City of Columbia Community Development Department

701 East Broadway • PO Box 6015 • Columbia, MO 65205-6015

TO: Applicants to the City of Columbia's Housing Rehabilitation and Minor Home Repair Program.

In order to expedite the processing of your application, please provide the following information as appropriate, with your completed application:

EMPLOYMENT/ASSISTANCE DOCUMENTATION

- Verification of most recent two month's income for all jobs (copies of pay stubs) for all household members 18 years and older.
  - If self-employed, an official copy or transcript of most recent federal tax returns.
- Current award letters or documentation for public assistance income for all household members (e.g. Social Security, SSI).
- Retirement distributions record (e.g. IRA distributions) and current gross monthly pension award.

INVESTMENT/ASSET DOCUMENTATION

- Most recent two month's statements for all bank accounts, including: savings, checking, money market.
- Current statements for all investments including certificates of deposit, mutual funds, stocks and bonds.
- For property to be rehabilitated: Current statement from mortgage holder showing current balance, monthly payment.
- For all other properties owned by applicant (individually or jointly): Current information on the ownership, mortgage balance, value of the property and payment history for past 12 months.

STATEMENTS PROVIDED MUST INDICATE THE BALANCE /VALUE FOR THE DATE THE APPLICATION IS SIGNED

Applications submitted with incomplete or outdated information will be on hold until all required information has been received by City staff.

If you have any questions or need additional information please contact Kathy Sides (874-7244), Gary Anspach (874-7288) or Jake Amelunke (874-7241).

Building & Site Development
(573) 874-7474
Fax (573) 874-7283

Neighborhood Services
(573) 817-5050
Fax (573) 874-7546

Planning & Zoning
(573) 874-7239
Fax (573) 874-7546

TTY 1-800-676-3777 MO Relay

www.gocolumbiamo.com/communitydevelopment

City of Columbia Community Development Department

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AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

To Whom It May Concern:

The undersigned hereby authorizes the City of Columbia, Missouri, Department of Community Development, to receive from you any confidential information pertaining to the following:

1. Public Assistance from the State of Missouri (Division of Family Services, etc.)
2. Employment (wages, etc.)
3. Taxes and real estate information
4. Finances (banks, savings and loan associations, etc.)
5. Medical costs (doctors, hospitals, etc.)
6. Social Security
7. Home mortgage information
8. Utility Costs
9. Credit rating/credit score for rehab projects: The undersigned individual(s) hereby authorizes Columbia Credit Union, on behalf of the City of Columbia, Department of Community Development, to receive from you any confidential information pertaining to the following: Credit rating/credit score.

Signed: _____ Date: _____

Print Name: _____

Address: _____

SSN: _____ DOB: _____

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City of Columbia

Community Development Department
• 701 East Broadway – P.O. Box 6015
• Columbia, MO 65205

CITY OF COLUMBIA
COMMUNITY DEVELOPMENT DEPARTMENT
HOUSING PROGRAMS APPLICATION

Section 1: Program Application

Program for which you are applying: ☐ Minor Home Repair ☐ Owner-Occupied Rehabilitation ☐ Home Ownership Assistance

How did you hear about the program? _____

Section 2: Identification

Name: _____ Address: _____

Phone: _____ E-Mail: _____

(If Home Ownership Assistance, Address of Property to be Purchased): _____

Section 3: Household Composition

Complete the information below for all members that will reside in your household, including yourself. (Use additional sheet if necessary)

Name	Relationship	Date of Birth

Section 4: Familial Status

Mark all that apply:

Applicant: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Domestic Partner

Co-Applicant: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Domestic Partner

Section 5: Income

Provide information on all income sources listed for household members 18 years of age or older.

Name	Employer: (Years Employed) Occupation:	Gross Wages Per Pay Period	Annual Pay Periods	Total Gross Annual Wages
Example: John Smith	Employer: *ABC Factory (14 yrs)* Occupation: Line Production	*$875.00*	*26*	*$22,750*
	Employer: _____ (___) Occupation: _____			
	Employer: _____ (___) Occupation: _____			
	Employer: _____ (___) Occupation: _____			
	Employer: _____ (___) Occupation: _____			

Additional Income Sources:

Source	Received by Whom	Amount Received	Frequency	Total Annual Amount
Retirement Benefits				
Rental Income				
Public Assistance				
Social Security				
Business Income				
Other (_____)				

Total Annual Income: 0.00

Section 6: Assets

Provide information on all applicable assets

Owner	Name of Bank	Type of Account	Current Balance	Monthly Interest Earned

Additional Assets & Investments:

Source	Owner	Current Value	Monthly Interest Earned
Stocks			
Bonds			
Mutual Funds			
Real Estate Owned			
Other (_____)			

****Home Ownership Assistance Program Applications Skip Section 7 & 8****

Section 7: Mortgage, Insurance, & Utility Information

Mortgage	Insurance	Utilities
Do you have current mortgage? ☐ Yes ☐ No Mortgage Balance: $_____ Mortgage Holder: _____ Do you have a 2nd mortgage? ☐ Yes ☐ No 2nd Mortgage Balance: $_____ 2nd Mortgage Holder: _____	Do you have current home owners Insurance? ☐ Yes ☐ No Insurance Company: _____	Please list the account numbers for applicable utilities: City of Columbia:_____ Ameren UE: _____ Boone Electric: _____

Section 8: Repair Requests

Please use the space below to describe the problems you are experiencing with your home (attach additional pages if necessary)

Penalty for False or Fraudulent Statement: USC Title 18, Section 1001, provides, Whoever, in any matter, within the jurisdiction of any department or agency of the United States knowing and fully falsifies… or makes any false, fictitious, or fraudulent statements or representations or makes or uses any false writing to document knowing the same to contain any false, fictitious, or fraudulent statement or entry, shall be fined not more than $100,000 or imprisoned not more than five (5) years, or both.

The UNDERSIGNED hereby represents and warrants that all information provided above, to his or her best knowledge, is true and correct and that he/she has read the above statements and understand the penalty for false or fraudulent statements. Verification of any of the information contained in this application may be obtained from any source named herein.

The applicant hereby understands that the Housing Rehabilitation Application/Home Ownership Assistance Application package will include an inspection report showing current condition of the structure under consideration in terms of Columbia's Housing Code, and requests loan and or grants assistance on any or all items listed on such inspection report. In consideration of the provision of this assistance by the City, the undersigned applicants HEREBY WAIVE any and all claims whatsoever directly or indirectly resulting from any acts, errors, or omissions, whether negligent or otherwise, on part of the City, its officers, agents or employees arising from or in connection with providing the requested assistance or anything in any way related thereto.

Signature of Applicant: _____ Date: _____

Signature of Applicant: _____ Date: _____

NOTE: If you are submitting tax return(s) with your application to verify your self-employment income, rental income, business profit/loss, etc., you must provide an IRS transcript(s) for each tax return or have a third party tax preparer mail a copy of your return(s) directly to Community Development, PO Box 6015, Columbia, MO 65205. A form and instructions to request transcript(s) are at the end of this application. This process can take time, so submit your request(s) as soon as possible. There is no charge for transcripts. Transcripts can also be obtained online at www.irs.gov.

Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 03/31/2014)

Name of Property **Project No.** **Address of Property**

Name of Owner/Managing Agent **Type of Assistance or Program Title:**

Name of Head of Household **Name of Household Member**

Date (mm/dd/yyyy)**:** _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	**Select All that Apply**
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature **Date**

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.
This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be incompliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify' during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Form **4506-T**
(Rev. August 2014)
Department of the Treasury
Internal Revenue Service

Request for Transcript of Tax Return

▶ **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 Transcript of Your Tax Records" 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.	**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)

5 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.

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 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 **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 1120A, Form 1120H, Form 1120L, 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. _____ _____ _____ _____

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, 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-T on behalf of the taxpayer. **Note.** *For transcripts being sent to a third party, this form must be received within 120 days of the signature date.*

Phone number of taxpayer on line 1a or 2a

Sign Here

▶ **Signature** (see instructions) — Date

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

▶ **Spouse's signature** — Date

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

Future Developments

For the latest information about Form 4506-T and its instructions, go to *www.irs.gov/form4506t.* Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

General Instructions

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

Purpose of form. Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note. If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

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

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

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

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:	Mail or fax to:
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	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
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	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888 559-456-7227
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	Internal Revenue Service RAIVS Team Stop 6705 P-6 Kansas City, MO 64999 816-292-6102

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 801-620-6922
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 859-669-3592

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. For a business address, file Form 8822-B, Change of Address or Responsible Party—Business.

Line 6. Enter only one tax form number per request.

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

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

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form,** 10 min.; **Preparing the form,** 12 min.; and **Copying, assembling, and sending the form to the IRS,** 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.