplete packets will not be accepted.

You MUST provide verification for any Preferences you selected such as *homeless, displacement due to govt. funding and/or domestic violence*

***If you do not have documentation to support the preferences, you selected you may not be eligible at this time*

Documents may be submitted **In Person, Drop Box, Mail or FAX.**

Emails will not be accepted.



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410

EXHIBIT 12-1: STATEMENT OF FAMILY OBLIGATIONS

Following is a listing of a participant family's obligations under the HCV program:

- The family must supply any information that the PHA or HUD determines to be necessary, including submission of required evidence of citizenship or eligible immigration status.
- The family must supply any information requested by the PHA or HUD for use in a regularly scheduled reexamination or interim reexamination of family income and composition. (ALL Changes should be submitted within 10 days of the occurrence by completing an interim change form and all required documentation)
- The family must disclose and verify social security numbers and sign and submit consent forms for obtaining information.
- Any information supplied by the family must be true and complete.
- The family is responsible for any Housing Quality Standards (HQS) breach by the family caused by failure to pay tenant-provided utilities or appliances, or damages to the dwelling unit or premises beyond normal wear and tear caused by any member of the household or guest.

MHA Policy

Damages beyond normal wear and tear will be considered to be damages which could be assessed against the security deposit.

- The family must allow the PHA to inspect the unit at reasonable times and after reasonable notice, as described in Chapter 8 of this plan.
- The family must not commit any serious or repeated violation of the lease.

MHA Policy

The PHA will determine if a family has committed serious or repeated violations of the lease based on available evidence, including but not limited to, a court-ordered eviction or an owner's notice to evict, police reports, and affidavits from the owner, neighbors, or other credible parties with direct knowledge.

Serious and repeated lease violations will include, but not be limited to, nonpayment of rent, disturbance of neighbors, destruction of property, living or housekeeping habits that cause damage to the unit or premises, and criminal activity. Generally, the criterion to be used will be whether or not the reason for the eviction was the fault of the tenant or guests. Any incidents of, or criminal activity related to, domestic violence, dating violence, sexual assault or stalking will not be construed as serious or repeated lease violations by the victim [24 CFR 5.2005(c)(1)].

- The family must notify the PHA and the owner before moving out of the unit or terminating the lease.

MHA Policy

The family must comply with lease requirements regarding written notice to the owner. The family must provide written notice to the PHA at the same time the owner is notified.

- The family must promptly give the PHA a copy of any owner eviction notice.

- The family must use the assisted unit for residence by the family. The unit must be the family's only residence.
- The composition of the assisted family residing in the unit must be approved by the PHA. The family must promptly notify the PHA in writing of the birth, adoption, or court-awarded custody of a child. The family must request PHA approval to add any other family member as an occupant of the unit.

MHA Policy

The request to add a family member must be submitted in writing and approved prior to the person moving into the unit. The PHA will determine eligibility of the new member in accordance with the policies in Chapter 3.

- The family must promptly notify the PHA in writing if any family member no longer lives in the unit.
- If the PHA has given approval, a foster child or a live-in aide may reside in the unit. The PHA has the discretion to adopt reasonable policies concerning residency by a foster child or a live-in aide, and to define when PHA consent may be given or denied. For policies related to the request and approval/disapproval of foster children, foster adults, and live-in aides, see Chapter 3 (Sections I.K and I.M), and Chapter 11 (Section II.B).
- The family must not sublease the unit, assign the lease, or transfer the unit.

MHA Policy

Subleasing includes receiving payment to cover rent and utility costs by a person living in the unit who is not listed as a family member.

- The family must supply any information requested by the PHA to verify that the family is living in the unit or information related to family absence from the unit.
- The family must promptly notify the PHA when the family is absent from the unit.

MHA Policy

Notice is required under this provision only when all family members will be absent from the unit for an extended period. An extended period is defined as any period greater than 30 calendar days. Written notice must be provided to the PHA at the start of the extended absence.

- The family must pay utility bills and provide and maintain any appliances that the owner is not required to provide under the lease [Form HUD-52646, Voucher].
- The family must not own or have any interest in the unit, (other than in a cooperative and owners of a manufactured home leasing a manufactured home space).
- Family members must not commit fraud, bribery, or any other corrupt or criminal act in connection with the program. (See Chapter 14, Program Integrity for additional information).

- Family members must not engage in drug-related criminal activity or violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises. See Chapter 12 for HUD and PHA policies related to drug-related and violent criminal activity.
- Members of the household must not engage in abuse of alcohol in a way that threatens the health, safety or right to peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises. See Chapter 12 for a discussion of HUD and PHA policies related to alcohol abuse.
- An assisted family or member of the family must not receive HCV program assistance while receiving another housing subsidy, for the same unit or a different unit under any other federal, state or local housing assistance program.
- A family must not receive HCV program assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities. [Form HUD-52646, Voucher]



603 N. Tennessee St.
McKinney, TX 75069

Phone: 972-542-5641
Fax: 972-542-0908
McKinneyha.org

McKinney Housing Authority

I certify that:

I have been notified of rules of the program and provided a tenants responsibilities form and that I understand I must stay in compliance of the program to be eligible for assistance. Failure to be in compliance can result in termination of assistance.

It is my responsibility if searching for a unit to find a unit that meets the requirements of the program such as income eligibility, passes HQS inspection, etc. and to submit an RTA and proposed lease prior to the expiration date of the voucher.

I understand MHA does not assist on security deposits, application fees , moving costs, etc.

I understand that I am to report any changes in writing, by completing an interim change form and all other required documentation to the McKinney Housing Authority within 10 days of the occurrence.

If I vacate my unit, it is my responsibility to notify the housing authority in writing prior to doing so and upon leaving the unit.

Failure to report a change of income can result in termination of assistance. Failure to report a change can result in monies being owed to the housing authority. MHA does not offer payment agreements if the owed amount is over \$500.00

Failure to pay my tenant portion of rent can result in termination of assistance.

Failure to attend any inspections requested of me can result in termination of assistance.

Failure to complete a required annual recertification can result in termination of assistance.

Failure to be in compliance with the program rules or obligations can result in termination of assistance.

McKinney Housing Authority provides subsidy. They are not able to intervene in tenant/landlord issues or provide legal advice or assistance.

If I have an issue with my landlord, I should first contact the landlord per my lease to allow them the proper time per the lease to resolve the issue

If requesting a special inspection of unit the client must provide to MHA that documentation where the client has put the request in writing to the landlord and followed up with the landlord if not corrected within the timeframe of their lease. Upon providing this documentation MHA would schedule a special inspection of the unit within 15 days if not life-threatening and 24 hrs if life threatening.

I understand that if looking to move from my current unit, transferring to a new unit or porting to a new housing authority I will need to submit to the McKinney Housing Authority the below items:

- Letter of Good Standing From Current Landlord
- Copy of notice to vacate I or the landlord have provided each other (dates based on my lease agreement with the landlord)
- Current Copy of My Lease
- Portability Request Form (if porting to new agency)

McKinney Housing Authority Board of Commissioners

Naomi Hodges – Chairman
Shannetta Williams – Vice Chairman
Gavin Nicholson – Commissioner

Ada Simmons - Commissioner
Debbie Roberts – Resident Commissioner
Logan Gill - Commissioner



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Phone: 972-542-5641
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McKinneyha.org

McKinney Housing Authority

I understand that if porting the process can take between 30-60 days and I should prepare for a transitional period between moves and this transitional period, if applicable, would be my responsibility.

I understand that if I am currently assisted by the McKinney Housing Authority and porting to a new agency, MHA does not offer extensions. One sixty-day voucher will be issued to the agency you have chosen.

I understand that if moving or transferring units there can be a transitional period that I should prepare for if applicable that would be my responsibility.

I understand that if coming off the waitlist and requesting to port to a different agency I must provide documentation to support that I have lived in the jurisdiction of MHA for twelve months

I understand that if I choose to port and the McKinney Housing Authority is billing my initial housing authority, the McKinney Housing Authority will send my port request to my initial housing authority, they will be the agency to send documents to the agency of your choice (this process can take 30-60 days)

Extensions for voucher

Clients that have a current lease and are currently being assisted by the McKinney Housing Authority :

I understand that if I have a current lease and am being assisted by the McKinney Housing Authority, all requests of extension must be requested in writing prior to the expiration date of the voucher. One thirty-day extension will be granted per the ADMIN policy.

I understand that if I have a current lease and am being assisted by the McKinney Housing Authority, other extensions are only granted as a reasonable accommodation to elderly/disabled households and this extension is not guaranteed but on a case-by-case basis determined from documents the family submits to show their need for a reasonable accommodation.

If the voucher expires it is VOID and I can reapply for the waitlist when it reopens.

Port In Clients:

I understand that if I am porting to MHA the 30-day extension that the McKinney Housing Authority grants is already included on the voucher I have received. MHA will honor no other extensions unless approved by the original agency in writing by providing a new voucher and billing documentation to the McKinney Housing Authority.

I understand that if I have not submitted a RTA and proposed lease prior to the expiration date of my voucher the voucher is VOID and paperwork would be sent to the original agency informing them that they may reissue their voucher to another family.

Client Printed Name

Client Signature

Date

McKinney Housing Authority Board of Commissioners

Naomi Hodges – Chairman
Shannetta Williams – Vice Chairman
Gavin Nicholson – Commissioner

Ada Simmons - Commissioner
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Logan Gill - Commissioner

REEXAMINATION FORM

Public Housing HCV

1. Name of head of household: _____
2. Name of adult co-head of household: _____
3. Current address, Street, Apt. # _____
 Current City, State and Zip _____
 Current Area Code, Home & Work Phone #s _____

For Statistical Purposes Only

4. Race of Head: Caucasian/White African American/Black Asian or Pacific Islander
 Native American/ Alaska Native Pacific Islander/Hawaiian Native
5. Ethnicity of Head: Hispanic/Latino Non-Hispanic/Non-Latino

Family Information

6. List all persons who will live in the unit, including foster children, live-in aides (if needed for the care of a family member). No one except those listed on this form may live in the unit.

	First Name & Last Name if different from Head's	Date of Birth	Sex	Social Security Number	Relation to Head	Disabled Person?	Birthplace: Country	Full-time Student?
H				_____	Head			
2				_____				
3				_____				
4				_____				
5				_____				
6				_____				
7				_____				
8				_____				

Family Income Information

7. Please list the source & amount of all income expected in the next 12 months for all family members. Include earnings and benefits received from TANF, VA, Social Security, SSI, SSID, Unemployment, Worker's Compensation, Child Support, etc. Example: Wages, \$150/week, SSI, \$421/month

Family Member Name	Income Source	Amount \$	Frequency – Per
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year

8. Do you have a checking or savings account or own any Certificates of Deposit, stocks, bonds, etc?
 Yes No If yes, describe the type of asset(s) please: _____
 What is the market value of all assets? _____
9. Do you own any real estate? Yes No If yes, what is the address? _____

10. Have you sold any real estate in the past two years? Yes No If yes, what was the address? _____

Deductions in Calculating Rent:

11. Is the head of household or spouse age 62 or older or a person with a disability? Yes No If yes, please answer the following questions. If no, please skip down to question # 14.
12. Does your household have any medical expenses (include insurance, Medicare deduction, doctor visits, hospital, clinic costs, medicine, therapy, supplies, medical transportation, etc.)? Yes No
 If yes, please describe the type of expense (not your medical condition) and the unreimbursed amount you spend per month on all medical expenses: Type of expense: _____

 Monthly medical expense: \$ _____ Name, address & phone # of someone who can verify the expense: _____

13. Do you have any expenses on behalf of a household member with disabilities so an adult in the family can work? Yes No If yes, describe the expense and monthly amount: _____
 Name, address & phone # of someone who can verify the expense: _____
14. Do you have childcare expenses for children under age 13 so an adult in the family can work, go to school or attend job training? Yes No If yes, name, address and phone # of childcare provider: _____

 Monthly unreimbursed child care cost: \$ _____
15. Is any member of the household 18 or older other than head and spouse a full time student or person with a disability? Yes No If yes, Name of the family member and the name and address of someone who can verify this information: Name of family member: _____
 Name, address & phone # of someone who can verify this information: _____

16. Does anyone not residing in your household claim any member of your household as a dependent on his/her income tax return? Yes No
17. Drivers License or State ID #: Applicant: _____ Co-applicant: _____
 Automobile: Year: _____ Make: _____ Model: _____ License: _____

I/we certify that the statements on this application are true to the best of my/our knowledge and belief and understand that they will be verified. I/we authorize the release of information to the Housing Authority by my/our employer(s), the Texas Health and Human Services Commission, the Social Security Administration, and/or other business or government agencies. I/we understand that any false statement made on this application will cause me/us to be disqualified for admission.

 Head Signature Date

 Co-applicant Signature Date

Warning: 18 U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of a

department or an agency of the United States shall be fined not more than \$10,000 or shall be imprisoned for not more than five years or both.

McKinney Housing Authority – 603 N. Tennessee St. McKinney, TX 75069

Phone: 972-542-5641 Fax: 972-542-0908 Email:

info@mckinneyha.org

**Family Obligation: Report all changes to Income and or Household
Composition within 10 days of the occurrence.**

**Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban
Development and the Housing Agency/Authority (HA)**
U.S. Department of Housing and Urban Development, Office of Public and Indian Housing

PHA or IHA requesting release of information (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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

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

- Public Housing
- Housing Choice 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.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

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 Advisory. 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any record keeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 06/30/2026.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

<p>This Notice was provided by the below-listed PHA:</p>	<p>I hereby acknowledge that the PHA provided me with the <i>Debts Owed to PHAs & Termination Notice:</i></p>	
	<p>Signature</p> <p>Printed Name</p>	<p>Date</p>

Declaration of Section 214 Status

This Section to be completed by the Applicant

Last Name: _____ First Name: _____ Middle name: _____

Relationship to the head of household: _____ Sex: _____ Date of Birth: _____

Social Security Number: _____ Alien Registration Number: _____

Admission Number: _____ Nationality: _____
(If applicable-from INS Form I-94, Departure record) (Country to which you owe legal allegiance-may or may not be country of birth)

Instructions: Complete the declaration below by reviewing all four boxes and signing the ONE box that applies. A separate declaration form must be signed for each member of the household.

I, _____ hereby declare, under penalty of perjury, that:

1. I am a citizen or national of the United States of America.

Signature _____ Date _____

I am signing on behalf of a child living in my assisted unit for whom I am responsible

If you sign this box, no further action is required.

2. I am a non-citizen with eligible immigration status, as described on the reverse.

Signature _____ Date _____

I am signing on behalf of a child living in my assisted unit for whom I am responsible

If you sign this box, complete the reverse side including the Verification Consent

Request for an Extension

3. I hereby certify that I am a non-citizen with eligible immigration status as noted in #2 above, and as described on the reverse, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be taken to obtain this evidence.

Signature _____ Date _____

I am signing on behalf of a child living in my assisted unit for whom I am responsible

If you sign this box, complete the reverse side including the Verification Consent.

4. I am not contending eligible immigration status and I understand that I am not eligible for financial housing assistance.

Signature _____ Date _____

I am signing on behalf of a child living in my assisted unit for whom I am responsible

If you sign this box, no further action is required. You are NOT eligible for housing assistance.

PENALTIES FOR MISUSING THIS CONSENT: 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. HUD, the PHA and any owner (or any employee of HUD, the PHA 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 this verification form is restricted to the purposes cited above. 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 PHA or the owner responsible for the unauthorized disclosure or improper use. . Penalty provisions for misusing the social security number are contained in the Social Security Act at **208 (a) (6), (7) and (8).** Violations of these provisions are cited as violations of 42 U.S.C. Section **408 (a) (6), (7) and (8).**

This Section to be completed by the Applicant

If you checked box 2 on the front side of this page, and are claiming to be a non-citizen with eligible immigration status, one of the following boxes MUST be checked:

- A non-citizen lawfully admitted for permanent residence, as defined by section 101(a)(20) of the Immigration and Nationality Act (INA) as an immigrant, as defined by section 101 (a)(15) of the INA (8 USC 1001 (a)(20) and 1101 (a)(15), respectively). [immigrants] (This category includes a non citizen admitted under section 210 or 210A of the INA (8 USC 1160 or 1161), [special agricultural worker], who has been granted lawful resident status);
- A non-citizen who entered the U.S. before 1-1-1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under Section 249 of the INA (8 USC 1259);
- A non-citizen who is lawfully present in the U.S. pursuant to an admission under section 207 of the INA (8 USC 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 USC 1158) [asylum status]; or as a result of being granted conditional entry under section 203 (a)(7) of the INA (8 USC 1153 (a)(7) before 4-1-1980, because of persecution on account of race, religion, or political opinion or because of being uprooted by a catastrophic national calamity;
- A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under section 212 (d)(5) of the INA (8 USC 1182 (d)(5)) [parole status];
- A non-citizen who is lawfully in the U.S. as a result of the Attorney General's withholding deportation under section 243 (h) of the INA (8 USC 1253 (h)) [threat to life or freedom]; or
- A non-citizen lawfully admitted for temporary or permanent residence under section 245 A of the INA (8 USC 1255a) [amnesty granted under INA 245 A]

If you checked one of the above boxes you must submit one of the following documents:

- Form I-551, Alien Registration Receipt Card (for permanent resident aliens);
- Form I-94, Arrival-Departure record, with one of the following annotations:
 - a) "Admitted as Refugee Pursuant to Section 207"
 - b) "Section 208" or "Asylum"
 - c) "Section 243(h)" or "Deportation stayed by Attorney General"
 - d) "Paroled pursuant to Section 212(d)(5) of the INA"
- If Form I-94, Arrival-Departure Record, is not annotated, please provide one of the following documents:
 - a) A final court decision granting asylum (but only if no appeal is taken);
 - b) A letter from an INS asylum officer granting asylum (if application is filed on or after 10-1-1990) or from an INS district director grant asylum (if application filed before 10-1-1990);
 - c) A court decision granting withholding of deportation; or
 - d) A letter from an INS asylum officer granting withholding of deportation (if application filed on or before 10-1-1990)
- Form I-688, Temporary Resident Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 247a.12";
- Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 247a.12";
- A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.;
- Form I-152, Alien Registration Receipt Card.

If you checked box 2 or 3 on the reverse side, please complete this consent form

Verification Consent

I, _____ hereby consent to the following:

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing;
2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it, to; (a) HUD, as required by HUD; and (b) The INS for the purposes of verification of the immigration status of the individual. **Notification:** Evidence of eligible immigration status shall be released only to the INS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the INS.

Signature _____ Date _____

CRIMINAL BACKGROUND CHECK FORM

Last Name _____ First Name _____ Middle Initial _____

Social Security Number _____ Date of Birth _____

Other Names Used (Aliases, Maiden, Etc. _____) Phone Number _____

Street Address _____ Apt. # _____ City, State & Zip Code _____

IMPORTANT: All persons age 18 and older must complete this form. Your criminal record will be used in reviewing your eligibility for admission and your continued participation in the various MHA programs. Your admission and continued assistance will depend on the type of activity/offense and the amount of time that has elapsed since the disposition of the activity/offense. Providing false answers and failure to disclose all criminal activities is cause for disqualification and termination from the program. If you require assistance or help in understanding this document we will provide assistance upon notification.

List all criminal activities/offenses, civilian and military, including but not limited to, traffic bench warrants, suspended licenses, traffic citations, arrests and conviction. Include any criminal charges for which you are presently awaiting trial or which are otherwise pending. Please check the boxes below that apply to your household.

- I have not been subject to any criminal action, including but not limited to grand jury assembly issuance of warrants, arrests, or convictions.
- There are not pending criminal actions against me.
- There are no family members in my household subject to a lifetime sex offender registration requirement.
- I have a criminal history and/or pending criminal charges as listed below: Attach additional sheets if necessary.

DATE OF ACTIVITY/OFFENSE	CITY/STATE/COUNTRY	CHARGES/ALLEGATIONS	DISPOSITION

Comments:

- I certify that the information provided in this criminal Background Check Form is true, complete and accurate.
- I acknowledge and understand that passing a criminal background check is a requirement for assistance and or eligibility.
- I acknowledge and understand that passing a criminal background check is a requirement for continued assistance.

I authorize the McKinney Housing Authority to verify all information provided herein, and I acknowledge understanding that providing incomplete or inaccurate information is cause for disqualification and termination from the programs.

Signature

Date

FOR INTERNAL USE ONLY:

Approved:

Denied:

APPLICANT/TENANT CERTIFICATION

All family members age 18 and older should review the information on this application and MUST sign below.

Giving True and Complete Information

I certify that all the information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge. I have reviewed the application form and certify that the information shown is true and correct.

Reporting Changes in Income or Household Composition

I know I am required to report immediately in writing any changes in income and any changes in the household size, when a person moves in or out of the unit. I understand the rules regarding guests/visitors and when I must report anyone who is staying with me.

Reporting on Prior Housing Assistance

I certify that I have disclosed where I received any previous Federal housing assistance and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

No Duplicate Residence or Assistance

I certify that the apartment will be my principal residence and that I will not obtain duplicate Federal housing assistance while I am in this current program. I will not live anywhere else without notifying the Housing Authority immediately in writing. I will not sublease my assisted residence.

Cooperation

I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. I understand failure or refusal to do so may result in delays, denial or termination of assistance, or eviction.

Criminal and Administrative Actions for False Information

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal and State criminal law. I also understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance or termination of tenancy.

Signature of Household Adults

- 1) _____ Date _____
- 2) _____ Date _____
- 3) _____ Date _____
- 4) _____ Date _____

For discrimination complaints, call 1-800-669-9777

**RESIDENT CERTIFICATION REGARDING
NO ADDITIONAL ADULTS LIVING IN UNIT**

This Housing Authority's policy states that no person(s) other than those listed on the lease and application shall live or stay in the unit other than on a temporary basis and not exceeding fifteen (15) days. This is to insure that the Total Tenant Payment is accurately calculated. Refer to your Lease Section VIII, A, 4. Failure to abide by this policy could result in back rent charges and/or eviction and charges of theft and fraud.

I understand the statements above and certify that there are no other person(s) living or staying in the unit now other than those persons listed on the lease and application. If this situation should change during the term of the lease, I agree to contact the Housing Authority management with the additional information. I realize that failure to do this could result in my having to pay back rent and possible theft and fraud charges under state and federal laws.

I certify that the information above is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000 and/or imprisoned up to five(5) years, lose the subsidy HUD pays and/or have my rent increased, if we furnish false or incomplete information.

Resident Name

Date

Resident Signature

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

Signature of Applicant	Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

**SELF-CERTIFICATION FORM -
APPLICANT/RESIDENT**

I, _____, understanding the penalties under the law for misrepresenting facts to a government agency of the United States, do hereby certify to the best of my knowledge, the following (check all that apply):

- That I am the head of household of my family
- That I receive an estimated annual earned income of \$ _____ from _____ (source)
- That I receive \$ _____/month income from
 - Self-Employment
 - Unemployment Benefits
 - VA Benefits
 - Military Pay
 - Workers Compensation/Disability Compensation
 - Child Support
 - TANF
 - Retirement/Pension Benefit
 - Other _____
- That I receive income from rental property in the amount of \$ _____/month.
- That I have disposed of assets for below market value in the amount of \$ _____ during the past two years.
- That I am self-employed and the attached financial statement is true and accurate.

- That I am entitled to receive Child Support and have made efforts to collect.

- That my anticipated medical expenses for the next 12 months are \$_____.

Applicant/Resident

PHA Representative

Date

Date

UNDER TITLE 18, SECTION 1001 OF THE US CODE, IT IS A FELONY TO MAKE FALSE STATEMENTS KNOWINGLY AND WILLINGLY TO ANY REPRESENTATIVE OR AGENT OF A DEPARTMENT OR AGENCY OF THE UNITED STATES; ANYONE WHO DOES SO SHALL BE FINED UP TO \$10,000 OR IMPRISONED UP TO 5 YEARS, OR BOTH.

Employment of Income Verification

Full Name of Client: _____ SS#: _____

Present Address: _____

Date Employed: _____ Job Title: _____

Base Pay Rate: \$ _____ per hour _____ per week _____ per month

Frequency of pay () weekly-52 pay periods () bi-weekly-26 pay periods () semimonthly-24 pay periods

Will rate change in coming 12 months? ____ Yes ____ No

Average number of hours worked at Base Rate of Pay: ____ hrs/week, or _____ hrs/month in year

Is this person likely to get Overtime? ____ If so, what is the rate of Overtime pay? _____

Average number of overtime hours expected in the year? _____

Are there any other forms of compensation not listed above? _____

Is pay received for vacation? _____

Total Earnings, Year to Date: _____

Total Base Pay Earnings for last 12 months \$ _____

Total Overtime Earnings for the last 12 months _____

Does this person participate in a 401K stock or other pension plan? _____

Name and Signature of person completing this form _____

Date: _____

Employer Information

Firm Name: _____ Address: _____

Name of Person Completing this form: _____

Title: _____ Signature: _____

APPLICANT/TENANT RELEASE

I _____ hereby authorize the release of the requested information.

Signature

Date

Employer Information

Supervisor's Name: _____

Supervisor's Email: _____

Company Name: _____

Employer's Address: _____

Employer's Phone Number: _____

Employer's Fax Number: _____

Self-Certification:

Full Name of Client: _____ SS#: _____

Present Address: _____

Date Employed: _____ Job Title: _____

Base Pay Rate: \$ _____ per hour _____ per week _____ per month

Frequency of pay () weekly-52 pay periods () bi-weekly-26 pay periods () semimonthly-24 pay periods

Will rate change in coming 12 months? _____ Yes _____ No

Average number of hours worked at Base Rate of Pay: _____ hrs/week, or _____ hrs/month in year

Is this person likely to get Overtime? _____ If so, what is the rate of Overtime pay? _____

Average number of overtime hours expected in the year? _____

Are there any other forms of compensation not listed above? _____

Is pay received for vacation? _____

Total Earnings, Year to Date: _____

Total Base Pay Earnings for last 12 months \$ _____

Total Overtime Earnings for the last 12 months _____

Does this person participate in a 401K stock or other pension plan? _____

Name and Signature of person completing this form _____

Date: _____

I certify that the above information is true and correct to the best of my knowledge and understand that any false statements are punishable under Federal law.

Signature

Date

Termination of Employment of Income Verification

Employer: _____ **Fax:** _____

Re. _____ **Social Security #** _____

Dear Sir/Madam;

We are required to verify the incomes of all family members living in or applying for public housing or Section 8 housing. We ask your cooperation by supplying the information requested below about the referenced person. We will use any information you provide only to determine the family's eligibility and rent, and pledge to keep the data in strict confidence.

If you could fill out the form below and return it to the **McKinney Housing Authority** at **972-542-5641** or fax it to **972-542-0908** within 5 days, it would be most appreciated.

Sincerely yours, _____ (Housing Authority Representative)

Date hired: _____ Job Title: _____

Date terminated: _____

Do you anticipate rehiring this employee: Yes No

Reason for termination: Employee Quit Other _____

Will employee receive additional benefits for Workman's Compensation? Yes No

If yes, please provide the name and address of the company for which this can be verified.

Employer Information

Firm Name: _____ Address: _____

Name of Person Completing this form: _____

Title: _____ Signature: _____

APPLICANT/TENANT RELEASE

I _____ hereby authorize the release of the requested information.

Signature

Date

Employer Information

Supervisor's Name: _____

Supervisor's Email: _____

Company Name: _____

Employer's Address: _____

Employer's Phone Number: _____

Employer's Fax Number: _____

I certify that the above information is true and correct to the best of my knowledge and understand that any false statements are punishable under Federal law.

Signature

Date

Self-Certification:

Date hired: _____ Job Title: _____

Date terminated: _____

Do you anticipate rehiring this employee: ___ Yes ___ No

Reason for termination: ___ Employee Quit ___ Other _____

Will employee receive additional benefits for Workman's Compensation? ___ Yes ___ No

If yes, please provide the name and address of the company for which this can be verified.

I certify that the above information is true and correct to the best of my knowledge and understand that any false statements are punishable under Federal law.

Signature

Date

SELF-EMPLOYMENT LEDGER

****This form must be completed correctly or it will be returned****

RECIPIENT NAME _____

BUSINESS NAME _____

DATES COVERED _____ 15th THROUGH _____ 14TH

HOURS WORKED THIS REPORTING PERIOD _____

GROSS INCOME \$ _____

minus
TOTAL EXPENSES \$ _____ **

ADJUSTED INCOME \$ _____

*****DSS REMINDER: Business shelter cost must be deducted if business property is connected to the home property.*****

****Allowable Business Expenses: Most business expenses may be subtracted from your self-employment income, but not all the expenses can be. Please contact your caseworker if you have any question on whether or not to list a business expense below.**

Examples of expenses that are allowed and could be listed include:

- Amounts paid for items needed in the business such as supplies, repairs, advertising, feed, seeds, fertilizer, etc.
- Amounts paid for income-producing real estate, capital assets, equipment, machinery, and other durable goods required for the self-employment business. [Capital assets and durable goods are generally objects used in business that are expected to last a long time such as tractors, combines, buildings, etc.]
- If the home is connected to the business property (farm), only the business portion of shelter expenses may be used as a deduction.
- If the business meets office in the home requirements, the business portion of shelter expenses may be used as a deduction if the household requests it.

Examples of expenses that are NOT allowed and should NOT be listed include:

- Monthly telephone charge unless there is a separate business phone [long distance telephone charges that are business related may be deducted however].
- Mileage expenses from the home to the first and last work location cannot be deducted, even if the business is located in the home. [Mileage deductions are only allowed for trips between business sites, not for commuting from the home to the business.]

INCOME (MONEY RECEIVED BY RECIPIENT)			EXPENSE (COSTS OF SELF-EMPLOYMENT)		
DATE RECEIVED	TYPE OF INCOME	AMOUNT RECEIVED	DATE PAID	TYPE OF EXPENSE	AMOUNT PAID

Use back side if more space is needed

SIGNATURE ON THE BACK PAGE IS REQUIRED! (The form is not acceptable without a signature.)

SELF-EMPLOYMENT LEDGER

****This form must be completed correctly or it will be returned****

RECIPIENT NAME _____
 BUSINESS NAME _____
 DATES COVERED _____ 15th THROUGH _____ 14TH
 HOURS WORKED THIS REPORTING PERIOD _____

GROSS INCOME \$ _____
 minus
 TOTAL EXPENSES \$ _____ **
 ADJUSTED INCOME \$ _____

*****DSS REMINDER: Business shelter cost must be deducted if business property is connected to the home property.*****

****Allowable Business Expenses: Most business expenses may be subtracted from your self-employment income, but not all the expenses can be. Please contact your caseworker if you have any question on whether or not to list a business expense below.**

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- If the home is connected to the business property (farm), only the business portion of shelter expenses may be used as a deduction.
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INCOME (MONEY RECEIVED BY RECIPIENT)			EXPENSE (COSTS OF SELF-EMPLOYMENT)		
DATE RECEIVED	TYPE OF INCOME	AMOUNT RECEIVED	DATE PAID	TYPE OF EXPENSE	AMOUNT PAID

Use back side if more space is needed

SIGNATURE ON THE BACK PAGE IS REQUIRED! (The form is not acceptable without a signature.)

Zero Income Checklist

This Checklist and Worksheet is to be completed for all families whose Total Tenant Payment equals the minimum rent, or, for PHAs without minimum rents, for all families reporting less than \$100 per month in total income. The form should be completed prior to admission and at each recertification (which may be monthly or quarterly depending on the PHA's policy on re-examination of tenants with minimum rents or zero income). The form first lists all the cash and non-cash contributions the family is receiving and then assists PHA staff to compute the annual value of such contributions. This form should be completed after the home visit to an applicant or a home inspection of a resident. The family is required to submit documentation of amounts claimed.

1. Food Expenses

Is the family receiving Food Stamps? Yes No If yes, what is the monthly value of food stamps? \$_____ If no, what is the family's weekly grocery bill? \$_____ How does the family pay the weekly grocery bill?_____

If someone other than a member of the applicant/tenant family contributes to groceries, who contributes?_____ What is the average cash weekly amount for groceries contributed from all sources? \$_____ **This amount is income.**

Does anyone contribute groceries or prepared food to the family on a regular basis? Yes No If yes, what is the average weekly value of groceries or prepared food contributed? \$_____ **This amount is income.**

Note: Food contributed by food banks, received from the surplus commodity program, the WIC program, or consumed at publicly or non-profit funded meal programs does not count as income. Food or cash for food contributed by private persons does count as income.

Verification: The family should bring in at least one month's worth of grocery receipts. Check the receipts to make sure a family of that size could manage on the amount of food documented.

2. Cleaning, Grooming, and Paper Products Expenses

What is the weekly value of paper products used by the family? Include paper napkins, toilet paper, paper towels, trash bags, other paper goods, and disposable diapers. \$_____ How does the family pay for these paper products?_____

If someone other than a member of the applicant/tenant family contributes to paper products, who contributes? \$_____ What is the average weekly value of cash contributions for paper products? \$_____ **This amount is income.**

Does anyone contribute paper products to the family on a regular basis? Yes No If yes, what is the average weekly value of paper products contributed to the family? \$_____ **This amount is income.**

What is the weekly value of grooming products and services used by the family? Include soap, deodorant, shampoo, toothbrushes, toothpaste, dental floss, cosmetics, hair color, barber, beautician services, etc. \$_____ How does the family pay for the cost of grooming products and services? _____ If someone other than a member of the applicant family contributes to grooming products, who contributes? _____ What is the average weekly value of contributions (cash or products) for grooming products? \$_____ **This amount is income.**

What is the weekly value of cleaning products used by the family? Include dishwashing soap, laundry detergent, and household cleaning products. \$_____ How does the family pay for cleaning products? _____ If someone other than a member of the applicant/tenant family contributes to cleaning products, who contributes? _____ What is the average weekly value of cash contributions for cleaning products? \$_____ **This amount is income.**

Does anyone contribute cleaning products to the family on a regular basis? Yes No If yes, what is the average weekly value of cleaning products contributed to the family? \$_____ **This amount is income.**

Verification: Most families buy cleaning supplies, grooming products, and paper products at the grocery store. Review the families grocery receipts to help verify amount spent.

3. Transportation Expenses

Does the family own a car? Yes No If yes, are there still payments due on the car? Yes No If yes, what is the amount of the monthly car payment? \$_____ How does the family make the car payment? _____ If someone other than a member of the applicant/tenant household contributes to the car payment, who contributes? _____ What is the monthly amount of contribution toward the car payment? \$_____ **This amount is income. The amount is income whether it is cash paid to the family or cash paid directly to the holder of the car note.**

If the family owns a car outright (no payments are due), what are the average monthly amounts the family pays for the following:

Gas \$_____ Maintenance \$_____ Insurance \$_____ Tires \$_____

How does the family pay for these auto-related expenses? _____

If someone other than a member of the applicant/tenant family contributes to the car's operating costs, who contributes? _____ What is the average monthly amount of cash or direct payment contribution to the car's operating costs? \$_____ **This amount is income.**

Verification: The family should bring in one month's gas receipts, proof of insurance, and proof of car payment (if applicable).

Note: Uninsured automobiles cannot be parked on PHA property.

If the family does not own a car, what does the family use for transportation? _____
_____ How does the family pay for this transportation? _____

If someone other than a member of the applicant/tenant family contributes to other transportation costs, what is the average monthly amount of cash or other contribution to transportation? \$ _____ **This amount is income.**

Verification: A family without a car should provide a credible statement of the way they pay for transportation to shop, attend school, visit friends, take care of medical needs, attend church, etc.

4. Entertainment Expenses

Does the family have a cable TV connection? Yes No If yes, does the family have the basic minimum service or do they also have any premium channels? Yes No. What is the average monthly cost of cable TV service? \$ _____ How does the family pay for the cable TV service? _____ If someone other than a member of the applicant/tenant family contributes to the cost of cable TV service, who contributes? _____ What is the average monthly contribution (in cash or direct payment to the cable company) for cable TV? \$ _____

This amount is income.

What are the average weekly costs of other types of entertainment to the family? Include the following:

Magazines \$ _____ Movies \$ _____ Video Rentals \$ _____ Club memberships \$ _____
Sporting events \$ _____ Liquor/Beer/Wine \$ _____ Lottery tickets \$ _____
Vacations \$ _____ Other entertainment \$ _____

How does the family pay for the other entertainment costs? _____ If someone other than a member of the applicant/tenant family contributes to the cost of other entertainment, who contributes? _____ What is the average monthly contribution (in cash or entertainment provided) for other entertainment? \$ _____

This amount is income.

Verification: The family should bring in two monthly bills for cable TV, plus receipts for other entertainment costs.

5. Clothing Expenses

What are the ages and sexes of all family members? _____

What is the average monthly cost for clothing and shoes for the family? _____

How does the family pay for clothing and shoes? _____ If someone other than a member of the applicant/tenant family contributes to the cost of clothing, who contributes? _____ What is the average monthly contribution (in cash or new clothes and shoes) for clothing? \$ _____ **This amount is income.**

What is the weekly amount spent by the family for laundry/dry cleaning? \$ _____
How does the family pay for cleaning its clothing? _____ If someone other than a member of the applicant/tenant household contributes to the cost of cleaning clothing, who contributes? _____ What is the average monthly contribution for clothes cleaning? \$ _____ **This amount is income.**

Note: Clothing acquired from clothing banks or given to the family second hand is not counted as income.

Verification: The family should provide a schedule that shows when clothing and shoes are purchased and the amounts spent. Remember that children will need more clothing and shoes than adults because they are growing.

6. Smoking Expenses

Does anyone in the applicant/tenant household smoke cigarettes or cigars? Yes No
If yes, how many packs per day are smoked by the smokers in the household? _____
How does the family pay for the cost of cigarettes/cigars? _____ If someone other than a member of the applicant/tenant household contributes to the cost of smoking, who contributes? _____ What is the average monthly contribution (in cash, cigarettes or cigars) \$ _____ **This amount is income.**

Verification: The family should document the brand of cigarettes/cigars smoked and the staff will document the least expensive price for that brand in the locality to impute cost.

7. Communications Expenses

Does the family have a telephone? Yes No If yes, how many lines does the family have into its house/apartment? _____ Does the family have any special telephone services? (For example, call waiting, call forwarding, caller ID, etc.) Yes No Does anyone in the family have a cell phone? Yes No What is the average monthly cost for telephone service? \$ _____ How does the family pay for the cost of telephone service? _____ If someone other than the a member of the applicant/tenant household contributes to the cost of telephone service, who contributes? _____ What is the average monthly contribution (in cash or direct payment of the telephone bill) for telephone service? \$ _____ **This amount is income.**

Does anyone in the family have a pager/beeper? Yes No If yes, how many members have beepers/pagers? _____ What is the average monthly cost for the beepers/pagers? \$ _____ How does the family pay for the cost of beepers/pagers? _____ If someone other than a member of the applicant/tenant household contributes to the cost of beeper/pager service, who contributes? _____ What is the average monthly contribution (in cash or direct payment of the beeper/pager bill)? \$ _____ **This amount is income.**

Does the family have an internet connection? Yes No If yes, who is the internet provider? _____ What is the monthly cost of the internet

connection? Is there a dedicated telephone line for the internet? Yes No If yes, does the telephone line show on the family's telephone bill? Yes No If no, get a copy of the family's other telephone bill. How does the family pay for the internet connection? _____ What is the average monthly cost of the internet connection? \$_____ If someone other than a member of the applicant/tenant family contributes to the cost of the internet connection, who contributes? _____ What is the average monthly contribution (in cash or direct payment to the internet provider) for internet services? \$_____ **This amount is income.**

Verification: The family should bring in at least two month's worth of bills for telephone, beeper/pager, and internet services, as applicable. Review the bills carefully to determine the average monthly cost for communications services.

8. Shelter Expenses

For applicants, what is the average monthly cost for housing and utilities? \$_____ How does the applicant pay the cost of shelter? _____ If someone other than a member of the applicant household contributes to housing or utility costs, who contributes? _____ What is the average monthly contribution to shelter (housing plus utilities)? _____ Will the person(s) contributing toward shelter continue to do so when the applicant is admitted to public housing? Yes No If no, why not? _____

For tenants, what is the average monthly cost for housing and utilities? \$_____ How does the tenant pay the cost of shelter? _____ If someone other than a member of the tenant household makes a contribution toward the shelter cost, who contributes? _____ What is the value of the contribution toward shelter? \$_____ **This amount is income.**

Verification: Families should bring in documentation of their actual cost for housing and utilities.

9. Medical Expenses

Does the family have any unreimbursed medical expenses? Yes No If yes, what is the average monthly cost of unreimbursed medical expenses? \$_____ How does the family pay for unreimbursed medical expenses? _____ If someone other than a member of the applicant/tenant household contributes toward medical expenses, who contributes? _____ **Such contributions are not income.**

10. Pet Expenses

If the family has a pet, list the monthly expenses for: \$_____ Pet food, \$_____ Veterinary care, \$_____ pet supplies. What is the source of money for these expenses? If the amount is contributed by someone outside the family, it is income.

11. Miscellaneous Expenses

Listed below are a series of expenses the family might have. Indicate the monthly amount the family spends on any applicable expenses and the amounts contributed toward the expenses:

Church contributions \$ _____ Unreimbursed educational expenses \$ _____
Unreimbursed childcare expenses \$ _____ Unreimbursed job expenses \$ _____

Review the information provided above against the observations of staff conducting the home visit/home inspection. Does the information appear to be consistent? If not, insist that the applicant explain any variations. For example, if the applicant does not admit to having telephone or cable TV service but they have been observed in the home, press the point.

Third Party Verification Forms

The attached forms are part of the annual compliance review process. **ALL Clients Are Required to Complete them.** Even if they do not apply, you must allow the government agency to which they are sent to verify that you do not receive income from that entity.

Please **complete highlighted portions of the document**

Thank you for your cooperation.



CHILD SUPPORT DIVISION

**Verification of Child Support Income /
Verificación de Ingresos de Manutención de Niños**

Date / Fecha: _____

Recipient / Beneficiario: _____

Recipient Date of Birth/
Fecha de Nacimiento: _____

Name and Address of Requesting Authority /
Nombre y dirección de Autoridad Solicitante:

SSN: / Número de
Seguro Social: _____

McKinney Housing Authority

Payor / Pagador: _____

603 N. Tennessee St. McKinney, TX 75069

Requesting Authority Agent Name /
Nombre de Agente de Autoridad Solicitante:

Name of Child(ren) / Nombre de Niño(s):

R. Miller

B. Shortridge

Telephone and fax number /

Número de teléfono y fax:

972-542-5641 Phone

972-542-0908 Fax

I hereby authorize the release of all child support income information requested on this verification form to the above named requesting authority. I understand that this authorization supersedes any existing authorization for the agency named above.

Por la presente autorizo la revelación de toda la información sobre los ingresos de manutención de niños, solicitada en este formulario de verificación, a la autoridad solicitante nombrada arriba. Entiendo que esta autorización reemplaza a cualquier otra autorización existente para la agencia indicada arriba.

Applicant's Signature / Firma del Solicitante

Date / Fecha

WARNING: Section 1001 of Title 18 of the U. S. code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States as to matters within its jurisdiction. Texas Government Code chapter 559 gives you the right to review and request correction of information on this form.
AVISO: La Sección 1001 del Título 18 del código de los Estados Unidos establece como un delito penal el hacer declaraciones falsas o distorsiones intencionales a cualquier departamento o agencia de los Estados Unidos con respecto a asuntos dentro de su jurisdicción. El Código Gubernamental de Texas el capítulo 559 le proporciona a usted el derecho de revisar y solicitar la corrección de información en este formulario.

TEMPORARY ASSISTANCE TO NEEDY FAMILIES VERIFICATION

Re. _____

Social Security # _____

Dear Sir/Madam;

We are required to verify the incomes of all family members living in or applying for public housing or Section 8 housing. We ask your cooperation by supplying the information requested below about the referenced person. We will use any information you provide only to determine the family's eligibility and rent, and pledge to keep the data in strict confidence.

If you could fill out the form below and return it to the _____ Housing Authority at _____ or fax it to _____ within 5 days, it would be most appreciated.

Sincerely yours, _____ (Housing Authority Representative)

Number in Family: _____	\$per Month
Temporary Assistance to Needy Families	\$ _____
General Assistance	\$ _____
Amount specifically designated for shelter and utilities (if any)	\$ _____
Other Assistance: Please specify: _____	\$ _____
TOTAL MONTHLY GRANT	\$ _____

Total Amount of TANF provided in the past 12 Months \$ _____

Agency Name: _____ Address: _____

Name of Person Completing this Form: _____ Date: _____

Title: _____ Signature: _____

APPLICANT/TENANT RELEASE

I _____ hereby authorize the release of the requested information.

Signature

Date

Request for Transcript of Tax Return

Department of the Treasury
Internal Revenue Service

- ▶ 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: Get faster service: Online at www.irs.gov, **Get Your Tax Record** (Get Transcript) or by calling **1-800-908-9946** for specialized assistance. We have teams available to assist. **Note:** Taxpayers may register to use **Get Transcript** to view, print, or download the following transcript types: **Tax Return Transcript** (shows most line items including Adjusted Gross Income (AGI) from your original Form 1040-series tax return as filed, along with any forms and schedules), **Tax Account Transcript** (shows basic data such as return type, marital status, AGI, taxable income and all payment types), **Record of Account Transcript** (combines the tax return and tax account transcripts into one complete transcript), **Wage and Income Transcript** (shows data from information returns we receive such as Forms W-2, 1099, 1098 and Form 5498), and **Verification of Non-filing Letter** (provides proof that the IRS has no record of a filed Form 1040-series tax return for the year you request).

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 Customer file number (if applicable) (see instructions)	

Note: Effective July 2019, the IRS will mail tax transcript requests only to your address of record. See **What's New** under **Future Developments** on Page 2 for additional information.

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 2016, filed in 2017, will likely not be available from the IRS until 2018. 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 end date of the tax year or period requested in mm/dd/yyyy format. This may be a calendar year, fiscal year or quarter. Enter each quarter requested for quarterly returns. Example: Enter 12/31/2018 for a calendar year 2018 Form 1040 transcript.

____ / ____ / ____ ____ / ____ / ____ ____ / ____ / ____ ____ / ____ / ____

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.

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.

The filing location for the Form 4506-T has changed. Please see **Chart for individual transcripts** or **Chart for all other transcripts** for the correct mailing location.

What's New. As part of its ongoing efforts to protect taxpayer data, the Internal Revenue Service announced that in July 2019, it will stop all third-party mailings of requested transcripts. After this date masked Tax Transcripts will only be mailed to the taxpayer's address of record.

If a third-party is unable to accept a Tax Transcript mailed to the taxpayer, they may either contract with an existing IVES participant or become an IVES participant themselves. For additional information about the IVES program, go to www.irs.gov and search IVES.

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. 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.

Customer File Number. 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, are shown on the transcript.

An optional Customer File Number field is available to use when requesting a transcript. This number will print on the transcript. See Line 5 instructions for specific requirements. The customer file number is an optional field and not required.

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 shows two different addresses, send your request to the address based on the address of your most recent return.

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 5. 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 reflect a generic entry of "9999999999" 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.

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. Bopks 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.

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:
Florida, Louisiana, Mississippi, 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
Alabama, Arkansas, Delaware, Georgia, Illinois, Indiana, Iowa, Kentucky, Maine, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, North Carolina, Oklahoma, South Carolina, Tennessee, Vermont, Virginia, Wisconsin	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094
Alaska, Arizona, California, Colorado, Connecticut, District of Columbia, Hawaii, Idaho, Kansas, Maryland, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Dakota, Utah, Washington, West Virginia, Wyoming	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-298-1145

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, 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
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 Stop 6705 S-2 Kansas City, MO 64999 855-821-0094



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.