

Shoals Habitat for Humanity

Building strength, stability, and self-reliance through shelter.



Become a Homeowner

Shoals Habitat for Humanity makes homeownership possible for low-income households. We offer affordable mortgage loans to purchase homes built by Habitat.

Equal Housing Opportunity statement: We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status or national origin.

To learn more, visit:

www.shoalshabitat.org/become-a-homeowner



Shoals Habitat for Humanity
PO Box 3135
Florence, AL 35630

www.shoalshabitat.org/become-a-homeowner

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Shoals Habitat for Humanity

Affordable Homeownership Application

Document Checklist

This is a checklist of the documentation that we will require to assess your application. Please complete each item and return with your application:

€ **These forms are included in your application package. Please read, sign, date, and return.**

- o Habitat Affordable Homeownership Application – Completed in Full
- o Equal Credit Opportunity Act Notice – 2 copies – Signed and Dated by each applicant
- o E-Sign Act Disclosure and Consent – Signed and Dated
- o IRS Form 4506-T – Completed, Signed, and Dated

€ **Please attach COPIES of any of the following documents that apply to you and your application. DO NOT SEND ORIGINAL DOCUMENTS.**

- o Government issued photo identification (driver's license, Gov. ID, School ID, Military ID, etc.)
- o Social Security Card or Form I-551 Card
- o If you are working, please provide the most recent 3 months' pay stubs. Do not skip any dates.
- o Child Support: court order and proof of payment for the last six months.
- o Alimony: court order and proof of payment for the last six months
- o Food stamps Award letter or verification of income
- o Social Security Income / Disability Award Letter
- o Most recent utility bill (electric, gas, water)
- o Most recent:
 - Cable bill
 - Cell phone bill
 - Internet bill
 - Amount for childcare
 - Amount for alimony/child support you pay
- o If you have a bank account, send last two months' bank statements for all accounts. Statements **must have bank's information on it**. Be careful when printing statements from on-line sources.

€ **Credit Report Fee: \$28.05 for single adult head of household or \$47.60 for two adults.**

- o We accept money orders or cashier checks.

Mail completed application and the above documents to:

Shoals Habitat for Humanity

ATTN: Family Services Manager

PO Box 3135

Florence, AL 35630

Income Guidelines

Eligibility

- All family members' income is included in the calculation of a family's total gross income.
- Applicants' income is used to determine debt-to-income ratio and affordability.
- Income from all wages, SSI, SSDI, housing assistance, retirement, alimony, VA benefits, child support, etc are included.
- The guidelines are annual (to convert monthly income to annual divide amount by 12).
- Income guidelines are listed by family size.

Income Guidelines : Income Guidelines

Number in Household	Minimum	Maximum	Median Family Income	Fiscal Year
1	\$13,500	\$35,950		2020
2	\$17,240	\$41,100		
3	\$21,720	\$46,250		
4	\$26,200	\$51,350	\$64,200	
5	\$30,680	\$55,500		
6	\$35,160	\$59,600		
7	\$39,640	\$63,700		
8	\$42,400	\$67,800		

Income Guidelines

Source: 2019 income limits summary-HUD

Application

Habitat Homeownership Program

Dear Applicant: Please complete this application to determine if you qualify for the Habitat for Humanity homeownership program. Please fill out the application as completely and accurately as possible. All information you include on this application will be kept confidential in accordance with the Gramm-Leach-Bliley Act.

1. APPLICANT INFORMATION							
Applicant				Co-applicant			
Applicant's name				Co-applicant's name			
Social Security number _____				Social Security number _____			
Home phone _____ Age _____				Home phone _____ Age _____			
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)				<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)			
Dependents and others who will live with you (not listed by co-applicant)				Dependents and others who will live with you (not listed by co-applicant)			
Name	Age	Male	Female	Name	Age	Male	Female
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Present address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent				Present address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent			
_____				_____			
_____				_____			
Number of years _____				Number of years _____			
If you have lived at your present address for less than two years, complete the following:							
Last address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent				Present address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent			
_____				_____			
_____				_____			
Number of years _____				Number of years _____			

2. FOR OFFICE USE ONLY — DO NOT WRITE IN THIS SPACE	
Date received: _____	Date of selection committee approval: _____
Date of notice of incomplete application letter: _____	Date of board approval: _____
Date of adverse action letter: _____	Date of partnership agreement: _____

3. WILLINGNESS TO PARTNER

To be considered for Habitat homeownership, you and your family must be willing to complete a certain number of "sweat-equity" hours. Your help in building your home and the homes of others is called "sweat equity" and may include clearing the lot, painting, helping with construction, working in the Habitat office, attending homeownership classes or other approved activities.

I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS:

	Yes	No
Applicant	<input type="checkbox"/>	<input type="checkbox"/>
Co-applicant	<input type="checkbox"/>	<input type="checkbox"/>

4. PRESENT HOUSING CONDITIONS

Number of bedrooms (please circle) 1 2 3 4 5

Other rooms in the place where you are currently living:

☐ Kitchen ☐ Bathroom ☐ Living room ☐ Dining room

☐ Other (please describe) _____

If you rent your residence, what is your monthly rent payment? \$ _____/month

(Please supply a copy of your lease or a copy of a money order receipt or canceled rent check.)

Name, address and phone number of current landlord: _____

In the space below, describe the condition of the house or apartment where you live. Why do you need a Habitat home?

5. PROPERTY INFORMATION

If you own your residence, what is your monthly mortgage payment? \$ _____/month Unpaid balance \$ _____

Do you own land? ☐ No ☐ Yes Monthly payment \$ _____ Unpaid balance \$ _____

If you wish your property to be considered for building your Habitat home, please attach land documentation.

6. EMPLOYMENT INFORMATION

Applicant		Co-applicant	
Name and address of CURRENT employer	Years on this job	Name and address of CURRENT employer	Years on this job
	Monthly (gross) wages \$		Monthly (gross) wages \$
Type of business	Business phone	Type of business	Business phone
If working at current job less than one year, complete the following information			
Name and address of LAST employer	Years on this job	Name and address of LAST employer	Years on this job
	Monthly (gross) wages \$		Monthly (gross) wages \$
Type of business	Business phone	Type of business	Business phone

7. MONTHLY INCOME

Income source	Applicant	Co-applicant	Others in household	Total
Wages	\$	\$	\$	\$
TANF	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child support	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
SSI	\$	\$	\$	\$
Disability	\$	\$	\$	\$
Section 8 housing	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
Total	\$	\$	\$	\$

PLEASE NOTE:

Self-employed applicants may be required to provide additional documentation such as tax returns and financial statements.

HOUSEHOLD MEMBERS WHOSE INCOME IS LISTED ABOVE

Name	Income source	Monthly income	Date of birth

8. SOURCE OF DOWN PAYMENT AND CLOSING COSTS

Where will you get the money to make the down payment or pay for closing costs (for example, savings or parents)? If you borrow the money, whom will you borrow it from, and how will you pay it back?

9. ASSETS

Name of bank, savings and loan, credit union, etc.	Address	City, state	ZIP	Account number	Current balance
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$

10. DEBT

Account	TO WHOM DO YOU AND THE CO-APPLICANT(S) OWE MONEY?					
	APPLICANT			CO-APPLICANT		
	Monthly payment	Unpaid balance	Months left to pay	Monthly payment	Unpaid balance	Months left to pay
Other motor vehicle	\$	\$		\$	\$	
Boat	\$	\$		\$	\$	
Furniture, appliance, TVs (includes rent-to-own)	\$	\$		\$	\$	
Alimony	\$	\$		\$	\$	
Child support	\$	\$		\$	\$	
Credit card	\$	\$		\$	\$	
Credit card	\$	\$		\$	\$	
Credit card	\$	\$		\$	\$	
Total medical	\$	\$		\$	\$	
Other	\$	\$		\$	\$	
Other	\$	\$		\$	\$	
Total	\$	\$		\$	\$	

MONTHLY EXPENSES

Account	Applicant	Co-applicant	Total
Rent	\$	\$	\$
Utilities	\$	\$	\$
Insurance	\$	\$	\$
Child care	\$	\$	\$
Internet service	\$	\$	\$
Cell phone	\$	\$	\$
Land line	\$	\$	\$
Business expenses	\$	\$	\$
Union dues	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Total	\$	\$	\$

11. DECLARATIONS

Please check the box beside the word that best answers the following questions for you and the co-applicant

	Applicant	Co-applicant
a. Do you have any outstanding judgments because of a court decision against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Have you been declared bankrupt within the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you had property foreclosed on or deed in lieu of foreclosure in the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are you currently involved in a lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Are you currently delinquent or in default on any federal debt or any other loan, mortgage financial obligation or loan guarantee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Are you paying alimony or child support or separate maintenance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Are you a co-signer or endorser on any loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Are you a U.S. citizen or permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "yes" to any question a through h, or "no" to question i, please explain on a separate piece of paper.

12. AUTHORIZATION AND RELEASE

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for the Habitat homeownership program, my ability to repay an affordable loan and other expenses of homeownership, and my willingness to be a partner through sweat equity.

I understand that the evaluation will include personal visits, a credit check and employment verification. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected to receive a Habitat home, I may be disqualified from the program and forfeit any rights or claims to a Habitat home. The original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved.

I also understand that Habitat for Humanity screens all applicants on the sex offender registry. By completing this application, I am submitting myself to such an inquiry. I further understand that by completing this application, I am submitting myself to a criminal background check.

Applicant signature

Date

Co-applicant signature

Date

X

SIGN AND DATE

X

SIGN AND DATE

PLEASE NOTE: If more space is needed to complete any part of this application, please use a separate sheet of paper and attach it to this application. Please mark your additional comments with "A" for applicant or "C" for co-applicant.

13. RIGHT TO RECEIVE COPY OF APPRAISAL

This is to notify you that we may order an appraisal in connection with your loan and we may charge you for this appraisal. Upon completion of the appraisal, we will promptly provide a copy to you, even if the loan does not close.

Applicant's name

PLEASE SIGN HERE

Co-applicant's name

PLEASE SIGN HERE

14. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW: We are requesting the following information to monitor our compliance with the federal Equal Credit Opportunity Act, which prohibits unlawful discrimination. You are not required to provide this information. We will not take this information (or your decision not to provide this information) into account in connection with your application or credit transaction. The law provides that a creditor may not discriminate based on this information, or based on whether or not you choose to provide it. If you choose not to provide the information, we may note it by visual observation or surname.

Applicant	Co-applicant
<input type="checkbox"/> I do not wish to furnish this information Race (applicant may select more than one racial designation): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African-American <input type="checkbox"/> White <input type="checkbox"/> Asian Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Birthdate: _____/_____/_____ Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)	<input type="checkbox"/> I do not wish to furnish this information Race (applicant may select more than one racial designation): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African-American <input type="checkbox"/> White <input type="checkbox"/> Asian Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Birthdate: _____/_____/_____ Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)

To be completed only by the person conducting the interview	
This application was taken by: <input type="checkbox"/> Face-to-face interview <input type="checkbox"/> By mail <input type="checkbox"/> By telephone	Interviewer's name (print or type)
	Interviewer's signature Date
	Interviewer's phone number

Equal Credit Opportunity Act Notice

Provide 2 copies with each application

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal Agency that monitors compliance with this law concerning this company is the Federal Trade Commission, with offices at: [FTC Regional Office for the Southeastern region, Federal Trade Commission, Suite 1500, 225 Peachtree St NE, Atlanta GA 30303, or Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

You need not disclose income from alimony, child support or separate maintenance payment if you choose not to do so. However, because we operate a Special Purpose Credit Program, we may request and require, in order to determine an applicant's eligibility for the program and the affordable mortgage amount, information regarding the applicant's marital status; alimony, child support, and separate maintenance income; and the spouse's financial resources.

Accordingly, if you receive income from these sources and do not provide this information with your application, your application will be considered incomplete and we will be unable to invite you to participate in the Habitat program.

Applicant(s):

X 

Print Name: 

Date: 

X 

Print Name: 

Date: 

SIGN AND DATE

Equal Credit Opportunity Act Notice

Provide 2 copies with each application

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal Agency that monitors compliance with this law concerning this company is the Federal Trade Commission, with offices at: [FTC Regional Office for the Southeastern region, Federal Trade Commission, Suite 1500, 225 Peachtree St NE, Atlanta GA 30303, or Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

You need not disclose income from alimony, child support or separate maintenance payment if you choose not to do so. However, because we operate a Special Purpose Credit Program, we may request and require, in order to determine an applicant's eligibility for the program and the affordable mortgage amount, information regarding the applicant's marital status; alimony, child support, and separate maintenance income; and the spouse's financial resources.

Accordingly, if you receive income from these sources and do not provide this information with your application, your application will be considered incomplete and we will be unable to invite you to participate in the Habitat program.

Applicant(s):

X

Print Name:

Date:

X

Print Name:

Date:

SIGN AND DATE

E-Sign Act Disclosure and Consent

This e-Sign Disclosure and Consent (the "Consent") provides the person(s) giving his/her consent below ("you" and "your") with information relating to your electronic receipt of disclosures and notices (collectively, the "Disclosures") in connection with your residential mortgage loan application (the "Loan") pending with Shoals Habitat for Humanity ("Lender"). By providing your consent, you agree that the Lender may send you any Disclosures (which are described below) relating to the Loan in an electronic form so that you may view, download, upload, approve, sign (if requested), and return documents electronically. When the Lender wishes to send you Disclosures electronically, a notice to the electronic mail ("e-mail") address that you have designated below as the e-mail address for the receipt of Disclosures will be sent to you. The Disclosures will be attached to this notice, or the notice will direct you to a website where you will be able to access the Disclosures and view, download, upload, approve, sign (if requested), and return documents electronically.

The Lender reserves the right, in its sole discretion, to send you any of the Disclosures in paper form instead of, or in addition to, electronic form.

- 1. Types of Disclosures and Notices that will be Provided in Electronic Form.** The Disclosures may include, without limitation, disclosures and notices under the Federal Equal Credit Opportunity Act and Regulation B, the Federal Truth-in-Lending Act and Regulation Z, the Federal Home Mortgage Disclosure Act and Regulation C, the Internal Revenue Code, the Federal Homeowners Protection Act of 1998, the Federal Real Estate Settlement Procedures Act of 1974 and Regulation X, the Federal Fair Credit Reporting Act, the Federal Fair Housing Act, the National Flood Insurance Act of 1968, the Federal Flood Disaster Protection Act of 1973, the Federal Electronic Fund Transfer Act and Regulation E, the Federal Home Ownership and Equity Protection Act of 1994, the Federal USA PATRIOT Act of 2001, and Title V of the Federal Gramm-Leach-Bliley Act, together with all rules and regulations that implement the same, as well as all other disclosures that are required by applicable federal, state, and local laws, rules, regulations and ordinances during the mortgage loan origination process. The Disclosures also include any other information, agreements, disclosures and notices that we wish to provide you in connection with the Loan in an electronic form, even if the information, agreements, disclosures, and notices are not required by these laws, rules, regulations, or ordinances.
- 2. Your Right to Receive Paper Copies of the Disclosures.** You are not required to provide your Consent to apply for the Loan. If you prefer not to provide your Consent, all Disclosures will be provided to you in paper form. If you decide to provide your Consent, you may receive paper copies of the Disclosures as described in Section 7 below.

3. **Your Right to Withdraw Your Consent.** You have the right to withdraw your Consent at any time. You will not be charged any fees because of the withdrawal of your Consent. If you withdraw your Consent, any Disclosures provided to you after the effective date of the withdrawal will be provided in paper form. You may also receive paper copies of any Disclosures that were previously provided to you electronically as described in Section 7 below.
4. **Scope of Your Consent.** Your Consent applies only to your electronic receipt of Disclosures and electronic signature (if requested) in connection with the origination, closing, and servicing of the Loan. Your Consent does not apply to other transactions that you may wish to enter with us or any of our affiliates.
5. **Procedures to Withdraw Your Consent.** You can withdraw your Consent by sending an email stating your withdrawal to family.services@shoalshabitat.org or sending a written communication to: Family Services Manager, Shoals Habitat for Humanity, PO Box 3135, Florence AL 35630. Your withdrawal of Consent will be effective as of the end of the following Business Day if sent by email or as of the end of the third Business Day if sent by US Mail. For purposes of this Consent, a "Business Day" means any day from Monday through Friday, excluding Saturdays, Sundays, and federal holidays.
6. **Change of Your Designated E-Mail Address.** If you wish to change your designated e-mail address, you must notify us by sending an email to family.services@shoalshabitat.org. Your change of designated e-mail address will be effective as of the end of the following Business Day.
7. **How to Receive Paper Copies.** After you provide your Consent, you may receive, without charge, a paper copy of any Disclosures that have been provided to you electronically by requesting paper copies in one of several ways. First, once you have consented to this Consent and are viewing any electronic Disclosures, you may print copies of the Disclosures from your computer if your computer is connected to a printer. Second, you may request a paper copy of any electronic Disclosure by sending an email request to family.services@shoalshabitat.org or by sending written communication stating the Disclosure(s) you wish to receive to: Family Services Manager, Shoals Habitat for Humanity, PO Box 3135, Florence AL 35630.
8. **Computer Hardware, Software and Other Requirements.** You must have the following listed items and features to receive Disclosures electronically, to print copies of the Disclosures, and to retain electronic copies of the Disclosures:
 - A personal computer with monitor, keyboard, and mouse capable of accessing the Internet and sending and receiving e-mail:
 - If you use Windows: 1.3GHz or faster processor; Microsoft Windows XP with Service Pack 3 for 32 bit or Service Pack 2 for 64 bit; Windows

Server® 2003 R2 (32 bit and 64 bit); Windows Server 2008 or 2008 R2 (32 bit and 64 bit); Windows 7 (32 bit and 64 bit); Windows 8 or 8.1 (32 bit and 64 bit); 256MB of RAM (512MB recommended); 320MB of available hard-disk space

- If you use Macintosh: PowerPC® G4, PowerPC G5, or Intel processor; Mac OS X v10.4.11–10.5.8 (PowerPC); Mac OS X v10.4.11–10.6.3 (Intel); 128MB of RAM (256MB recommended); 405MB of available hard-disk space (additional space required for installation)
- Internet access
- One of the following Internet browsers:
 - Chrome 31.0 or higher
 - Microsoft Internet Explorer 9 or higher
 - Mozilla Firefox ESR and 23.0 or higher
 - Safari 6.1 or higher
- Adobe Acrobat Reader® version 6.0 or higher
- A valid e-mail address
- A printer capable of printing text screens, if you wish to print copies of the Disclosures

If the above computer hardware or software requirements change, advanced notice of the new requirements will be provided to you. You may withdraw your Consent as described in Section 5 above, and you will not be charged any fees because of the withdrawal of your Consent.

Applicant(s):

X _____
Print Name: _____
Date: _____
E-mail: _____

X _____
Print Name: _____
Date: _____
E-mail: _____



Form 4506-T
(March 2019)

Department of the Treasury
Internal Revenue Service

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.**

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 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.

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

SHOALS HABITAT FOR HUMANITY - PO BOX 3135, FLORENCE, AL 35630 - PHONE: 256-760-9515 X5

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

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

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 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days ☐

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

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately. 12 / 31 / 17 | 12 / 31 / 18 | 12 / 31 / 20 | / /

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.

☒ **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.** See instructions.

Phone number of taxpayer on line 1a or 2a
[Redacted]

SIGN AND DATE

Sign Here

SIGN AND DATE

Signature (see instructions)

Date

Title (if line 1a above is a corporation, partnership, estate, or trust)

Spouse's signature

Date

Privacy Statement and Notice

At Shoals Habitat for Humanity (“SHFH”), we are committed to keeping your information private. We recognize the importance applicants, program families, tenants, and homeowners place on the privacy and confidentiality of their information. While new technologies allow us to more efficiently serve our customers, we are committed to maintaining privacy standards that are synonymous with our established and trusted name.

When collecting, storing, and retrieving applicant, program family, and homeowner data — such as tax returns, pay stubs, credit reports, employment verifications, and payment history — internal controls are maintained throughout the process to ensure security and confidentiality.

We collect nonpublic personal information about you from the following sources:

- Information we receive from you on applications or other forms;
- Information about your transactions with us or others; and
- Information we receive from a consumer reporting agency.

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

- Information we receive from you on application or other forms, such as your name, address, Social Security number, etc.
- Information about your transactions with us or others such as your loan balance, payment history, the terms of your note and mortgage, information required to close your loan, information required to service your line, etc.
- Information we receive from a consumer reporting agency such as your credit worthiness and credit history, etc.

SHFH employees and volunteers are subject to written policy regarding confidentiality, and access to applicant data is restricted to staff and volunteers on an as-needed basis. Information is used for lawful business purposes and is never shared with third parties without your consent, except as permitted by law. As permitted by law, we may disclose nonpublic personal information about you to the following types of third parties:

- Financial service providers, such as mortgage servicing agents;
- Nonprofit organizations, government entities, or other subsidy providers;
- Others with a legitimate business purpose as permitted by law.

If you prefer that we did not disclose nonpublic personal information about you to nonaffiliated third parties, you may opt out of those disclosures, that is, you may direct us not to make those disclosures (other than disclosures permitted by law). If you wish to opt out of disclosures to nonaffiliated third parties, you may call SHFH at (256) 760-9515.

<p>KEEP THIS PAGE FOR YOUR RECORDS</p>
