

HomeLoanServ Home Retention Packet

Please provide the following information for program evaluation:

1. **IHFA Financial Statement (Pages 2-3)**
 - Completed, signed and dated
2. **Mortgage Assistance Application Form (Pages 4-6)**
 - Completed, signed and dated
3. **Form 4506-C – IVES Request for Transcript of Tax Return (Last two pages of application)**
 - Completed, signed and dated
4. **Hardship Letter**
 - Describes reason for default/hardship
5. **Proof of Hardship**
 - Example: Medical bills, utility bills, expenses and/or paystubs listing pay reduction, Unemployment Hardship Form
6. **Income**
 - 2 months most recent paystubs/proof of all income sources
 - Most recent quarter Profit and Loss for self employed
 - Award letters for any SSI and/or VA benefits
 - Rental Income: Must provide copy of rental agreement
7. **Bank Statements**
 - 2 months of most recent bank statements (must be official bank statements and include all pages)
8. **Tax Returns**
 - Past 2 years' complete tax returns (federal and state)
 - Are you exempt from filing taxes:
 - Provide documentation from the IRS specific to the exempt tax year(s):
<https://www.irs.gov/help/ita/do-i-need-to-file-a-tax-return>
9. **Other Documentation**
 - Provide any other pertinent information regarding your situation which would influence the review process

IMPORTANT - once **ALL** proper documentation is received, we will determine if the loan is eligible.

***Do not send any images/photos of your documents**

***Only scanned (PDF) and legible documents are accepted**

You will be notified once the review process has been completed.

Please contact our office at (800) 526-7145 x 8502 with any questions.

Please feel free to email your documents and information to lossmitigation@IHFA.org

Request for financial information on mortgage loan # _____

HomeLoanServ uses this information to help in determining the type of help, if any that can be provided to assist you in avoiding foreclosure of your mortgage, as per the enclosed pamphlet.

People and Income in the Household

(List all persons in the home, including children, grandchildren, roommates, etc. Income should include funds from wages, social security, child support, disability, welfare and unemployment etc.)

Name of Each Person Living in Household	Date of Birth (MM/DD/YY)	Relationship	Source of Income: Work, unemployment, SSI,	Take Home Pay.
		Self		\$
		Spouse		\$
		Child		\$
		Child		\$
		Child		\$
		Roommate	Lease Agreement	\$
				\$
TOTAL INCOME=				\$

Name and address of all sources of income (employer/government agency etc.)

Name & Address of Employer	Name & Address of Employer
Company Name:	Company Name:
Address:	Address:
Phone#	Phone#
Fax#	Fax#

Monthly expenses

Auto Payment(s)	\$	Home Owners Association Dues	\$
Cable/Satellite/Internet	\$	Life Insurance	\$
Car Insurance	\$	Medical (not paid by insurance)	\$
Car Gas/Maintenance	\$	Miscellaneous Debt	\$
Child Support (you have to pay)	\$	Other Finance Company Debt	\$
Clothing & Essentials	\$	Pay Day Loan	\$
Credit Card	\$	Personal Loan	\$
Credit Card	\$	Phone	\$
Credit Card	\$	Primary Mortgage	\$
Credit Card	\$	Student Loan(s)	\$
Day Care	\$	Tithing	\$
Food/diapers/baby food/school lunches	\$	Utilities (power, gas, water/sewer)	\$
Home Maintenance/Repairs	\$	2nd Mortgage Payment	\$
		Total Monthly Expenses	\$

ASSETS

Checking Account	\$	Stocks/Bonds/CD' s	\$
Savings Account	\$	Cash On Hand	\$
Money Market	\$	Recreations Vehicles	#
Number of Cars You Own	#	Other Investments	\$

Do you have a 401k or retirement account? Yes No. If yes, how do you pay per month? _____

Do you receive food stamps? Yes No. If yes, how much do you receive per month? _____

Have you ever filed bankruptcy? Yes No. If yes, what chapter and when did you file? _____

Do you have the property listed for sale? Yes No. If yes, with whom? _____

Do you own any real estate besides your home? Yes No. If yes, complete the following: Description of Property:

Value: \$ _____ Monthly Payments: \$ _____ Monthly Rental Income \$ _____

What is the reason you fell behind on the house payment?

What is your proposed plan to bring the loan current?

Loan number: _____

Mortgage Assistance Application

If you are having mortgage payment challenges, please complete and submit this application, along with the required documentation, to HomeLoanServ via mail: PO Box 7899, Boise, Idaho 83707, fax: 208-336-6474, or online: lossmitigation@ihfa.org. We will contact you within five business days to acknowledge receipt and let you know if you need to send additional information or documents.

We will use the information you provide to help us identify the assistance you may be eligible to receive. If you need help completing this application, please contact HomeLoanServ at 1-800-526-7145.

For a list of HUD-approved housing counseling agencies that can provide foreclosure prevention information, contact one of the following federal government agencies:

- The U.S. Department of Housing and Urban Development (HUD) at (800) 569-4287 or www.hud.gov/counseling
- The Consumer Financial Protection Bureau (CFPB) at (855) 411-2372 or www.consumerfinance.gov/mortgagehelp

If you need assistance with translation or other language assistance, HUD-approved housing counseling agencies may be able to assist you. These services are provided without charge.

Borrower Information

Co-borrower's name: _____

Social Security Number (last 4 digits): _____

E-mail address: _____

Primary phone number: _____ Cell Home Work Other

Alternate phone number: _____ Cell Home Work Other

Preferred contact method (choose all that apply) Cell phone Home phone Work phone Email

Co-borrower's name: _____

Social Security Number (last 4 digits): _____

E-mail address: _____

Primary phone number: _____ Cell Home Work Other

Alternate phone number: _____ Cell Home Work Other

Preferred contact method (choose all that apply) Cell phone Home phone Work phone Email

Is either borrower on active duty with the military (including the National Guard and Reserves), the dependent of a borrower on active duty, or the surviving spouse of a member of the military who was on active duty at the time of death? Yes No

Property Information

Property Address: _____

Mailing address (if different from property address): _____

Is the property currently: A primary residence, A second home, or An investment property

- The property is (select all that apply): Owner occupied, Renter occupied, or Vacant
- I want to Keep the property, Sell the property, Transfer ownership of the property to my servicer, or Undecided

Have you listed the property for sale? Yes, No. If yes, provide the listing agent's name and phone number—or indicate "for Sale by owner" if applicable: _____

Is the property subject to condominium or homeowners' association (HOA) fees? Yes No. If yes, indicate monthly dues: \$ _____

Hardship Information

The hardship causing mortgage payment challenges began on approximately (date) _____ and is believed to be

- Short-term (up to 6 months)
- Long-term or permanent (greater than 6 months)
- Resolved as of (date) _____

Type of Hardship (check all that apply)	Required documentation per hardship
<ul style="list-style-type: none"> <input type="checkbox"/> Unemployment 	<ul style="list-style-type: none"> • Copy of Unemployment benefits, Separation Letter, Handwritten hardship letter
<ul style="list-style-type: none"> <input type="checkbox"/> Reduction in income: a hardship that has caused a decrease in your income due to circumstances outside your control (e.g., elimination of overtime, reduction in regular working hours, a reduction in base pay) 	<ul style="list-style-type: none"> • Elimination of overtime, reduction in regular working hours, a reduction in base pay
<ul style="list-style-type: none"> <input type="checkbox"/> Increase in housing-related expenses: a hardship that has caused an increase in your housing expenses due to circumstances outside your control (e.g., uninsured losses, increased property taxes, HOA special assessment) 	<ul style="list-style-type: none"> • Uninsured losses, increased property taxes, HOA special assessment
<ul style="list-style-type: none"> <input type="checkbox"/> Disaster (natural or man-made) impacting the property or borrower's place of employment 	<ul style="list-style-type: none"> • Not required
<ul style="list-style-type: none"> <input type="checkbox"/> Long-term or permanent disability, or serious illness of a borrower/co-borrower or dependent family member 	<ul style="list-style-type: none"> • Written statement from the borrower, or other documentation verifying disability or illness Note: Detailed medical information is not required, and information from a medical provider is not required
<ul style="list-style-type: none"> <input type="checkbox"/> Divorce or legal separation 	<ul style="list-style-type: none"> • Final divorce decree or final separation agreement OR • Recorded quitclaim deed
<ul style="list-style-type: none"> <input type="checkbox"/> Separation of borrowers unrelated by marriage, civil union, or similar domestic partnership under applicable law 	<ul style="list-style-type: none"> • Recorded quitclaim deed OR • Legally binding agreement evidencing that the non-occupying borrower or co-borrower has relinquished all rights to the property
<ul style="list-style-type: none"> <input type="checkbox"/> Death of borrower or death of either the primary or secondary wage earner 	<ul style="list-style-type: none"> • Death certificate OR • Obituary or newspaper article reporting the death
<ul style="list-style-type: none"> <input type="checkbox"/> Distant employment transfer/relocation 	<ul style="list-style-type: none"> • For active duty service members: Permanent Change of Station (PCS) orders or letter showing transfer. • For employment transfers/new employment: Copy of signed offer letter or notice from employer showing transfer to a new location or written explanation if employer documentation not applicable, AND • Documentation that reflects the amount of any relocation assistance provided (not required for those with PCS orders)
<ul style="list-style-type: none"> <input type="checkbox"/> Other – hardship that is not covered above: _____ _____ _____ 	<ul style="list-style-type: none"> • Written explanation describing the details of the hardship and any relevant documentation

Borrower Income

Please enter all borrower income amounts in middle column.

Borrowers total monthly income types and amounts		Required Income documents
Gross (pre-tax) wages, salaries and overtime pay, commissions, tips, and bonuses	\$	<input type="checkbox"/> Most recent pay stub and documentation of year-to-date earnings if not on pay stub OR <input type="checkbox"/> Two most recent bank statements showing income deposit amounts
Self-employment income	\$	<input type="checkbox"/> Two most recent bank statements showing self-employed income deposit amounts OR <input type="checkbox"/> Most recent signed and dated quarterly or year-to-date profit/loss statement OR <input type="checkbox"/> Most recent complete and signed business tax return OR <input type="checkbox"/> Most recent complete and signed individual federal income tax return
Unemployment benefit income	\$	<input type="checkbox"/> Unemployment Awards letter
Taxable Social Security, pension, disability, death benefits, adoption assistance, housing allowance, and other public assistance	\$	<input type="checkbox"/> Two most recent bank statements showing deposit amounts OR <input type="checkbox"/> Award letters or other documentation showing the amount and frequency of the benefits
Non-taxable Social Security or disability income	\$	<input type="checkbox"/> Two most recent bank statements showing deposit amounts OR <input type="checkbox"/> Award letters or other documentation showing the amount and frequency of the benefits
Rental income (rents received, less expenses other than mortgage expense)	\$	<input type="checkbox"/> Two most recent bank statements demonstrating receipt of rent OR <input type="checkbox"/> Two most recent deposited rent checks
Investment or insurance income	\$	<input type="checkbox"/> Two most recent investment statements OR <input type="checkbox"/> Two most recent bank statements supporting receipt of the income
Other sources of income not listed above (Note: Only include alimony, child support, or separate maintenance income if you choose to have it considered for repaying this loan)	\$	<input type="checkbox"/> Two most recent bank statements showing receipt of income OR <input type="checkbox"/> Other documentation showing the amount and frequency of the income

Borrower Certification and Agreement

1. I certify and acknowledge that all of the information in this Mortgage Assistance Application is truthful, and the hardship I identified contributed to my need for mortgage relief. Knowingly submitting false information may violate Federal and other applicable law.
2. I agree to provide my servicer with all required documents, including any additional supporting documentation as requested, and will respond in a timely manner to all servicer or authorized third party* communications.
3. I acknowledge and agree that my servicer is not obligated to offer me assistance based solely on the representations in this document or other documentation submitted in connection with my request.
4. I consent to the servicer or authorized third party* obtaining a current credit report for the borrower and co-borrower.
5. I consent to the disclosure by my servicer, authorized third party,* or any investor/guarantor of my mortgage loan(s), of any personal information collected during the mortgage assistance process and of any information about any relief I receive, to any third party that deals with my first lien or subordinate lien (if applicable) mortgage loan(s), including Fannie Mae, Freddie Mac, or any investor, insurer, guarantor, or servicer of my mortgage loan(s) or any companies that provide support services to them, for purposes permitted by applicable law. Personal information may include, but is not limited to: (a) my name, address, telephone number, (b) my Social Security number, (c) my credit score, (d) my income, and (e) my payment history and information about my account balances and activity.
6. I agree that the terms of this borrower certification and agreement will apply to any modification trial period plan, repayment plan, or forbearance plan that I may be offered based on this application. If I receive an offer for a modification trial period plan or repayment plan, I agree that my first timely payment under the plan will serve as acceptance of the plan.
7. I consent to being contacted concerning this application for mortgage assistance at any telephone number, including Mobile telephone number, or email address I have provided to the lender, servicer, or authorized third party.*
8. I hereby authorize HomeLoanServ to verify my past, present and anticipated income from employment and other sources (i.e. social security). This information is needed to assist them in determining eligibility for loss mitigation.
9. I further authorize the lender to order a consumer credit report as needed to verify other credit information. It is understood, a photocopy of this form will also serve as authorization.
10. The information the lender obtains is only to be used in the processing of possible eligibility for loss mitigation.

* An authorized third party may include, but is not limited to, a housing counseling agency, Housing Finance Agency (HFA) or other similar entity that is assisting me in obtaining a foreclosure prevention alternative.

Borrower signature: _____ Date: _____

Co-Borrower signature: _____ Date: _____

Please submit your completed application, together with the required documentation, to HomeLoanServ via mail: PO Box 7899, Boise, Idaho 83707, fax: 208-336-6474, or Online: lossmitigation@ihfa.org . We will contact you within five business days to acknowledge receipt and let you know if you need to send additional information or documents. We will use the information you provided to help us identify the assistance you may be eligible to receive.

HomeLoanServ
Services Disclaimer

Every effort is made to provide you with accurate and current information. HomeLoanServ assumes no liability for the accuracy completeness or usefulness of any information, product or process disclosed to you by HomeLoanServ counselors and presenter. Providers of information do not necessarily speak on behalf of HomeLoanServ and HomeLoanServ does not endorse any information such providers may present. Regardless of information provided to you by HomeLoanServ, counselors and presenters, you are entitled to choose whatever lenders, lending products, or resources that best meet your needs. Clients are not obligated to receive, purchase, or utilize any services offered by the organization, or its exclusive partners, in order to receive housing counseling services.

This is notice to you as required by the Right to Financial Privacy Act of 1978 that HUD/FHA has a right of access to financial records held by financial institutions in connections with the consideration or administration of assistance to you. Financial records involving your transaction will be available to HUD/FHA without further notice or authorization, but will not be disclosed or released by this institution to another Government Agency or Department without your consent, except as required or permitted by law

For a full list of services that HomeLoanServ offers, please visit our website at idahohousing.com

Bankruptcy notice - if you are a customer in bankruptcy or a customer who has received a bankruptcy discharge of this debt: please be advised that this notice is to inform you of the status of the mortgage secured by the subject property. This notice constitutes neither a demand for payment nor a notice of personal liability to any recipient hereof, who might have received a discharge of such debt in accordance with applicable bankruptcy laws or who might be subject to the automatic stay of section 362 of the united states bankruptcy code. If you received a discharge of the debt in bankruptcy, we are aware that you have no personal obligation to repay the debt. We retain the right to enforce the lien against the collateral property, which has not been discharged in your bankruptcy, if allowed by law and/or contract.

IDAHO HOUSING AND FINANCE ASSOCIATION
PRIVACY POLICY

This notice is being sent to you in accordance with federal law enacted in June 2000. There is no action required on your part. The notice is for informational purposes only.

Your Privacy

At Idaho Housing and Finance Association (IHFA), respecting the privacy and security of your personal information is important to us. Just like you, we want all of your personal information kept that way personal and private. This notice describes the privacy policy and practices followed by the IHFA.

Safeguarding Customer Information

IHFA will only grant access to nonpublic personal information, as defined by federal law, about you to employees who need it to perform their job responsibilities, or as otherwise required by law or legal process. Furthermore, nonpublic personal information is provided only to IHFA contracted service providers as necessary to effect, administer or enforce the transaction you have with IHFA. Even if you are no longer our customer, we will continue to treat your nonpublic personal information in the same way as if you were still a customer. In addition, we maintain physical, electronic and procedural safeguards to store and secure information about you from unauthorized access, alteration and destruction.

Any agreements entered into by IHFA with nonaffiliated third parties to provide services for us or to make products or services available to you contain specific conditions requiring those companies to safeguard the confidentiality of this information and to not use it for any other purpose.

Collection of Information

We only obtain the information needed to process your loan application and service your mortgage loan. The following lists the usual kinds of nonpublic financial information we obtain and from what sources that information is obtained:

- From you, on forms (such as loan application), via the Internet, by telephone or otherwise. Examples of this type of information include your name, address, social security number, credit history and other financial information.
- From transactions with us, for example, payment history, account balance and other transaction records.
- From credit reporting agencies, such as information relating to your credit worthiness and credit history.
- From third parties to verify information you have provided to us.

Sharing of Information

IHFA does not disclose, or reserve the right to disclose, nonpublic financial information about its current or previous customers except as permitted by law or with customer permission.

IHFA does not disclose any nonpublic personal information for its current or previous customers with nonaffiliated third-party marketers offering their products and services.

IVES 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-C, visit www.irs.gov and search IVES.**

1a. Name shown on tax return (if a joint return, enter the name shown first)	1b. First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a. If a joint return, enter spouse's name shown on tax return	2b. Second social security number or individual taxpayer identification number if joint tax return

3. Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)

4. Previous address shown on the last return filed if different from line 3 (see instructions)

5a. IVES participant name, address, and SOR mailbox ID

5b. Customer file number (if applicable) (see instructions)

Caution: This tax transcript is being sent to the third party entered on Line 5a. Ensure that lines 5 through 8 are completed before signing. (see instructions)

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

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

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

7. **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

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.

8. Year or period requested. Enter the ending date of the tax year or period using the mm/dd/yyyy format (see instructions)

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-C on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

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

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

Instructions for Form 4506-C, IVES Request for Transcript of Tax Return

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

Future Developments

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

What's New. Form 4506-C was created to be utilized by authorized IVES participants to order tax transcripts with the consent of the taxpayer.

General Instructions

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

Designated Recipient Notification. Internal Revenue Code, Section 6103(c), limits disclosure and use of return information received pursuant to the taxpayer's consent and holds the recipient subject to penalties for any unauthorized access, other use, or redisclosure without the taxpayer's express permission or request.

Taxpayer Notification. Internal Revenue Code, Section 6103(c), limits disclosure and use of return information provided pursuant to your consent and holds the recipient subject to penalties, brought by private right of action, for any unauthorized access, other use, or redisclosure without your express permission or request.

Purpose of form. Use Form 4506-C to request tax return information through an authorized IVES participant. You will designate an IVES participant to receive the information on line 5a.

Note: If you are unsure of which type of transcript you need, check with the party requesting your tax information.

Where to file. The IVES participant will fax Form 4506-C with the approved IVES cover sheet to their assigned Service Center.

Chart for ordering transcripts

If your assigned Service Center is:	Fax the requests with the approved coversheet to:
Austin Submission Processing Center	Austin IVES Team 844-249-6238
Fresno Submission Processing Center	Fresno IVES Team 844-249-6239
Kansas City Submission Processing Center	Kansas City IVES Team 844-249-8128
Ogden Submission Processing Center	Ogden IVES Team 844-249-8129

Specific Instructions

Line 1b. Enter the social security number (SSN) or individual taxpayer identification number (ITIN) for the individual listed on line 1a, or enter the employer identification number (EIN) for the business listed on line 1a.

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, or Form 8822-B, Change of Address or Responsible Party — Business, with Form 4506-C.

Line 5b. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number cannot contain an SSN, ITIN or EIN. 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 8. Enter the end date of the tax year or period requested in mm/dd/yyyy format. This may be a calendar year, fiscal year or quarter. Enter each quarter requested for quarterly returns. Example: Enter 12/31/2018 for a calendar year 2018 Form 1040 transcript.

Signature and date. Form 4506-C must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506-C within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines, including lines 5a through 8, are completed before signing.



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 if unchecked.

Individuals. Transcripts listed on on line 6 may be furnished to either spouse if jointly filed. Only one signature is required. Sign Form 4506-C exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-C 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-C but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-C can be signed by any person who was a member of the partnership during any part of the tax period requested on line 8.

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-C 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 sign Form 4506-C.

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 4506C 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.
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-C 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.