



Friends of the North Country, Inc.  
1387 Hardscrabble Road  
Cadyville, NY 12918-12912

Phone: 518-293-5045  
Fax: 518-293-5017  
Email: [info@friendsofthenorthcountry.org](mailto:info@friendsofthenorthcountry.org)

## Friends of the North Country

### Board of Directors

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## RE: Homebuyer Counseling

Dear Client:

Please complete the attached forms and compile the necessary supporting documents listed on the enclosed document checklist, so that a Housing Counselor can assist you with your Homebuying/Pre-Purchase Counseling.

Please call your counselor if you need any assistance completing the forms. When the forms are complete and you have obtained all applicable documents, please submit your completed application to our office via fax, email, or mail. Upon receipt a Housing Counselor will review for completion and either notify you of missing documents or call to schedule a counseling appointment.

Please note: Receiving or completing an application is not a guarantee to receive any specific grant program or service. If you are in need of assistance, **we highly recommend that you call to schedule an appointment with a counselor in advance**, to avoid long wait times.

Sincerely,

## ***The Housing Counseling Department***

*You may contact us via web, email, or phone. Our website is [friendsofthenorthcountry.org](http://friendsofthenorthcountry.org).  
Emails should be sent to the following addresses, and calls should be directed to 518-293-5045:*

Christina Piercy, Housing Counselor, ext. 125  
[cpiercy@friendsofthenorthcountry.org](mailto:cpiercy@friendsofthenorthcountry.org)

Bethany Roberts, Housing Counselor, ext. 135  
[broberts@friendsofthenorthcountry.org](mailto:broberts@friendsofthenorthcountry.org)

Elizabeth Jent, Housing Counseling Manager, ext. 126  
[ejent@friendsofthenorthcountry.org](mailto:ejent@friendsofthenorthcountry.org)

- To assist with the provision of safe, decent, affordable housing.
- To undertake economic development, which supports community wide revitalization.
- To identify, designate and restore locally significant historic structures.
- To generally act as facilitators in the process of stabilization, growth and development.

# Friends of the North Country, Inc.

HUD Certified Housing Counseling Agency



## Homebuying Class Checklist

Please read, complete, and sign the following attached forms:

- ☐ Application/Assets/Income & Expenses
- ☐ Credit Report Authorization
- ☐ Credco Credit Report Authorization
- ☐ Privacy Policy and Disclosure
- ☐ Authorization to Obtain/Release/Exchange Information
- ☐ Release
- ☐ 4506-t

Please collect **and copy** the following supporting documentation:

- ☐ Income Documentation: *(as applicable)*
  - Two years of tax returns with W-2's, all pages
  - Two most recent months of paystubs
  - Two most recent months of bank statements
  - Benefit award letters or statements (Social Security, Pension, etc.)
  - Public assistance received (ex/ HEAP, SNAP)
  - Child support/spouse maintenance/foster child payments
  - Other household income not listed: \_\_\_\_\_
- ☐ Debt Information: *(as applicable)*
  - Most recent mortgage statement
  - Most recent student loan statement
  - Most recent statement for other loan: \_\_\_\_\_
  - Most recent statement for credit card(s)
  - Letters or statements from accounts in collections
- ☐ Purchase Information: *(as applicable)*
  - Pre-qualify or pre-approval letter from lender
  - Anything else you may find applicable or wish to review with a counselor: \_\_\_\_\_

For You:

- ☐ Pocket Budget
- ☐ STAR Tax Credit Flyer
- ☐ For Your Protection, Get a Home Inspection

***Friends of the North Country, Inc.***  
**HOMEBUYER COUNSELING APPLICATION**

**1. PERSONAL HOUSEHOLD INFORMATION**

**A. Applicant**

**B. Co-Applicant (if applicable)**

Name:	Name:
DOB:	DOB:
S.S. #:	S.S. #:
Home Address:	Home Address: (if different than applicant)
Mailing Address (if different):	
Home Telephone #:	Home Telephone #:
Cell Phone #:	Cell Phone #
E-mail address:	E-mail Address:
Place of Employment: Name, Address & Phone #:	Place of Employment: Name, Address & Phone #:
Start Date:	Start Date:
Are you retired? <b>YES / NO</b> Are you a veteran? <b>YES / NO</b>	Are you retired? <b>YES / NO</b> Are you a veteran? <b>YES / NO</b>
Do you receive Disability Benefits? <b>YES / NO</b>	Do you receive Disability Benefits? <b>YES / NO</b>
Are you a U. S. Citizen? <b>YES / NO</b>	Are you a U.S. Citizen: <b>YES / NO</b>
<b>Race(s):</b> <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Other: _____	<b>Race(s):</b> <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Other: _____
<b>Education:</b> <input type="checkbox"/> middle school <input type="checkbox"/> GED/high school <input type="checkbox"/> 2 year <input type="checkbox"/> 4 year <input type="checkbox"/> post-grad <input type="checkbox"/> Other: _____	<b>Education:</b> <input type="checkbox"/> middle school <input type="checkbox"/> GED/high school <input type="checkbox"/> 2 year <input type="checkbox"/> 4 year <input type="checkbox"/> post-grad <input type="checkbox"/> Other: _____
<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other: _____	<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other: _____

**C. Other Members in Household**

Name	Date of Birth	S.S. #	Disabled?	Employed?
1.			<b>YES / NO</b>	<b>YES / NO</b>
2.			<b>YES / NO</b>	<b>YES / NO</b>
3.			<b>YES / NO</b>	<b>YES / NO</b>
4.			<b>YES / NO</b>	<b>YES / NO</b>
5.			<b>YES / NO</b>	<b>YES / NO</b>

Are you related to any current Staff and/or Board Members of Friends of the North Country, Inc.? **YES / NO**  
 If yes, please state the persons name and relationship to you:

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## 2. HOUSEHOLD INCOME INFORMATION:

Sources of Income	Monthly Amount (GROSS)	Who Receives Income?	Notes:
Wages	<hr/> <hr/> <hr/>	<hr/> <hr/>	
Social Security	<hr/> <hr/>	<hr/> <hr/>	
SSI/Disability			
Unemployment			
Worker's Comp			
Pension/Retirement			
Public Assistance			
Dividends &/or Interest			
Income from Real or Personal Property			
Alimony			
Child Support			
Earned Income Tax Credit (divided by 12)			
Rental Income			
Other:			
<b>MONTHLY TOTALS</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

\*\*If you expect your income to change in the next 12 months, please explain:

Any other notes about your income: \_\_\_\_\_

Are you seasonally employed: **YES** / **NO**, if yes please list Employer and Dates Employed:

## 3. CREDIT HISTORY

Do you know what your credit score is? **YES** / **NO**

If yes, what is the score? \_\_\_\_\_ When did you last check it? \_\_\_\_\_

What resource did you use to check it? (ex/ Credit Karma, Experian..) \_\_\_\_\_

To the best of your knowledge, do you have any debts in collections? **YES** / **NO**

If yes, please list the amounts owed and to whom: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any student loans? **YES / NO**

If yes, please list the amounts owed, and your monthly payment amount: \_\_\_\_\_  
\_\_\_\_\_

Do you own or rent? **OWN / RENT**

If you own, do you have a mortgage? **YES / NO** If yes, who is your mortgage company? \_\_\_\_\_

If you own, there any **judgments or liens** held against you or the property? **YES / NO**  
(such as: *liens from Child Support, Medicare, Public Assistance, etc.*)

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

What do you hope to get out of homebuyer counseling? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please note anything else you think might be helpful: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Co-Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

# HOUSEHOLD ASSETS

Please list all assets owned and how much each one is worth.

Liquid assets are assets that, if needed you could use to pay for something within a relatively short period of time, without a significantly losing market value (like cash and certain investment accounts.)

Illiquid assets *cannot* be quickly converted to cash. They usually must be sold to acquire their value, and may not be able to be done so quickly, or lose value upon being sold/cashed in (like real estate, collectibles etc.)

Liquid Assets	Account Name	Balance Available	Value
Cash			
Checking			
Checking			
Savings			
Savings			
Stocks			
Bonds			
Certificate of Deposit (CD)			
Retirement Account *			
Retirement Account *			
Other _____			
Other _____			
Illiquid Assets	Details	Amount Owed	Value
Business (net worth)			
Real Estate			
Automobile			
Automobile			
Automobile			
Motorcycle			
Four Wheeler			
Retirement Account *			
Retirement Account *			
Other _____			
Other _____			
Other _____			

\* If you have **reached** retirement age, your account would most likely be considered a liquid asset. If you are **under** retirement age, it would most likely be considered illiquid.

# Income and Expense Form

<b>MONTHLY INCOME</b>	<b>GROSS</b>	<b>NET</b>
Wages		
Wages		
Social Security/Disability		
Social Security/Disability		
Supplemental Social Security		
Commissions/Bonuses		
Rental Income		
Child Support		
Aid for Dependent Children		
Alimony		
Unemployment		
Other: _____		
Other: _____		

**TOTAL MONTHLY INCOME:**

<b>EXPENSES</b>	<b>Per Month</b>
<b><u>AUTO</u></b>	
Auto Insurance	
Auto Loan	
Tags/Registration	
Repairs/Maintenance	
Gasoline	
Other: _____	
<b><u>HOUSING</u></b>	
1st Mortgage	
2nd Mortgage	
Homeowner's/Rental Insurance	
Property Taxes	
Lawn Care	
Other: _____	
Other: _____	
<b><u>DEBTS/PAYMENTS</u></b>	
Child Support	
Alimony	
Collections	
Bankruptcy	
Credit Card Payments	
Student Loans	
Personal Loans	
Other: _____	
<b><u>MEDICAL</u></b>	
Medications	
Doctor Visits	
Dentist	
Other: _____	



**GROSS income** is the total amount before taxes, insurance, and any other deductions are taken out.

**NET income** is the amount you receive, or "take home."

**When entering your income and expenses, enter items on a *monthly* basis.**



*Example: If you spend \$300 twice a year on fuel, you take that total (\$600) and divide it by 12 to get your monthly expense.*

If you are still in need of assistance, call your counselor. Your counselor will use this form to help you prepare a sustainable budget.



**NECESSARY Expenses** are costs that are *not optional*, like mortgage/rent payments, groceries, taxes, debts etc. These things are necessary for day to day life, and not paying them can have serious repercussions, like losing shelter or being fined.

**DISCRETIONARY Expenses** are *not always required*. These expenses are things like TV service, beauty shops, and dining out.

# Income and Expense Form

<b><u>INSURANCES</u></b>		<b><u>PET CARE</u></b>	
Accident and Disability		Food/Supplies	
Health Insurance [Taken out of Pay? Y / N ]		Veterinary Care	
Other: _____		<b><u>HOUSEHOLD</u></b>	
<b><u>UTILITIES</u></b>		Cleaning Supplies	
Electricity		Laundry Expenses	
Heating (Fuel)		Checking Account Fees	
Trash Services		Family Pictures*	
Water/Sewer		Repairs/Maintenance	
Telephone (Landline)		Pest Control	
Cell Phone		Other: _____	
Cable TV*		Other: _____	
Internet		<b><u>MISC. PERSONAL</u></b>	
<b><u>FOOD AND GROCERIES</u></b>		Alcoholic Beverages*	
Food at Work*		Tobacco*	
Groceries		Clothing	
Meal Kit Services* (HelloFresh, Dinnerly, etc.)		Barber/Beauty Shop	
Takeout*		Personal Items/Toiletries	
Delivery*		Mad Money	
Dining Out*		Vacations	
<b><u>EDUCATION</u></b>		Other: _____	
Textbooks		Other: _____	
Supplies		<b><u>OTHER</u></b>	
Tuition		Public Transportation	
<b><u>SAVINGS</u></b>		Investing	
Retirement		Other: _____	
Emergency Savings		Other: _____	
Short Term Savings*			
<b><u>ENTERTAINMENT</u></b>		TOTAL EXPENSES	
Athletic Events/Hobbies*		TOTAL NET INCOME:	
Concerts/Movies*		NET SURPLUS/DEFICIT:	
Streaming Services (Netflix, Hulu etc.) *			
Books/Newspapers/Magazines*			
Games*			
Gambling*			
Other: _____			
<b><u>GIFTS AND GIVING</u></b>			
Charity/Donations*			
Tithing			
Birthday Gifts*			
Holiday Gifts*			
<b><u>CHILD CARE</u></b>			
Daycare			
Allowance*			
Athletics*			
Other: _____			

Complete this form accurately, as the information is being used to develop counseling strategies.

Please sign here when you complete the form.

**x** \_\_\_\_\_

Discretionary Expenses are marked with a \*



## CREDIT REPORT AUTHORIZATION

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Homeowner	First	Middle	Last
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Homeowner	First	Middle	Last
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Street Address

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City	State	Zip
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Homeowner Social Security Number: \_\_\_\_\_

Homeowner Social Security Number: \_\_\_\_\_

Homeowner Date of Birth: \_\_\_\_\_

Homeowner Date of Birth: \_\_\_\_\_

I (WE) hereby give permission to pull my (our) credit report for the purposes of my (our) application for assistance in regards to my home, loan, or credit counseling or through Friends of the North Country, Inc. Housing Counseling Program.

All information will be kept confidential between my Counselor(s) and me/us. I/we further understand that Friends of the North Country, Inc. will be held harmless for information received in this credit report.

Both Signatures are required if joint report is requested.

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Homeowner Signature	/	Date
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## **CREDCO CONSUMER AUTHORIZATION AND RELEASE**

I hereby authorize CoreLogic Credco, LLC ("CREDCO" or "FAC") to obtain my consumer report/credit information, credit risk scores and other enhancements to my consumer report (hereinafter collectively referred to as "Report") from one or more of the three national credit repositories (Equifax, Experian, or TransUnion) and provide a copy of the Report to my credit counseling agency, American Financial Solutions ("Counselor") for Counselor to provide credit counseling, financial education, and/or housing counseling services. This authorization is intended to comply with a consumer report request as set forth in 15 U.S.C. 1681b(a)(2).

I acknowledge that the Report is provided "AS IS" AND THAT CREDCO MAKES NO REPRESENTATION OR WARRANTY, EXPRESS OR IMPLIED, INCLUDING, BUT NOT LIMITED TO, IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE AND IMPLIED WARRANTIES ARISING FROM A COURSE OF DEALING OR A COURSE OF PERFORMANCE WITH RESPECT TO THE ACCURACY, VALIDITY, OR COMPLETENESS OF THE REPORT OR THAT IT WILL MEET MY NEEDS AND CREDCO EXPRESSLY DISCLAIMS ALL SUCH REPRESENTATIONS AND WARRANTIES.

I recognize that the accuracy, validity or completeness of the Report provided by CREDCO is not guaranteed by CREDCO and I hereby release CREDCO and CREDCO's parent, sister, affiliated companies, successors and assigns and its and their directors, officers, agents, employees and independent contractors (collectively, "CREDCO's Affiliates") from any liability for any negligence in connection with the preparation of the Report and from any loss, damages, expenses, costs or obligations of any kind and nature whatsoever suffered by my resulting directly or indirectly from the inaccuracy, invalidity or incompleteness of the Report.

I covenant not to sue or maintain any claim, cause of action, demand, cross action, counterclaim, third party action or other form of pleading against CREDCO or CREDCO's Affiliates for damages based upon the inaccuracy, invalidity or incompleteness of any Report provided by CREDCO hereunder.

If one or more of the provisions, or a portion of a provision of this document are held for any reason to be invalid, illegal or unenforceable, such invalidity or illegality or unenforceability will not affect any other provisions of this document, and this document will be construed as if such invalid, illegal or unenforceable provision had not been contained herein.

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

# ***Friends of the North Country, Inc.***

## ***Privacy Policy and Disclosure Statement***

**Friends of the North Country, Inc. (FONC)** is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your personal information, including your debt, income, living expenses and personal information concerning your financial circumstances, will only be provided to creditors, program monitors, and others with your authorization; granted in the *Authorization to Release/Obtain Information* form.

However, FONC may disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process). Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you per your request. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

**FONC** is a private non-profit organization that has been assisting residents with their housing needs since 1981. FONC offers a variety of housing related services including home improvement grant and loan programs, and residential and foreclosure prevention assistance counseling. FONC also provides assistance to local governments for community planning efforts and community facility projects.

**Friends of the North Country, Inc.,** is a New York State Rural Preservation Company and was certified as a HUD Housing Counseling Agency in April 25, 2004.

**Friends of the North Country, Inc. provides services to New York State residents to assist in such areas as:**

- First Time Home Buyer Education and Financial Literacy Education workshops
- Assisting clients in becoming first time home buyers
- Home Improvement Programs to assist existing homeowners in maintaining their homes
- Sustaining and revitalizing neighborhoods
- Providing support and non-profit partner referrals for clients to access additional support services to enhance the quality of their lives

Friends of the North Country, Inc. clients are not required to utilize any other programs provided to receive counseling of any type. Counseling services are free of charge and there are no income restrictions for housing and foreclosure prevention counseling. A credit report fee may be assessed.

**By signing this disclosure, I understand that I am not under any obligation to utilize any of Friends of the North Country, Inc. other services or programs in order to receive counseling services. I also recognize that I am under no obligation to utilize the services provided by Friends of the North Country, Inc.**

***Must be signed by all household members over 18.***

*I have read and understand this policy:*

Signature: \_\_\_\_\_

Date \_\_\_\_\_

Signature: \_\_\_\_\_

Date \_\_\_\_\_

Signature: \_\_\_\_\_

Date \_\_\_\_\_

Signature: \_\_\_\_\_

Date \_\_\_\_\_

Signature: \_\_\_\_\_

Date \_\_\_\_\_

Friends of the North Country, Inc.  
1387 Hardscrabble Road  
Cadyville, NY 12918  
518-293-5045  
www.friendsofthenorthcountry.org

### **Authorization to Obtain/Release/Exchange Information**

I/we hereby authorize Friends of the North Country, Inc. to release/exchange/obtain information from my/our records in order to assist me/us in resolving my/our counseling situation (i.e. Credit card debt, mortgage delinquency, housing rehabilitation). I/we authorize Friends of the North Country, Inc. to share my/our information with HUD for the purposes of grant oversight and Housing Counseling Program Compliance.

My/our information will be released/exchanged/obtained only to those institutions, companies and agencies that Friends of the North Country, Inc. a HUD certified Housing Counseling Agency believes can provide assistance in resolving my/our financial situation. Examples of such entities include credit card companies, mortgage servicers, mortgage investors, public agencies, law enforcement agencies and other nonprofit organizations. Likewise information obtained will only be used as a tool for counseling strategies.

I/we understand that the provision of services at Friends of the North Country, Inc. is not contingent upon my decision concerning the release/exchange or obtainment of information.

The doctrine of informed consent has been explained to me/us, and I/we understand the contents to be released/exchanged/obtained, the need for the information, and that there are statutes and regulations protecting the confidentiality of authorized information.

I/we hereby acknowledge that this consent is voluntary and is valid until such request is fulfilled. I/we further acknowledge that I/we may revoke this consent at any time except to the extent that action based on this consent has been taken. I/we also acknowledge that a copy of this form is as valid as the original.

Consumer (printed) \_\_\_\_\_

Consumer (signed) \_\_\_\_\_ Date \_\_\_\_\_

Consumer (printed) \_\_\_\_\_

Consumer (signed) \_\_\_\_\_ Date \_\_\_\_\_

Property Address: \_\_\_\_\_

Loan Number (if applicable): \_\_\_\_\_

Counselor (printed) \_\_\_\_\_

Counselor (signed) \_\_\_\_\_ Date \_\_\_\_\_

# RELEASE

**RELEASE** executed on \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_  
(Applicant/s) residing at \_\_\_\_\_ (Address), County of \_\_\_\_\_,  
State of New York, herein referred to as Releasor.

In consideration of his/her/their application to participate in programs administered by Friends of the North Country, Inc., for him/herself, his/her/their legal representatives, heirs and assigns, hereby releases, waives and discharges Friends of the North Country, Inc., its officers, members, directors and employees, referred to as Releasees, from any and all liability to the Releasor(s), his/her/their legal representatives, heirs and assigns, for any and all loss or damage, and any claim or damages resulting there from, on account of injury to Releasor's person or property arising from Releasor's participation in the program.

Releasor expressly agrees that this Release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of New York and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**In Witness Whereof**, Releasor has executed this Release at \_\_\_\_\_, New York on the day and year first above written.

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

*Print name:* \_\_\_\_\_, Releasor *Print name:* \_\_\_\_\_, Releasor

## Request for Transcript of Tax Return

- ▶ **Do not sign this form unless all applicable lines have been completed.**  
▶ **Request may be rejected if the form is incomplete or illegible.**  
▶ **For more information about Form 4506-T, visit [www.irs.gov/form4506t](http://www.irs.gov/form4506t).**

OMB No. 1545-1872

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

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number or individual taxpayer identification number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
<b>4</b> Previous address shown on the last return filed if different from line 3 (see instructions)	
<b>5</b> 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 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.

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**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.

<input type="checkbox"/> <b>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.</b> See instructions.	Phone number of taxpayer on line 1a or 2a
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>Signature</b> (see instructions)         </div> <div style="width: 40%;"> <b>Date</b> </div> </div>	
<b>Title</b> (if line 1a above is a corporation, partnership, estate, or trust)	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>Spouse's signature</b> </div> <div style="width: 40%;"> <b>Date</b> </div> </div>	

**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](http://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](http://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](http://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 "999999999" 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. 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.

## 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.



## Register for the School Tax Relief (STAR) Credit

Congratulations on your new home! If this will be your primary residence, take a few minutes to register for the STAR credit.

Eligible new homeowners will receive their STAR savings in the form of a check directly from New York State.

But you must register with the New York State Tax Department to receive a STAR credit check.

You can register 24 hours a day, 7 days a week at [www.tax.ny.gov/star](http://www.tax.ny.gov/star).

Property owners without access to a computer can register by phone at 518-457-2036 weekdays between 8:30 a.m. and 4:30 p.m.

Feedback on the STAR Registration application from our users:

*'Straightforward and easy to use.'*

*'Very user friendly. Easy to go through step by step.'*

*'I expected this to be a long lengthy process... and it was not.'*

### Are you eligible for STAR?

If you own your home, it's your primary residence, and your income is \$500,000 or less, you're eligible for the Basic STAR credit.

In addition, if you're 65 or older with an income of \$90,550 or less, you may be eligible for the Enhanced STAR credit.

In the first year of your new home, you may receive the prior owner's STAR exemption. In future years, as long as you're eligible, we'll send you a STAR check. You don't need to register again.

### Before you register, have this information available:

- ☐ names and social security numbers for all owners of the property and their spouses
- ☐ primary residence of the owners and their spouses
- ☐ approximate date you purchased the property, and the name of the sellers
- ☐ the most recent school tax bill, if you received one
- ☐ address of any residential property owned in another state
- ☐ if the property is owned in trust, the legal name of the trust
- ☐ 2019 federal or state income tax returns for all owners (if you didn't file a 2019 income tax return, you'll be asked to provide financial information for all property owners)







# For Your Protection: Get a Home Inspection

## You must make a choice on getting a Home Inspection. It is not done automatically.

You have the right to examine carefully your potential new home with a professional home inspector. But a home inspection is not required by law, and will occur only if you ask for one and make the arrangements. You may schedule the inspection for before or after signing your contract. You may be able to negotiate with the seller to make the contract contingent on the results of the inspection. For this reason, it is usually in your best interest to conduct your home inspection as soon as possible if you want one. In a home inspection, a professional home inspector takes an in-depth, unbiased look at your potential new home to:

- ü Evaluate the physical condition: structure, construction, and mechanical systems;
- ü Identify items that need to be repaired and
- ü Estimate the remaining useful life of the major systems, equipment, structure, and finishes.

## The Appraisal is NOT a Home Inspection and does not replace an inspection.

An appraisal estimates the market value of the home to protect the lender. An appraisal does not examine or evaluate the condition of the home to protect the homebuyer. An appraisal only makes sure that the home meets FHA and/or your lender's minimum property standards. A home inspection provides much more detail.

## FHA and Lenders may not Guarantee the Condition of your Potential New Home

If you find problems with your new home after closing, neither FHA nor your lender may give or lend you money for repairs. Additionally, neither FHA nor your lender may buy the home back from you. Ask a qualified home inspector to inspect your potential new home and give you the information you need to make a wise decision.

## Your Home Inspector may test for Radon, Health/Safety, and Energy Efficiency

EPA, HUD and DOE recommend that houses be tested and inspected for radon, health and safety, and energy efficiency, respectively. Specific tests are available to you. You may ask about tests with your home inspector, in addition to the structural and mechanical systems inspection. For more information: Radon -- call 1-800-SOS-Radon; Health and Safety -- see the HUD Healthy Homes Program at [www.HUD.gov](http://www.HUD.gov); Energy Efficiency -- see the DOE EnergyStar Program at [www.energystar.gov](http://www.energystar.gov).

## Selecting a Trained Professional Home Inspector

Seek referrals from friends, neighbors, other buyers, realtors, as well as local listings from licensing authorities and local advertisements. In addition, consult the American Society of Home Inspectors (ASHI) on the web at: [www.ashi.org](http://www.ashi.org) or by telephone at: 1-800-743-2744.

I / We (circle one) have read this document and understand that if I/we wish to get a home inspection, it is best do so as soon as possible. The appraisal is not a home inspection. I/we will make a voluntary choice whether to get a home inspection. A home inspection will be done only if I/we ask for one and schedule it. Your lender may not perform a home inspection and neither FHA nor your lender may guarantee the condition of the home. Health and safety tests can be included in the home inspection if I/we choose.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Signed) Homebuyer Date

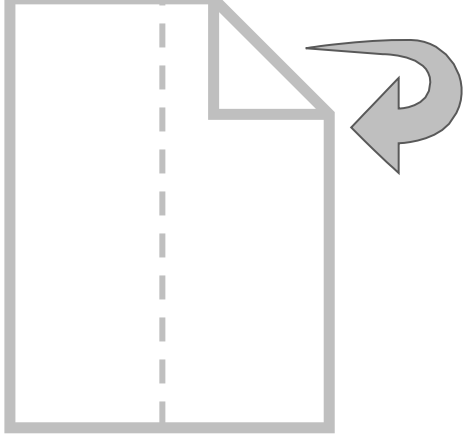
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(Signed) Homebuyer Date



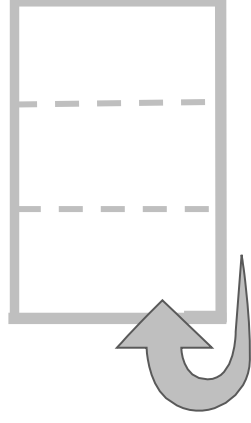
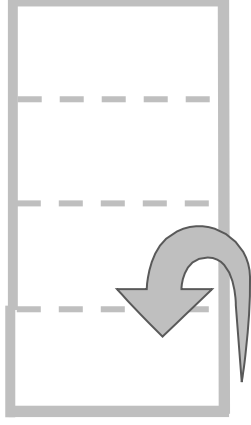
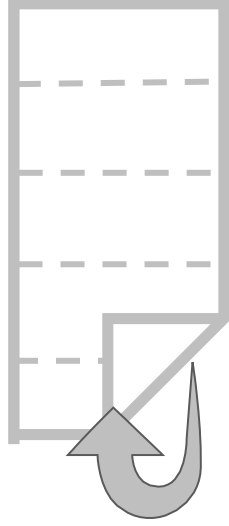
~~6~~

# How to fold your Budgeting on the Go:

**STEP ONE:** Fold page in half along dotted lines.



**STEP TWO:** Fold page four times in alternating order along dotted lines, until it's the size of only one square.



**END RESULT:** Your completed pocket budget should look like this:

*If it doesn't look perfect, that's ok! As long as it works for your needs, that's all that matters.*





Governor Andrew M. Cuomo

## New York State Notice of Important Document

<b>ENGLISH</b>	<b>This is an important document. If you need help to understand it, please call 1-888-469-7365. An interpreter will be provided free.</b>
<b>Español</b> <b>Spanish</b>	Este es un documento importante. Si necesita ayuda en entenderlo, por favor llame al 1-888-469-7365. Se le proveerá un intérprete gratis.
<b>简体字</b> <b>Simplified Chinese</b>	这是一份重要文件。如果您需要帮助理解此文件，请打电话至1-888-469-7365。您会得到免费翻译服务。
<b>繁體字</b> <b>Traditional Chinese</b>	这是一份重要文件。如果您需要帮助理解此文件，请打电话至1-888-469-7365。您会得到免费翻译服务。
<b>Kreyòl Ayisyen</b> <b>Haitian Creole</b>	Sa a se yon dokiman enpòtan. Si ou bezwen èd pou konprann li, tanpri rele: 1-888-469-7365. Y ap ba ou yon entèprèt gratis.
<b>Italiano</b> <b>Italian</b>	Il presente documento è importante. Per qualsiasi chiarimento può chiamare il numero 1-888-469-7365. Un interprete sarà disponibile gratuitamente.
<b>한국어</b> <b>Korean</b>	이것은 중요한 서류입니다. 도움이 필요하시면, 연락해 주십시오: 1-888-469-7365. 무료 통역이 제공됩니다.
<b>Русский</b> <b>Russian</b>	Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-888-469-7365. Переводчик предоставляется бесплатно.
<b>Język Polski</b> <b>Polish</b>	To jest ważny dokument. Jeżeli Pan/Pani potrzebuje pomocy w zrozumieniu go, prosimy zadzwonić pod numer 1-888-469-7365. Bezpłatnie zapewnimy usługi tłumaczeniowe.