

**Affordable Homeownership Foundation Inc.,
5264 Clayton Court, Suite 1
Fort Myers, FL 33907
239-689-4944**

Application for Program services

Please find enclosed our Application For Program services. It is important that you complete the application in full so that we may be better prepared to discuss ways to assist you. Since time is critical in preventing the possibility of Foreclosure, you must complete and return the application as soon as possible. Due to a high volume of applications, please note that processing may take from 1 to 3 weeks.

The Following is a list of documents that you MUST include with your completed application:

- Hardship letter (**sign your name and date the letter, clearly stating your hardship**)
- Copies of your recent utility bills (electric preferably)
- 2 most recent pay stubs (**for each person in the household**)
- If Self employed a signed and dated year to date profit & Loss Statement
- Last 3 months of bank statements-**all pages all accounts**
- Proof of income from SSI/SSD, pensions, child support, alimony, etc. for each person in the household
- **Latest Correspondence from your lender**
- If you have been served, only bring the first page of the summons.
- Last two years tax returns (**signed on the signature page**)
- 4506-T Signed and dated with phone number where requested

Do Not Send Original Documents, Incomplete Applications Will Not Be Processed

Please return your application to us via fax, mail or drop it off in person.

After we receive and process your application we will call you to set an appointment. If you do not have a phone number, please provide contact information where we can leave a message for you.

Because of the urgency in getting our clients the assistance they need in a timely manner, if you cannot keep your scheduled appointment, please call at least 24 hours in advance to reschedule and so we may give your originally scheduled time to another client.

Sincerely,

Lois M Healy
Executive Director
Affordable Homeownership Foundation

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Client Information Form

<input type="checkbox"/>	Homebuyer Education Workshop	<input type="checkbox"/>	Pre-purchase Homebuyer Counseling
<input type="checkbox"/>	Credit Repair	<input type="checkbox"/>	Post Purchase Homebuyer Counseling
<input type="checkbox"/>	Budget/Debt Reduction	<input type="checkbox"/>	Mortgage Default/Foreclosure

Applicant Name: _____

First MI Last

Co-Applicant Name: _____

First MI Last

Address: _____ City/Zip _____

Name of Apartment Complex (if applicable): _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-Mail: _____ How did you hear about us? _____

APPLICANT INFORMATION ONLY

Marital Status Single Engaged Married Divorced Widowed
 Demographic Info-Household Size: Number of Adults: _____ Number of Children _____
 Race/National Origin: American Indian/Alaskan African American Asian American
 Hispanic/Latino White Other
 Applicant's Gender: Male Female Is Applicant Head of Household Yes No
 Applicant's Age: _____ Is Someone in the household disabled? If so please check who:
 Applicant Co-Applicant Child

Total Gross Household Income \$ _____ Hourly Weekly Bi-weekly Monthly Yearly
 (Include all sources of income, Salary, SSI/SSD, Unemployment, Child Support, etc. from ALL household members.)

I certify this information to be true and correct: _____

Applicant's Signature Date:

For Affordable Homeownership Use Only

MFI Calculation HH Size _____ Total HH Income \$ _____ MFI _____
 Gross _____ Net _____

Funding Source Lee County Collier County FHFC HUD OTHER

Verified by: Property Appraiser's Website Spoke to _____ @Property Appraiser's Office

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PRELIMINARY DETERMINATION

Together with your counselor you will determine if the source of the financial problem is permanent/incurable or temporary/curable.

POSSIBLE OPTIONS IF INCURABLE:

Bankruptcy
Pre-foreclosure Sale
Deed in lieu of foreclosure
Short Sale

POSSIBLE OPTIONS IF CURABLE:

Workout plan with mortgagee(s)
Forbearance agreement with mortgagee(s)
Loan Modification with mortgagee(s)
Refinance Mortgage if sufficient equity/favorable terms

Important notice: Participation in Foreclosure Prevention/Intervention Program does not obligate or require you to use any service or product that may be suggested or offered by Affordable Homeownership Foundation Inc.

SOCIAL SECURITY NUMBER COLLECTION POLICY

Affordable Homeownership Foundation Inc. and its funding sources collect your Social Security number for the following purposes: classification of accounts, identification and verification, credit worthiness, billings and payments, data collection, reconciliation, tracking, benefit processing, tax reporting and qualification for grant or loan processing under Section 119.071(5), Florida Statutes (2007). Social Security numbers serve as a numeric identifier and may be used for such purposes. By signing below, I/We acknowledge receipt of the Social Security Number Collection Policy Disclosure.

Applicant's Signature

Co-Applicant's Signature

Social Security Number

Social Security Number

Date of Birth

Date of Birth

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APPLICATION FOR FORECLOSURE PREVENTION AND INTERVENTION PROGRAM

Applicant's Name: _____

First Lender's Name: _____ Acct #: _____

Loan Balance: \$ _____ Original Date of Loan: / ____ / ____ Interest Rate _____

Type of Loan (FHA, Conventional, VA, Adjustable) _____

Current Monthly Payment \$ _____ # of Months Past Due _____

Total Amount Past Due \$ _____ Does Payment Include Taxes & Insurance? _____

Second Lender's Name: _____ Acct #: _____

Loan Balance: \$ _____ Original Date of Loan: / ____ / ____ Interest Rate _____

Type of Loan (FHA, Conventional, VA, Adjustable) _____

Current Monthly Payment \$ _____ # of Months Past Due _____

Total Amount Past Due \$ _____

Predatory Loan Review

- When you purchased your house, do you feel you were a victim of fraud or abusive lending? Yes No
- Did you understand all of the Terms and Conditions of the loan Yes No

Loan Modification/Foreclosure Rescue Scams

- Did anyone offer to help modify your mortgage, either directly, through advertising, or by any other means such as a flyer/postcard Yes No
- Were you guaranteed a loan modification or asked to do any of the following: pay a fee, sign a contract, redirect mortgage payments, sign over title to your property, or stop making loan payments Yes No
- _____

After intake with your Counselor if we feel that you have been a victim of lending abuse or mortgage fraud we will refer your case to the appropriate agency.

Applicant:

Name of Employer: _____ Position: _____

Gross Annual Income: \$ _____ Dates of Employment: _____

Co-Applicant:

Name of Employer: _____ Position: _____

Gross Annual Income: \$ _____ Dates of Employment: _____

Other Household Income:

Name of Recipient: _____ Source: _____

Gross Annual Income: \$ _____

Total Gross Annual Household Income: \$ _____

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FORECLOSURE COUNSELING PROGRAM (FCP)

LENDER INFORMATION

Lender Name: _____
Account Number: _____
Fax Number: _____

BORROWER'S INFORMATION

Borrower's Name: _____
Street Address City, State, Zip: _____
Borrower's SS#: _____

AUTHORIZATION TO RELEASE PERSONAL & FINANCIAL INFORMATION

To Whom It May Concern:

With receipt of this written authorization, I (we) hereby authorize you to release personal and or financial information, which may be contained in your files regarding the above, named persons or accounts. Release of information may be verbal, written, or by FAX or secure E-Mail Transmission and released to representatives of:

**Affordable Homeownership Foundation Inc.,
5264 Clayton Court, Suite 1
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I further authorize Affordable Homeownership Foundation to obtain all information necessary, including a credit report, to assist me/us in an evaluation of our present situation. I understand that the information may be shared with volunteer advisors and/or lenders in an effort to determine eligibility for a workable solution to prevent foreclosure.

Affordable Homeownership Foundation is a certified counseling agency, providing services in Florida, and I am requesting their assistance in resolving a current or threatened mortgage deficiency problem. Your cooperation with them in this matter will be greatly appreciated.

- I understand that **Affordable Homeownership Foundation** provides foreclosure mitigation counseling after which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies as appropriate.
- I understand that **Affordable Homeownership Foundation** receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program and, as such, is required to share some of my personal information with NFMC program administrators or their agents for purposes of program monitoring, compliance and evaluation.
- I give permission for NFMC program administrators and/or their agents to follow-up with me within the next three years for the purposes of program evaluation.
- I acknowledge that I have received a copy of **Affordable Homeownership Foundation's** Privacy Policy.

Borrower's Signature

Co-Borrower's Signature

Date

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Foreclosure Mitigation Counseling Agreement

Affordable Homeownership Foundation, Inc., (The Agency) is a not-for-profit, 501©(3) organization formed with the purpose of providing foreclosure mitigation services, credit, budget, and Bankruptcy counseling services, housing assistance services, administration of state down payment programs, and home buyers and financial education programs. Affordable Homeownership Foundation Mitigation Counselor(s) will be assisting you to review your current financial situation. In doing this, you will be asked personal questions which will be held strictly confidential. Only individuals assisting in your case will have access to your personal file. These individuals are employees or consultants from Affordable Homeownership Foundation, employees from lending institutions, employees from governmental institutions and other entities assisting in your situation.

- The counselor will discuss and implement a written action plan consisting of recommendations for handling of your finances possibly including referrals to other housing agencies as appropriate.
- The counselor will advise you as to the best course of action in your situation.
- The Counselor will not give you legal advice, if you and your counselor agree that you need legal assistance you will be referred to a reputable legal assistance program in the county where you are located.
- The Counselor will assist you in developing a plan of action and an outline of the tasks necessary for you to act on in order to assist your situation.
- The Counselor may refer you to other housing services of the organization or another agency or agencies as appropriate that may be able to assist with particular concerns that have been identified, and that you understand that you are not obligated to use any of the services offered to you.

I understand the following:

- That Affordable Homeownership Foundation provides information and education on numerous loan products and housing programs.
- That the housing counseling I receive in no way obligates me to choose particular loan products or housing programs
- The Housing Corporation receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program and as such, is required to share some of my personal information with NFMC program administrators or their agents for purposes of monitoring, compliance and evaluation.
- I give permission for the NFMC Program administrators and/or their agents to pull my credit report up to two additional times during the course of my counseling and I give authorization for NFMC program administrators and/or their agents to follow up with me for the purposes of program evaluation.

I acknowledge that I have received a copy of The Housing Corporation's Privacy Policy.

Client

Affordable Homeownership Foundation

Date

Date

Client

Date

Affordable Homeownership Foundation Inc., fully support the principles of the Fair Housing Act (Title VIII of the Civil Rights Act of 1968), as amended, which generally prohibits discrimination in the sale, rental, and financing of dwellings, and in other housing-related transactions, based on race, color, national origin, religion, sex, familial status (including children under the age of 18 living with parents of legal custodians, pregnant women, and people securing custody of children under the age of 18), and handicap (disability).

In addition, each and every Affordable Homeownership Foundation Inc., office is contractually required to comply, in all respects, with all laws, rules and regulations applicable to the real estate industry, including without limitation, the requirements imposed by the Fair Housing Act. As an adjunct to the foregoing commitment, Affordable Homeownership Foundation Inc., actively promote, and are committed to, creating and fostering an environment of diversity throughout their respective organizations and franchise systems, and each views such a concept as a critical component to the on going success of their business operations.

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Client/Counselor Contract

Affordable Homeownership Foundation Inc. and its counselors agree to provide the following services:

- Development of a spending plan
- Analysis of the mortgage default, including the amount and cause of the default
- Presentation and explanation of reasonable options available to the homeowner
- Assistance communicating with the mortgage servicer and other creditors
- Timely completion of promised action
- Explanation of collection and foreclosure process
- Identification of assistance resources
- Referrals to needed resources
- Confidentiality, honesty, respect and professionalism in all services.

I/We _____ agree to the following terms of service:

I/We will always provide honest and complete information to my/our counselor, whether verbally or in writing.

I/We will provide all of the necessary documentation and follow-up information within the timeframe requested.

I/We will be on time for appointments and understand that if we are late for an appointment, the appointment will still end at the scheduled time.

I/We will call within 6 hours of a scheduled appointment if I/We will be unable to attend an appointment.

I/We will contact the counselor about any changes in our situation immediately.

I/We understand that breaking this agreement may cause the counseling organization to sever its assistance to me/us.

Homeowner

Date

Homeowner

Date

Counselor

Date

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Fair Housing Act
Disclosure

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I acknowledge receipt of this statement.

.....
Client's Signature

.....
Date

PRIVACY POLICY AND PRACTICES OF AFFORDABLE HOMEOWNERSHIP FOUNDATION INC.

We at Affordable Homeownership Foundation Inc. value your trust and are committed to the responsible management, use and protection of personal information. This notice describes our policy regarding the collection and disclosure of personal information.

Personal information, as used in this notice, means information that identifies an individual personally and is not otherwise publicly available information. It includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts. It also includes your social security number and other information that you have provided us on any applications or forms that you have completed.

Information We Collect

We collect personal information to support our lending operations, financial fitness counseling and to aid you in shopping for and obtaining a home mortgage from a conventional lender. We collect personal information about you from the following sources:

- Information that we receive from you on applications or other forms,
- Information about your transactions with us, our affiliates or others,
- Information we receive from a consumer reporting agency, and
- Information that we receive from personal and employment references.

Information We Disclose

We may disclose the following kinds of personal information about you:

- Information we receive from you on applications or other forms, such as your name, address, social security number, employer, occupation, assets, debts and income;
- Information about your transactions with us, our affiliates or others, such as your account balance, payment history and parties to your transactions; and
- Information we receive from a consumer reporting agency, such as your credit bureau reports, your credit history and your creditworthiness.

To Whom Do We Disclose

We may disclose your personal information to the following types of unaffiliated third parties:

- Financial service providers, such as companies engaged in providing home mortgage or home equity loans,
- Others, such as nonprofit organizations involved in community development, but only for program review, auditing, research and oversight purposes.

We may also disclose personal information about you to third parties as permitted by law. *Prior to sharing personal information with unaffiliated third parties, except as described in this policy, we will give you an opportunity to direct that such information not be disclosed.*

Confidentiality and Security

We restrict access to personal information about you to those of our employees who need to know that information to provide products and services to you and to help them do their jobs, including underwriting and servicing of loans, making loan decisions, aiding you in obtaining loans from others, and financial counseling. We maintain physical and electronic security

**PRIVACY POLICY AND PRACTICES OF
AFFORDABLE HOMEOWNERSHIP FOUNDATION INC.**

procedures to safeguard the confidentiality and integrity of personal information in our possession and to guard against unauthorized access. We use locked files, user authentication and detection software to protect your information. Our safeguards comply with federal regulations to guard your personal information.

Directing Us Not to Make Disclosures to Unaffiliated Third Parties

If you prefer that we not disclose personal information about you to unaffiliated third parties, you may opt out of those disclosures, that is, you may direct us not to make those disclosures (other than disclosures permitted by law).

- If you wish to opt out of disclosures to unaffiliated third parties other than nonprofit organizations involved in community development, you may check Box 1 on the attached Privacy Choices Form.
- If you wish to opt out of disclosures to nonprofit organizations involved in community development that are used only for program review, auditing, research and oversight purposes, you may check Box 2 on the attached Privacy Choices Form.

Please allow approximately 30 days from our receipt of your Privacy Choices Form for it to become effective. Your privacy instructions and any previous privacy instructions will remain in effect until you request a change.

**PRIVACY POLICY AND PRACTICES OF
AFFORDABLE HOMEOWNERSHIP FOUNDATION INC.**

PRIVACY CHOICES FORM

If you want to opt out, that is direct us not to make disclosures about your personal information (other than disclosures permitted by law) as described in this notice, check the box or boxes below to indicate your privacy choices. Then send this form to the address listed below.

Box 1 - Limit disclosure of personal information about me to unaffiliated third parties other than nonprofit organizations involved in community development.

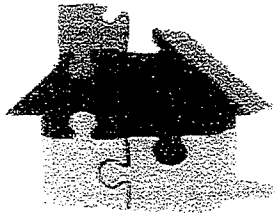
Box 2 - Limit disclosure of personal information about me to nonprofit organizations involved in community development that are used only for program review, auditing, research and oversight purposes.

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____

If you have checked any of the boxes above,
Please mail this form in a stamped envelope to:

**Affordable Homeownership Foundation Inc.,
5264 Clayton Court, Suite 1
Fort Myers, FL 33907
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Please allow approximately 30 days from our receipt of your Privacy Choices Form for it to become effective. Your privacy instructions and any previous privacy instructions will remain in effect until you request a change.



Affordable Homeownership Foundation Inc.
Solving The Puzzle of Homeownership!
Program Disclosure Form

_____/_____
Initials

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

About Us and Program Purpose: Affordable Homeownership Foundation Inc. is a nonprofit, HUD-approved comprehensive housing counseling agency. We provide free education workshops and a full spectrum of housing counseling including pre-purchase, foreclosure prevention, non-delinquency post-purchase, reverse mortgage, rental and homeless counseling. We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability, or sexual orientation/gender identity. We administer our programs in conformity with local, state, and federal anti-discrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.). As a **housing counseling program participant**, please **affirm your roles and responsibilities along with the following disclosures and initial, sign, and date the form on the following page.**

Client and Counselor Roles and
Responsibilities:

Counselor's Roles and Responsibilities

- Reviewing your housing goal and your finances; which include your income, debts, assets, and credit history.
- Preparing a Client Action Plan that lists the steps that you and your counselor will take in order to achieve your housing goal.
- Preparing a household budget that will help you manage your debt, expenses, and savings.
- Your counselor is not responsible for achieving your housing goal, but will provide guidance and education in support of your goal.

Client's Roles and Responsibilities

- Completing the steps assigned to you in your Client Action Plan.
- Providing accurate information about your income, debts, expenses, credit, and employment.
- Attending meetings, returning calls, providing requested paperwork in a timely manner.
- Notifying Affordable Homeownership Foundation or your counselor when changing housing goal.
- Attending educational workshop(s) (i.e. pre-purchase counseling workshop) as

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Program Disclosure Form

- Neither your counselor nor Affordable Homeownership Foundation employees, agents, or directors may provide legal advice.
- Retaining an attorney if seeking legal advice and/or representation in matters such as foreclosure or bankruptcy protection.

Termination of Services: Failure to work cooperatively with your housing counselor and/or Affordable Homeownership Foundation Inc. with result in the discontinuation of counseling services. This includes, but is not limited to, missing three consecutive appointments.

Initials

Agency Conduct: No Affordable Homeownership Foundation employee, officer, director, contractor, volunteer, or agent shall undertake any action that might result in, or create the appearance of, administering counseling operations for personal or private gain, provide preferential treatment for any person or organization, or engage in conduct that will compromise our agency's compliance with federal regulations and our commitment to serving the best interests of our clients.

Agency Relationships: Affordable Homeownership Foundation has financial affiliation (if funded by HUD) or professional affiliations (if not funded by HUD) with HUD, NeighborWorks America, Florida Housing Finance, NCST and banks including Bank of America, Wells Fargo, and JP Morgan Chase. As a housing counseling program participant, you are not obligated to use the products and services of Affordable homeownership Foundation or our industry partners.

Alternative Services, Programs, and Products & Client Freedom of Choice: Affordable homeownership Foundation has a first-time homebuyer program developed in partnership with Bank of America, Chase and other Banks.; however, you are not obligated to participate in this or other Affordable Homeownership Foundation programs and services while you are receiving housing counseling from our agency. You may consider seeking alternative products and services from entities including the Federal Housing Authority (FHA) for first-time

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Program Disclosure Form

homebuyer loan programs, and Affordable Homeownership Foundation for other first-time homebuyer programs. You are entitled to choose whatever real estate professionals, lenders, and lending products that best meet your needs.

Referrals and Community Resources: You will be provided a community resource list which outlines the county and regional services available to meet a variety of needs, including utilities assistance,

Updated by HUD as of June 2012 emergency shelter, transitional housing, food banks, and legal aid assistance. This list also identifies alternative agencies that provide services, programs, or products identical to those offered by Affordable Homeownership Foundation and its exclusive partners and affiliates.

Privacy Policy: I/we acknowledge that I/we received a copy of Affordable Homeownership Foundations Privacy Policy. **Errors and Omissions and Disclaimer of Liability:** I/we agree Affordable Homeownership Foundation, its employees, agents, and directors are not liable for any claims and causes of action arising from errors or omissions by such parties, or related to my participation in Affordable Homeownership Foundation counseling; and I hereby release and waive all claims of action against Affordable Homeownership Foundation and its affiliates. I have read this document, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. If any provision of this document is unenforceable, it shall be modified to the extent necessary to make the provision valid and binding, and the remainder of this document shall remain enforceable to the full extent allowed by law.

Quality Assurance: In order to assess client satisfaction and in compliance with grant funding requirements, Affordable Homeownership Foundation, or one of its partners, may contact you during or after the completion of your housing counseling service. You may be requested to complete a survey asking you to evaluate your client experience. Your survey data may be confidentially shared with Affordable Homeownership Foundation grantors such as HUD or NeighborWorks America.

I/we acknowledge that I/we received, reviewed, and agree to Affordable Homeownership Foundation Program Disclosures.

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Affordable Homeownership Foundation Inc.
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Program Disclosure Form

Name 1 Signature

Date

Counselor Signature

Date

Name 2 Signature

Date

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239-689-4944 Phone

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Request for Transcript of Tax Return

OMB No. 1545-1872

▶ **Request may be rejected if the form is incomplete or illegible.**

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

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

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

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

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

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

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

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

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

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

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

Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved **identity theft** on your federal tax return

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, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

Signature (see instructions)	Date
Title (if line 1a above is a corporation, partnership, estate, or trust)	
Spouse's signature	Date

Phone number of taxpayer on line 1a or 2a

Sign Here

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

Future Developments

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

General Instructions

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

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

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

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

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

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

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

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

If you filed an individual return and lived in:

Mail or fax to:

Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301	512-460-2272
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888	559-456-5876
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Internal Revenue Service RAIVS Team Stop 6705 P-6 Kansas City, MO 64999	816-292-6102

Chart for all other transcripts

If you lived in or your business was in:

Mail or fax to:

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409	801-620-6922
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Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250	859-669-3592
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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 address on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party—Business.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

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.

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.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

Privacy Act and Paperwork Reduction Act

Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.

Affordable Homeownership Foundation

5264 Clayton Court Suite 1

Fort Myers, FL 33907

Telephone: (239) 689-4944 Fax: (239) 243-8543

NET INCOME	
TYPE OF INCOME	
TOTAL NET INCOME	\$0.00

MONTHLY LIVING EXPENSES		
FIXED EXPENSES	CURRENT MONTHLY	REVISED MONTHLY
Rent/ 1st Mortgage		
2nd Mortgage		
Association Fee		
Electricity		
Water/Sewer/Trash		
Telephone		
Oil/Gas (for heating)		
Cable TV / Dish		
Car Payment 1		
Car Payment 2		
Auto Insurance		
Required Medication (Rx.)		
Child Support / Alimony		
Child Care (for Work / School)		
Tuition/School books		
Credit Card Payments		
Personal Loan Payments(funeral)		
Other Debt monthly payments		
TOTAL FIXED EXPENSES	\$0.00	\$0.00

Periodic Expenses (Consider these costs for the next 12 months and divide by 12 for a monthly amount)	CURRENT MONTHLY	REVISED MONTHLY
Property Taxes		
Homeowners/Renters Ins.		
Life Insurance		
Health Insurance		
Car Maintenance / Tags		
Home Maintenance		
Lab Tests		
Doctors Visits		
Optical/Dental/Hearing		
Clothing		
Gifts		
Auto Club		
Veterinarian		
Other		
TOTAL PERIODIC EXPENSE	\$0.00	\$0.00

MONTHLY LIVING EXPENSES (cont.)		
FLEXIBLE EXPENSES	CURRENT MONTHLY	REVISED MONTHLY
Groceries		
Meals Out/Snacks		
School Lunches		
Home Cleaning supplies		
Diapers/Formula/Baby Supplies		
Cosmetics/Toiletries		
Laundry Supplies		
Vitamins/Food Supplements		
Gasoline (Car)		
Public Trans./Parking/Tolls		
Mobile Phone/Pager		
Computer Online Expense		
Pet Food/Grooming		
Laundry/Dry Cleaning		
Occupational Expense		
Lawn Care/Pest Control		
Pool Maintenance		
Monitored Home Security		
Hair Cuts/Hair Care		
Manicures/Pedicures		
Church/Charities		
Hobbies/Club Dues		
Entertainment/Movies/Sports		
Babysitter (for Entertainment)		
Spa/Fitness/Center/YMCA		
Newspaper/Magazine/Books		
Allowances		
Postage/Misc. office supplies		
Bank Service Charges		
Cigarettes/Tobacco/Alcohol		
Lottery		
Other		
TOTAL FLEXIBLE EXPENSES	\$0.00	\$0.00

BUDGET SUMMARY		
EXPENSES	CURRENT	REVISED
Fixed	\$0.00	\$0.00
Periodic	\$0.00	\$0.00
Flexible	\$0.00	\$0.00
TOTAL LIVING EXPENSES	\$0.00	\$0.00
TOTAL NET INCOME	\$0.00	\$0.00
LESS TOTAL LIVING EXPENSES	\$0.00	\$0.00
SURPLUS/(DEFICIT)	\$0.00	\$0.00