

Village of Fairport
Urban Renewal Agency
31 South Main Street
Fairport, New York 14450
www.fairportoced.org
(585) 421-3240

**SENIORS / DISABLED HOME OWNERS
HOME IMPROVEMENT GRANT**

APPLICATION FORM

C o n f i d e n t i a l

APPLICANT NAME

PROPERTY ADDRESS

DATE SUBMITTED

The following information is required to process a grant request:

Application Form

And for all household members age 18 and over:

Federal Tax Return (signed)

All pages and schedules for most recent year

Form 4506T-EZ (signed)

Short Form Request for Individual Tax Return Transcript (attached)

Bank Statements

Copy of three (3) most recent, consecutive bank statements with all pages for all checking, savings, retirement, investment, etc. accounts

Payroll Check Stubs

Copy of three (3) most recent, consecutive payroll check stubs

Social Security Benefit Verification Letter (current)

INFORMATION ABOUT THE HOME OWNER(S)

For each owner living at the before mentioned property address, please print full name, telephone number and employer name and address.

Name of owner(s) _____
Telephone number - daytime () _____
Telephone number - evening () _____
Name of employer _____
Address of employer _____

Name of owner(s) _____
Telephone number - daytime () _____
Telephone number - evening () _____
Name of employer _____
Address of employer _____

INFORMATION ABOUT THE PROPERTY

Does anyone else have an ownership interest in the property? () Yes () No
If yes, please provide name and address: _____

How many years have you owned this property? _____
Total number of persons in your household (including yourself): _____

Briefly describe the improvements you wish to make under the grant:

Is the home a one-family? _____
two-family? _____
three or more units? _____

Are property taxes current? _____ Agency verification (date): _____

Is any portion of the structure used for non-residential purposes, incl. home-based businesses? _____
If yes, please describe: _____

INFORMATION ABOUT MORTGAGE(S)

If there are any mortgages on the property, please provide the following:

Name of first mortgage holder _____
Address _____

Original amount of mortgage \$ _____
Balance \$ _____
Maturity date (MM/DD/YYYY) _____
Monthly payment, incl. escrow \$ _____
Is the mortgage current? () Yes () No

Name of second mortgage holder _____
Address _____

Original amount of mortgage \$ _____
Balance \$ _____
Maturity date (MM/DD/YYYY) _____
Monthly payment, incl. escrow \$ _____
Is the mortgage current? () Yes () No

INFORMATION ABOUT THE INCOME

Please indicate the amounts of gross annual income for all members of your household and attach verification documentation for each source of income.

<u>Source</u>	<u>Amount</u>
Wages and salaries	\$ _____
Social security benefits	\$ _____
Retirement / Pension income	\$ _____
Rental income	\$ _____
Income from other sources	\$ _____
Total annual gross income	\$ _____

Please list assets with a value of \$10,000 or greater, such as savings, stock holdings, personal property, etc.

<u>Assets</u>	<u>Amount</u>
Cash on hand	\$ _____
Cash in bank	\$ _____
Stocks/Bonds	\$ _____
Retirement accounts	\$ _____
Other Real property	\$ _____
Motor vehicles, incl. autos, RVs, motor cycles, etc.	\$ _____

CERTIFICATION & DISCLOSURE AGREEMENT

I (We) hereby certify that I (we) am (are) the owner(s) and occupant(s) of the property, and that to the best of my (our) knowledge all the information contained in this application is true and correct.

The Fairport Urban Renewal Agency is hereby authorized to verify any of the above information in any appropriate manner (including copies of personal tax returns and wage statements) and to inspect the property prior to approval and following work completion. I (We) understand that payment of financial assistance is subject to the satisfactory completion of approved work.

I (We) also understand that the Agency may obtain a credit report in connection with this grant application and hereby consent to the Agency doing so.

It is also agreed that all financial information submitted shall remain the property of Fairport Urban Renewal Agency, whether or not the grant is approved, and that all documentation will be safeguarded to protect confidentiality of such information, subject to the Freedom of Information Act provisions that may apply.

Signed _____ Date _____
Owner(s)

Social security number _____

Signed _____ Date _____
Owner(s)

Social security number _____

(Rev. August 2014)

Department of the Treasury
Internal Revenue Service

▶ Request may not be processed if the form is incomplete or illegible.
▶ For more information about Form 4506T-EZ, visit www.irs.gov/form4506tez.

Tip. Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge, or you can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get Transcript of Your Tax Records" under "Tools" or call 1-800-908-9946.

<p>1a Name shown on tax return. If a joint return, enter the name shown first.</p>	<p>1b First social security number or individual taxpayer identification number on tax return</p>
<p>2a If a joint return, enter spouse's name shown on tax return.</p>	<p>2b Second social security number or individual taxpayer identification number if joint tax return</p>

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

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

5 If the transcript is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

<p>Third party name Fairport Urban Renewal Agency</p>	<p>Telephone number 585-421-3240</p>
<p>Address (including apt., room, or suite no.), city, state, and ZIP code 31 South Main Street Fairport, New York 14450</p>	

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

6 **Year(s) requested.** Enter the year(s) of the return transcript you are requesting (for example, "2008"). Most requests will be processed within 10 business days.

Note. If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS will notify you or the third party that it was unable to locate a return, or that a return was not filed, whichever is applicable.

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

Signature of taxpayer(s). I declare that I am the taxpayer whose name is shown on either line 1a or 2a. If the request applies to a joint return, either spouse must sign. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

<p>Sign Here</p>	<p>Signature (see instructions)</p>	<p>Date</p>	<p>Phone number of taxpayer on line 1a or 2a</p>
	<p>Spouse's signature</p>	<p>Date</p>	

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

Future Developments

For the latest information about developments related to Form 4506T-EZ, such as legislation enacted after it was published, go to www.irs.gov/form4506tez.

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

Purpose of form. Individuals can use Form 4506T-EZ to request a tax return transcript for the current and the prior three years that includes most lines of the original tax return. The tax return transcript will not show payments, penalty assessments, or adjustments made to the originally filed return. You can also designate (on line 5) a third party (such as a mortgage company) to receive a transcript. Form 4506T-EZ cannot be used by taxpayers who file Form 1040 based on a tax year beginning in one calendar year and ending in the following year (fiscal tax year). Taxpayers using a fiscal tax year must file Form 4506-T, Request for Transcript of Tax Return, to request a return transcript.

Use Form 4506-T to request tax return transcripts, tax account information, W-2 information, 1099 information, verification of non-filing, and record of account.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get Transcript of Your Tax Records" under "Tools" or call 1-800-908-9946.

Where to file. Mail or fax Form 4506T-EZ to the address below for the state you lived in when the return was filed.

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

If you filed an individual return and lived in:

Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address

Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming

Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia

Mail or fax to the "Internal Revenue Service" at:

RAIVS Team
Stop 6716 AUSC
Austin, TX 73301
512-460-2272

RAIVS Team
Stop 37106
Fresno, CA 93888
559-456-7227

RAIVS Team
Stop 6705 P-6
Kansas City, MO 64999
816-292-6102

Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506T-EZ exactly as your name appeared on the original return. If you changed your name, also sign your current name.

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. If you request a transcript, sections 6103 and 6109 require you to provide this information, including your SSN. 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 4506T-EZ will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form, 9 min.;** **Preparing the form, 18 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 4506T-EZ 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.

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note. If the address on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address.

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