

**LOUDOUN COUNTY
HOME IMPROVEMENT AND REVITALIZATION PROGRAM
APPLICATION CHECK LIST FOR HOME IMPROVEMENT
DOCUMENTS REQUIRED FOR PROCESSING/ Section 1**

- _____ Complete Application Form
- _____ FORM 1.5- Authorization to Release Information
- _____ Credit Report (We will pull the report)
- _____ Copies of pay stubs covering most recent 30 day period
- _____ Most recent year's Social Security or Retirement Eligibility letter
- _____ W-2 Tax Forms for Past Two Years
- _____ Signed Personal Tax Returns (Include all Schedules) for Past Two Years
- _____ **Notarized letter stating the following (if applicable):**

- A) Indicate if you receive child support or alimony. Please also provide official documentation indicating amount of payment
- B) Indicate if you have children over the age of 18 that reside in subject house Please provide documentation that indicates if they are students or employed
- C) Marital Status-(married, separated or divorced). Please provide a copy of separation agreement or divorce decree.

- _____ Copies of 2 most recent months of all bank statements
- _____ Copies of Deed of Trust and Deed of Trust Note
- _____ Copy of most recent Mortgage Statement (payment coupon/invoice)
- _____ HOA Approvals
- _____ FORM 1.15- 4506-T.
- _____ FORM 1.16-ECO A
- _____ FORM 1.17-Va Privacy Protection Act
- _____ FORM 1.18- Photography and Interview Permission
- _____ FORM 1.19-Lead disclosure form
- _____ FORM 1.3 Homeowner Item Checklist
- _____ Return all enclosed documents **Signed and Dated**

Please fill out where applicable, sign and return all of the enclosed documents along with copies of the documentation requested above to the address below. If you have any questions, please call 703-777-0506

LOUDOUN COUNTY DEPARTMENT OF FAMILY SERVICES
ATTN: ROBERT MCCARTHY
102 HERITAGE WAY N.E., SUITE 103
P.O. Box 7400
LEESBURG, VA 20177-7400

*****Note: Due to the volume of requests, please return all signed forms and required documentation with 10 days.**

Date mailed: _____

**LOUDOUN COUNTY
HOME IMPROVEMENT AND REVITALIZATION PROGRAM**

AUTHORIZATION TO RELEASE INFORMATION

I/We have applied for a home rehabilitation loan from: The County of Loudoun – Home Improvement and Eastern Loudoun Revitalization Program (lender). As part of the application process, I/WE AUTHORIZE YOU TO PROVIDE AND RELEASE ANY AND ALL INFORMATION AND DOCUMENTATION requested by Lender for the purpose of verifying information contained in my/our loan application and in other documents required in connection with the loan, either before the loan is closed or as part of its quality control program. Such information includes, but is not limited to, employment history and income; bank, money market and similar account balances; credit history; and copies of income tax returns.

I/WE AUTHORIZE Lender to share with any applicable departments in Family Services, any and all information contained in my/our loan application. This information shall be shared solely for the purpose of facilitating the processing of my/our loan application.

I/WE UNDERSTAND that the Lender will rely on the information I/we provide and may address this authorization to any party named in the loan application.

A copy of this authorization may be accepted as an original.

_____ Signature of Borrower	_____ Social Security #	_____ Date
_____ Signature of Borrower	_____ Social Security #	_____ Date
_____ Signature of Borrower	_____ Social Security #	_____ Date
_____ HRED/LCHIP/LCHRP Coordinator	_____ Date	

Request for Copy of Tax Return

- ▶ **Do not sign this form unless all applicable lines have been completed. Read the instructions on page 2.**
- ▶ **Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.**

Tip: You may be able to get your tax return or return information from other sources. If you had your tax return completed by a paid preparer, they should be able to provide you a copy of the return. The IRS can provide a **Tax Return Transcript** for many returns free of charge. The transcript provides most of the line entries from the tax return and usually contains the information that a third party (such as a mortgage company) requires. See **Form 4506-T**, Request for Transcript of Tax Return, or you can call 1-800-829-1040 to order a transcript.

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

Caution: DO NOT SIGN this form if a third party requires you to complete Form 4506, and lines 6 and 7 are blank.

6 Tax return requested. (Form 1040, 1120, 941, etc.) and all attachments as originally submitted to the IRS, including Form(s) W-2, schedules, or amended returns. Copies of Forms 1040, 1040A, and 1040EZ are generally available for 7 years from filing before they are destroyed by law. Other returns may be available for a longer period of time. Enter only one return number. If you need more than one type of return, you must complete another Form 4506. ▶ _____
Note. If the copies must be certified for court or administrative proceedings, check here.

7 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 eight years or periods, you must attach another Form 4506.

____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____
____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____

8 Fee. There is a \$39 fee for each return requested. Full payment must be included with your request or it will be rejected. Make your check or money order payable to "United States Treasury." Enter your SSN or EIN and "Form 4506 request" on your check or money order.	\$ 39.00
a Cost for each return	\$
b Number of returns requested on line 7	\$
c Total cost. Multiply line 8a by line 8b	\$

9 If we cannot find the tax return, we will refund the fee. If the refund should go to the third party listed on line 5, check here . . .

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 return requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, 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 on behalf of the taxpayer.

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

General Instructions

Section references are to the Internal Revenue Code.

Purpose of form. Use Form 4506 to request a copy of your tax return. You can also designate a third party to receive the tax return. See line 5.

How long will it take? It may take up to 60 calendar days for us to process your request.

Tip. Use Form 4506-T, Request for Transcript of Tax Return, to request tax return transcripts, tax account information, W-2 information, 1099 information, verification of non-filing, and record of account.

Where to file. Attach payment and mail Form 4506 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 returns (Form 1040 series) and one for all other returns.

If you are requesting a return for more than one year and the chart below shows two different RAIVS teams, send your request to the team based on the address of your most recent return.

Note. You can also call 1-800-829-1040 to request a transcript or get more information.

Chart for individual returns (Form 1040 series)

If you filed an individual return and lived in:	Mail to the "Internal Revenue Service" at:
District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York, Vermont	RAIVS Team Stop 679 Andover, MA 05501
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362
Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa, Kansas, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888
Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia	RAIVS Team Stop 6705-S-2 Kansas City, MO 64999

Chart for all other returns

If you lived in or your business was in:	Mail to the "Internal Revenue Service" at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409
Connecticut, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250

Partnerships. Generally, Form 4506 can be signed by any person who was a member of the partnership during any part of the tax period requested on line 7.

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.

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 for a taxpayer only if this authority has been specifically delegated to the representative on Form 2848, line 5. Form 2848 showing the delegation must be attached to Form 4506.

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 return(s) under the Internal Revenue Code. We need this information to properly identify the return(s) and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN or EIN, to process your request. 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, and the District of Columbia 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 will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 16 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 simpler, we would be happy to hear from you. You can write to Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 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.

Specific Instructions

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

Signature and date. Form 4506 must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the return be sent to a third party, the IRS must receive Form 4506 within 60 days of the date signed by the taxpayer or it will be rejected.

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

Corporations. Generally, Form 4506 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.

**LOUDOUN COUNTY
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ACKNOWLEDGMENT OF RECEIPT OF EQUAL CREDIT

I (We) acknowledge receipt of the notices and warnings contained herein:

1. **Notice:** The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, age (provided that the applicant has the capacity to enter into a binding contract), sex or marital status, the fact that all or part of the applicant's income is derived from a public assistance program, or the fact that the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency which administers compliance **OPPORTUNITIES ACT (ECOA) NOTICE AND**

DISCLOSURES

with this law concerning this housing finance agency is the Federal Trade Commission, Equal Credit Opportunity, Gelman Building, 2120 L Street, N.W., Washington, D.C. 20037

2. **Warning:** No person may be required to designate a courtesy title, such as Mr., Ms., Mrs., or Miss.
3. **Notice:** When applying for a loan, you may use your birthgiven name, first and surname or a birthgiven first name and a combined surname.
4. **Notice:** The federal government has requested that information regarding race, national origin, sex, marital status and age of applicants for home loans be gathered in order to monitor compliance with federal antidiscrimination statutes which prohibit creditors from discriminating against applicants on the bases. The law provides that a lender may neither discriminate on the basis of this information nor on whether or not it is furnished. Furnishing this information is optional.
5. **Notice:** The Federal Equal Credit Opportunity Act allows the creation of special purpose credit programs for economically disadvantaged persons. If all of the participants must share one or more characteristics that are protected classifications, then information as to that characteristic may be requested.

Applicant

Date

Applicant

Date

THE VIRGINIA PRIVACY PROTECTION ACT OF 1976

Information supplied to the Loudoun County Home Improvement and Revitalization Program (LCHIP/LCHRP) will be used for the purpose of determining program eligibility and compliance with the applicable program regulations and providing Federal, State and Local program reports as required. No personal information will be given out for any other purpose unless expressly approved in writing by the applicant. Information furnished to LCHIP/LCHRP will be disseminated and maintained in accordance with the Privacy Protection Act, Code of Virginia, Title 2.1, Chapter 26

The disclosure of social security number is voluntary unless required by state or federal law or unless previously disclosed or furnished. It is used for positive identification purposes only or to associate or disassociate your record with that of your spouse's, according to your request. However, LCHIP/LCHRP may not be able to determine your eligibility for its programs without a social security number and may therefore be unable to render the desired assistance.

Individuals may review their files for the purpose of making corrections, challenging information or for an explanation of contents by filing a written request to the Privacy Agent.

Borrower	Date	Borrower	Date
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**LOUDOUN COUNTY
HOME IMPROVEMENT AND REVITALIZATION PROGRAM**

PHOTOGRAPHY AND INTERVIEW PERMISSION

From time to time, the Loudoun County Home Improvement Program (LCHIP) and the Eastern Loudoun Revitalization Program (LCHRP) may use before and after pictures of some of the homes that were renovated through these programs, in flyers and/or brochures distributed throughout the county. Signing this document by no means guarantees publication of pictures of your home. It merely gives the LCHIP and LCHRP programs permission to use pictures of your home as an example of the kinds of projects we may fund. The names of the homeowners and addresses of the homes will not be disclosed. There may also be requested interviews with regards to your project. Participation in photography and/or interview sessions is entirely optional.

PERMISSION/DISCLAIMER:

I/We give permission to Loudoun County to use interviews and/or photos of my/our home for purposes stated above. No other uses are authorized by me/us. I/We also give permission to use these interviews and photos for the length of the program or as deemed relevant to the scope of the programs.

I/We agree that Loudoun County, its officers, officials, employees, agents and volunteers assumes no responsibility for the use of interviews and/or pictures of my/our home and will not be held liable for any special, incidental, consequential or indirect damages of any kind due to publication of said interviews and pictures.

I/We agree that all photographs and interviews are used with my/our permission, that copyright of all pictures belongs to the LCHIP/LCHRP programs and that reproduction or translation of materials in the flyers and/or brochures without written permission from aforementioned programs is prohibited.

I/We further agree that there will be no financial compensation paid to me/us for the use of these interviews and/or photos in the LCHIP/LCHRP flyers and brochures by the aforementioned programs, Loudoun County or any of its officers, officials, employees, agents or volunteers.

Signature of Homeowner

Date

Signature of Homeowner

Date

Signature of Homeowner

Date

Program Coordinator Approval

Date

**LOUDOUN COUNTY
HOME IMPROVEMENT AND REVITALIZATION PROGRAM**

LEAD-BASED PAINT DISCLOSURE

Lead Warning Statement:

Every borrower of any interest in residential real property on which a residential dwelling was built prior to 1978, is notified that such property may present exposure to lead from lead-based paint that may place young children at risk of developing lead poisoning. Lead poisoning in young children may produce permanent neurological damage, including learning disabilities, reduced intelligence quotient, behavioral problems and impaired memory. Lead poisoning also poses a particular risk to pregnant women. Your inspection and risk assessment has indicated lead hazards. See attached documents for further explanation.

Please check the boxes and sign this disclosure as having received the documentation and the pamphlet *Protect Your Family from Lead in Your Home*. Please return this disclosure to the address below.

_____ I/We have received the letter and documentation about the lead hazards found during the inspections of my/our property.

_____ I/We have received the pamphlet entitled *Protect Your Family from Lead in Your Home*.

Signature of Borrower

Date

Signature of Borrower

Date

Signature of Borrower

Date

Coordinator- Acknowledgment of Receipt

Date

Loudoun County Dept. of Family Services
Attn: LCHIP
102 Heritage Way NE., Ste. # 103
PO Box 7400
Leesburg, VA 20177-7400