



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: Post-Purchase Counseling

Dear Client:

Please complete the attached forms and compile the necessary supporting documents listed in the enclosed document checklist, so that a Housing Counselor can assist you with your affordable housing needs.

When the forms are complete and you have gathered all the necessary documents, please make the necessary arrangements to submit the completed application. Once the application is received, it will be reviewed and a counselor will contact you.

**Please note that receiving or submitting this application does not guarantee eligibility for, or the availability of, any specific grant program or service.** For more information, or if you need assistance with completing the application, call your counselor to schedule an appointment.

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 Counseling Manager, ext. 125  
[cpiercy@friendsofthenorthcountry.org](mailto:cpiercy@friendsofthenorthcountry.org)

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

Chelsea Wetherhult, Intake Specialist, ext. 126  
[cwetherhult@friendsofthenorthcountry.org](mailto:cwetherhult@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



**READ BEFORE PROCEEDING**: please review ALL listed documents below and their notes. **All applicable documents must be submitted for a complete application.**

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

- ☐ Application, *all household members over 18 must sign*
- ☐ Income and Expense Form
- ☐ Employment Certification *every household member over 18 must complete a certification*
- ☐ Privacy Policy and Disclosure Statement *must be signed by all household members over 18*
- ☐ Authorization to Obtain/Release/Exchange Information
- ☐ Very Important Disclosure
- ☐ Participation Agreement ***\*all parties to the deed must sign this agreement\****
- ☐ Release ***\* all parties to the deed must sign this release\****
- ☐ HOME Release, *must be signed by all household members over 18*
- ☐ 4506-t ***\*this document must be signed even if you do not file taxes\****

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

- ☐ Deed, *and recording page*
- ☐ *The most current electric bill*
- ☐ The most current year's land and school tax receipts
- ☐ Your most recent mortgage statement (*if applicable*)
- ☐ Your most recent property insurance binder
- ☐ Your most recent two years of federal tax returns with all attachments and supporting documentation; **for all household members** (*if filing*)
- ☐ Two most recent months of paystubs; **for all household members** (*if applicable*)
- ☐ Current award and benefit letters (ex/ Social Security, SSI, Pension benefits, HEAP, SNAP, etc.); **for all household members** (*if applicable*)
- ☐ Two most recent months of bank statements; **for all household members**
- ☐ Copies of any other household income not listed above (including: child support, alimony, assets that generate household income, and financial statements for your business)
- ☐ A tax statement for any additional real estate that you own (*if applicable*)
- ☐ Copy of photo ID

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

## **POST-PURCHASE APPLICATION**

### **1. PERSONAL HOUSEHOLD INFORMATION**

#### **A. Applicant**

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

Name:	Name:
DOB:	DOB:
S.S. #:	S.S. #:
Home Address:	Home Address:
Mailing Address (if different):	Mailing Address (if different):
Home Telephone: Cell Phone:	Home Telephone: Cell Phone:
E-mail address:	E-mail Address:
Place of Employment: _____ Address: _____ _____ Contact: _____ Start Date:	Place of Employment: _____ Address: _____ _____ Contact: _____ 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. All Other Members in Household, *\*including non-family and renters\****

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 Staff and/or Board Members of Friends of the North Country, Inc.? **YES / NO**

If yes, please state their name(s) and relationship(s) to you:

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## 2. HOUSEHOLD INCOME INFORMATION:

**Note:** For purposes of determining program eligibility, please provide the following information for **ALL members of your household, and for ALL sources of income – this includes renters.**

Sources of Income	Monthly Amount (GROSS)	Who Receives Income?	Notes:
Wages	_____ _____	_____ _____	
Social Security	_____ _____	_____ _____	
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 any of your income(s) to change in the next 12 months, please explain:

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

### 3. PROPERTY INFORMATION

Do you own your home? **YES / NO**

If yes, what type of ownership (*deeded, life lease, etc.*)? \_\_\_\_\_

Do you have a mortgage? **YES / NO** If yes, is your Mortgage current? **YES / NO**

If no, when was last payment? \_\_\_\_\_

**If you have a mortgage please provide copy of most recent statement that shows monthly payment and balance.** Name of lender: \_\_\_\_\_ Loan Number: \_\_\_\_\_

**DEED:** Date Recorded in County Clerks Office: \_\_\_\_\_ Book #: \_\_\_\_\_ Page # \_\_\_\_\_

Are your Property and School Taxes paid up-to-date? **YES / NO**

Do you pay Water and/or Sewer Fees to Town or Village? **YES / NO**

Do you have Homeowners and/or Renters Insurance on your home? **YES / NO**

What year was your home built? \_\_\_\_\_ Is your home a Mobile Home or a Modular? **YES / NO**

When (estimate is ok) did you buy your home? \_\_\_\_\_ How many bedrooms does you home have? \_\_\_\_\_

How many stories is your home? \_\_\_\_\_ Is your home in a flood affected area? **YES / NO**

Do you live at the residence for *at least* 6 months each year? **YES / NO**

Do you own other real estate? **YES / NO**

If yes, Location and type (rental, business, camp, etc.) \_\_\_\_\_

Has this property had housing rehabilitation in the past? **YES / NO**

**If yes, date(s) of assistance:** \_\_\_\_\_

**Source(s) of assistance:** \_\_\_\_\_

**Type of assistance (work done):** \_\_\_\_\_

Are there any **Judgments or Liens** held against you or this property? **YES / NO**  
(such as: liens from Child Support, Medicare, Public Assistance, etc.)

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

**Source of Lien:** \_\_\_\_\_

**Name & Address of Lien holder(s):** \_\_\_\_\_

Has anyone offered to help modify your mortgage, either directly, through advertising, or by any other means such as a flyer? **YES / NO**

Have you been asked to do any of the following for assistance or a loan modification? (*check all that apply*)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> <b>pay a fee</b>                        | <input type="checkbox"/> <b>sign a contract</b>           | <input type="checkbox"/> <b>redirect mortgage payments</b> |
| <input type="checkbox"/> <b>sign over title to your property</b> | <input type="checkbox"/> <b>stop making loan payments</b> |  |

**4. HOUSEHOLD ASSETS:** *Please list all assets owned by all members of your household.*

Asset	Account Name	Balance Available	Value
Cash			
Checking			
Checking			
Savings			
Savings			
Stocks/ Bonds/ CD's			
Business (net worth)			
Real Estate			
Automobile			
Automobile			
Retirement Account			
Retirement Account			
Life Insurance			
Other _____			
Other _____			
Other _____			

**CERTIFICATION:** By signing below, I/we, the undersigned, hereby certify that the statements and information contained in this application are true and correct. **WARNING:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willingly makes or uses a document of jurisdiction of any Department or Agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both. **IN ADDITION,** I/we, the undersigned, acknowledge that the following statement of purpose has been read and, if necessary, Friends of the North Country, Inc. (FONC) has been contacted for clarification: *housing rehabilitation grants are for improving safety, sanitation and in some cases, code-related problems for low-income homeowners and are not intended for remodeling or cosmetic improvements. They are not a substitute for the responsibility of regular maintenance and upkeep and may not remedy every condition of the home that I/we may find displeasing. The rehabilitation may result in an increase in the assessed value of property and the amount of property insurance coverage required and a potential increase in property taxes. FONC has information available regarding household budgeting and property maintenance and upkeep so that homeowners can advance homeownership skills.* By my signature below, I verify that I am a legal resident of the United States.

***All household members over 18 must sign.***

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

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

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

# 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: _____			

Discretionary Expenses are marked with a \*

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

Please sign here when you complete the form.

**X** \_\_\_\_\_



## Employment Status Certification Form

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

I, \_\_\_\_\_ (*print name*) certify that:

(*check one*) \_\_\_\_\_ I am not working now **OR**

\_\_\_\_\_ I am working, approximately \_\_\_\_\_ hours per week,

with (name of employer) : \_\_\_\_\_,

at (*address*): \_\_\_\_\_,

and I started there on (*date*): \_\_\_\_\_.

My last (or previous) employment was with:

\_\_\_\_\_,

at (*address*): \_\_\_\_\_,

and ended on (*date*): \_\_\_\_\_.

The reason for my unemployment (*if applicable*) is:

\_\_\_\_\_

\_\_\_\_\_.

I expect to return to work on \_\_\_\_\_.

***or***

I do not expect to return to work because: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_.

Signed as of the date first noted on this document,

\_\_\_\_\_

*Signature*

## Employment Status Certification Form

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

I, \_\_\_\_\_ (*print name*) certify that:

(*check one*) \_\_\_\_\_ I am not working now **OR**

\_\_\_\_\_ I am working, approximately \_\_\_\_\_ hours per week,

with (name of employer) : \_\_\_\_\_,

at (*address*): \_\_\_\_\_,

and I started there on (*date*): \_\_\_\_\_.

My last (or previous) employment was with:

\_\_\_\_\_,

at (*address*): \_\_\_\_\_,

and ended on (*date*): \_\_\_\_\_.

The reason for my unemployment (*if applicable*) is:

\_\_\_\_\_

\_\_\_\_\_.

I expect to return to work on \_\_\_\_\_.

**or**

I do not expect to return to work because: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_.

Signed as of the date first noted on this document,

\_\_\_\_\_

*Signature*

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

## ***Privacy Policy***

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 be provided to creditors, program monitors, and others only with your authorization; granted in the Authorization to Release/Obtain Information form. *However, we may use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.*

### Release of your anonymous aggregated information to third parties:

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.

### Release of your anonymous aggregated information if you are a client of the Home Owner Protection Program (HOPP)

Your name and telephone number will not be shared with other parties, but other information gathered may be used for research, program or policy development, or other legitimate purposes by the New York State Office of the Attorney General and parties with which it contracts (such as the Center for New York City Neighborhoods and Empire Justice Center), the City of New York, or other relevant funders of foreclosure prevention services.

I have read and understand this policy and a copy was given to me to keep for my records.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## **DISCLOSURE STATEMENT**

**Friends of the North Country, Inc. (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 helps 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 on April 25, 2004.

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

- **Mortgage Delinquency Counseling:** Friends' housing counselors provide support to homeowners who are in default or at risk of defaulting on their mortgages or taxes.
- **Home Equity Reverse Mortgage Counseling:** HECM counseling covers how reverse mortgages work, including: application, payment options, costs, tax implications, alternative options, and various advantages and risks involved. After counseling clients will be better able to decide what decision best meets their needs.
- **Pre-Purchase Counseling/Homebuyer:** Friends' homebuyer counseling provides information and guidance relating to the homebuying process, maintaining a sustainable budget, financing options, and closing calculating an affordable payment, and more.
- **Credit/Budget Counseling:** Credit and budget counseling involves: a soft pull of the credit score, extensive review of income and expenses, and an action plan with realistic goals and steps to achieve them.
- **Homelessness Counseling:** Counselors work with clients to screen for benefits, review income and expenses to help build a sustainable budget, and provision of tenancy counseling to help obtain long-term, safe, and decent housing.
- **Rental Counseling:** Designed to provide clients with the necessary tools to develop a sustainable budget, establish what an affordable monthly payment looks like, communicate with their landlord, know their rights and responsibilities, and how to search for and apply for housing.
- **Home Improvement Post-Purchase and Rehabilitation Counseling:** Designed to help homeowners establish and maintain long-term, successful homeownership. Counseling includes review of budget, home maintenance education, and assistance in applying for applicable home repair grant programs that they may qualify for.

**Other Local Housing Counseling Agencies:**

- **Clinton County- Rural Preservation, 48 Ganong Drive, Saranac, NY 12981, Phone # (518)293-7569**
- **Essex County-HAPEC, 103 Hand Avenue, Elizabethtown, NY 12932, Phone # (518)873-6888**
- **Franklin County Community Housing, 95 W Main Street, Malone, NY 12953, Phone # (518)483-5934**

**Our Mission Statement: Friends of the North Country, Inc. is to assist with the provision of housing, Friends is committed to improving housing conditions and increasing housing choices. In support of this mission, we provide:**

- Housing Counseling both pre-purchase and post-purchase: funds provided by HUD/NYSHCR
- Foreclosure Prevention Counseling: funds provided by HOPP (NYS Attorney General), HUD/NYSHCR
- Administration of funds from the NYS Affordable Housing Corporation to assist income eligible existing homeowners with health and safety issues
- Administration of funds from the NYS HOME Program to assist income eligible existing homeowners with health and safety issues
- Administration of funds from the NYS Access to Home Program to provide financial assistance to property owners to make dwelling units accessible for low- and moderate-income persons with disabilities
- Administration of funds from the NYS Community Development Block Grant to develop viable communities by providing decent, affordable housing, and suitable living environments, as well as expanding economic opportunities, principally for persons of low and moderate income.
- Administration of funds from the NY Main Street Programs to provide financial resources and technical assistance to communities to strengthen the economic vitality of the State's traditional Main Streets and neighborhoods

**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 (exception: HECM) 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 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.**

---

Borrower Name Printed

---

Date

---

Borrower Signature

---

Co-Borrower Name Printed

---

Date

---

Co-Borrower Signature

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 \_\_\_\_\_

**VERY IMPORTANT DISCLOSURE**  
**ABOUT YOUR RELATIONSHIP WITH**  
**FRIENDS OF THE NORTH COUNTRY AND YOUR CONTRACTOR**

If you are awarded a grant or loan administered by Friends of the North Country (“FONC”) for rehabilitation, improvement, or repair of your home by a third party home improvement contractor FONC does not have any obligation to you to ensure that the work under the contract is completed to your satisfaction. Therefore, you should monitor the work being done and communicate with your contractor. If you have question or concerns, talk to your contractor as soon as possible and let FONC know. Keep in mind that:

- FONC will not recommend payment to your contractor for work unless and until (i) FONC and you agree that the work to be performed under the contract has been completed in a good and workmanlike manner; (ii) you have “signed off” in writing that you are satisfied that the work has been completed in a good and workmanlike manner; and (iii) if applicable, the local Codes Officer has approved the work.
- You do NOT have to “sign off” on work unless you are reasonably satisfied that it has been completed in a good and workmanlike manner.
- If you are not satisfied with the completeness or quality of the work, you should engage a third party (a contractor, inspector, or similar professional) at your own expense to assist you in evaluating whether the work has been completed properly BEFORE you “sign off” on the work. You cannot rely on FONC or its employees to make this determination for you.
- If problems develop between you, your contractor, and / or FONC and they are not resolved to your satisfaction after discussions with your contractor and FONC, it is strongly recommended that you get informed advice from one or more of the following sources:
  - ✓ North Country Conflict Resolution Services: **518-324-5144**
  - ✓ Legal Aid Society of Northern New York: **518-563-4022**
  - ✓ Rural Law Center of New York: **518-563-4022**
  - ✓ New York State Attorney General’s Plattsburgh Office: **518-562-3282**

There is no charge for consulting the Attorney General’s Office. A private attorney will have to be paid by you at your expense. The other services may be available to you at no charge or reduced cost, depending on your income.

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

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

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

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

## **Participation Agreement**

About Friends of the North Country, Inc. (Friends) housing programs:

1. Provide resources to assist eligible applicants (hereinafter referred to as “Owner”) to hire general contractors to make repairs to their homes.
2. Friends does not make repairs, but helps Owner to describe the specific repairs.
3. Friends housing programs are for improving safety, sanitation, and, in some cases, codes-related problems. Cosmetic appeal is not a primary goal.
4. The contract(s) that you sign with the General Contractor will be an agreement between the contractor and yourself. It is your responsibility to keep a watchful eye on the work that is going on. If the work doesn’t seem right to you, it is up to you to speak with the contractor (not his hired help) to try to fix the problem the same way you would with any other servicemen doing work for you.
5. Friends can not guarantee that you will be pleased with the work that is done.

Please read the following information. **A space is provided for you to write your initials to indicate that you have read and understand each item. Do not participate in the Housing Program if you do not agree with all of these statements:**

Initial

- \_\_\_\_\_ I understand that the Contractor(s) is/are only required to do the work listed in the specifications prepared for my home. They will not be responsible for work that is not listed. I will review the specifications before the bidding.
- \_\_\_\_\_ I realize that older homes have many problems such as uneven floors, walls, windows, and doors, damp basements and other faults. Most of these problems will not change as a result of the contractors work.
- \_\_\_\_\_ I agree to have my home disrupted in order to do the required work.
- \_\_\_\_\_ I am aware that Friends of the North Country, Inc. is not a contractor or general contractor, Friends does not recommend or hire contractors, and Friends cannot guarantee that I will be satisfied with the work completed by the contractor.
- \_\_\_\_\_ I will inspect the work while it is going on and point out items that I am not satisfied with to the general contractor (not his workers).
- \_\_\_\_\_ I will make every attempt to solve disagreements that I have with the contractor before I resort to other means of resolution.
- \_\_\_\_\_ I will accept approval of the work by the code officials and Friends of the North Country as evidence that the work has been completed according to the contract specifications.
- \_\_\_\_\_ I will complete and sign all paperwork for this project.
- \_\_\_\_\_ I will call or write the contractor if there are problems with the work during the first year after the job is completed and ask them to correct problems covered by contractor warranties during that first year.
- \_\_\_\_\_ I understand that the work may result in an increase in the assessed value of my property and the amount of property insurance coverage required.
- \_\_\_\_\_ Friends of the North Country has information available regarding household finance management, and I can contact Friends with questions or concerns.

## **Refinancing**

You, the Owner, are required to disclose any existing liens or mortgages on your property when you apply for assistance through Friends of the North Country. The terms of the grant agreements that you will sign include placing a lien (“lien” refers to one or more liens) on your property for 5 to 10 years, depending on funding sources and dollar amounts. The lien will be in second place behind any previously existing mortgage(s).

If you decide to refinance your home after the lien for the grants is recorded, most lenders will require that the new loan be in first place. In order for that to happen, you must apply for a subordination of the existing lien(s). The subordination process can take up to a month, so you would need to inform your lender of the lien from these grants and notify Friends in writing as early in your loan application process as possible.



It is up to the funders whether they will agree to subordinate. Acceptable reasons are: in case of severe hardship due to death, natural disaster (for example, fire or flood) or financial disaster (an involuntary loss of income); for a lower interest rate; for repairs necessary to bring the home into compliance with all applicable laws and codes and /or to eliminate any hazardous and immediately dangerous code violations. The new loan must be at a fixed interest rate. Cashing out the value of the improvements provided by state and federal grant funds is not permitted.

## **Contractor Disputes**

If you, the Owner, have a dispute with your contractor, you will need to do the following:

1. Contact the contractor and allow a reasonable amount of time for corrections to be made.
2. Provide a written complaint to the contractor and send a copy to the Executive Director at Friends of the North Country, Inc. 1387 Hardscrabble Road, Cadyville, NY 12918 with a list of items from the contract specifications that have not been completed, or appear to be incorrect.
3. If the contractor still does not fix the problem within 15 days, please tell Friends of the North Country and we will send a certified letter to the contractor with a list of defects with a (new) due date for him to fix the problem. If he has not made a bona fide attempt to correct the items by the due date, he will be removed from the bidding list.
4. Friends will assist you, the Owner, to find another contractor to complete the work with remaining funds from the project.
5. In the event that the project was already completed and paid for, you, the Owner, can pursue your case through the normal legal process. Friends of the North Country housing rehabilitation program will assume no liability for Owner complaints, but will provide information as needed to have your case heard in court.

I have read, and I understand and I agree with all of the above, including “Housing Rehabilitation Participation Agreement” and “Refinancing” and “Contractor Disputes”.

_____ Owner - (Signature)	_____ Date	_____ (Owner – Please print name)
_____ Owner - (Signature)	_____ Date	_____ (Owner – Please print name)
_____ Owner - (Signature)	_____ Date	_____ (Owner – Please print name)

## **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

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

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

# HOME Program Eligibility Release Form

Organization requesting release of information  
(PJ name, address, telephone, and date)

Information Covered: Inquiries may be made about  
items initialed by applicant/tenant.

*Purpose:* Your signature on this HOME Program Eligibility Release Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named organization to obtain information from a third party relative to your eligibility and continued participation in the:

HOME TBRA Program  
HOME Homebuyer Program  
HOME Rental Rehabilitation Program  
HOME Homeowner Rehabilitation Program

*Privacy Act Notice Statement:* The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant's eligibility in a HOME Program and the amount of assistance necessary using HOME funds. This information will be used to establish level of benefit on the HOME Program; to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

*Instructions:* Each adult member of the household must sign a HOME Program Eligibility Release Form prior to the receipt of benefit and on an annual basis to establish continued eligibility. Additional signatures must be obtained from new adult members whenever they join the household or whenever members of the household become 18 years of age.

**NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.**

	Verification Required	Initials
Income (all sources)		
Assets (all sources)		
Child Care Expense		
Handicap Assistance Expense (if applicable)		
Medical Expense (if applicable)		
Other (list) _____ _____		
Dependent Deduction ____ Full-Time Student ____ Handicap/Disabled ____ Family Member ____ Minor Children		

*Authorization:* I authorize the above-named HOME Participating Jurisdiction and HUD to obtain information about me and my household that is pertinent to eligibility for participation in the HOME Program.

I acknowledge that:

- (1) A photocopy of this form is as valid as the original.
- (2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
- (3) I have the right to copy information from this file and to request correction of information I believe inaccurate.
- (4) All adult household members will sign this form and cooperate with the owner in this process.

Head of Household—Signature, Printed Name, and Date:  
Family Member HEAD

X

Other Adult Member of the Household—Signature, Printed Name, and Date:  
Family Member #3

X

Other Adult Member of the Household—Signature, Printed Name, and Date:  
Family Member #2

X

Other Adult Member of the Household—Signature, Printed Name, and Date:  
Family Member #4

X

## 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.



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.