



Critical Home Repair Application

Instructions

Read all instructions carefully and complete the entire application. If you need assistance contact:

repairs@pikespeakhabitat.org -or- (719) 475-7800 x109

Program Requirements

- Home must be located within El Paso County.
- Applicant(s) must be recorded owner(s) and live in the home as their primary residence.
- Home must be insured, with mortgage and insurance payments current.
- Mobile homes do not qualify for this home repair program.
- Manufactured homes may be considered if set on a permanent foundation.
- Pikes Peak Habitat for Humanity will complete a home inspection, by appointment, to assess repair needs.
- Pikes Peak Habitat will conduct a search on the sex offender registry for all adult members of the household.
- Pikes Peak Habitat reserves the right to determine property eligibility on a case-by-case basis.
- A non-refundable application fee of **\$50** is required when the application is submitted.
- Applicant(s) must be willing to “pay it forward” by providing “sweat equity” into their community.
- Total household income must fall below 80% of the **2024 Area Median Income (AMI)** for El Paso County:

Household Size	Annual Maximum Income	Monthly Maximum Income
1 person	\$58,250	\$4,854
2 persons	\$66,600	\$5,550
3 persons	\$74,900	\$6,242
4 persons	\$83,200	\$6,933
5 persons	\$89,900	\$7,492
6 persons	\$96,550	\$8,046
7 persons	\$103,200	\$8,600
8+ persons	\$109,850	\$9,154

Submitting Your Application

You may email, fax, or drop off the application in person during normal business hours at:

Drop off: Pikes Peak Habitat for Humanity
2802 North Prospect Street
Colorado Springs, CO 80907

Fax: 719-473-3891 Attn: Repairs

Email: repairs@pikespeakhabitat.org

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Critical Home Repair Application

Cover Page

Applicant Name: _____

Co-Applicant Name: _____

Home Address: _____

Phone #: _____

Email: _____

How did you hear about this program? _____

Have you applied for this program in the past? If yes, when? _____

PLEASE COMPLETE THE APPLICATION CHECKLIST ON REVERSE!

Critical Home Repair Application

Application Checklist

Provide **COPIES** only, Pikes Peak Habitat will NOT make copies.

All documents submitted must show the name and address of the applicant(s).

- Have you completed **all sections** of the application cover page?
- Have you completed **all sections** of the application form?
- Have ALL applicants signed the application?
- Have ALL applicants completed and signed the **4506-C Request for Transcript of Tax Return**?
- Have you attached the **Form DD214** (*if applicable*)?
- Have you attached proof of house ownership?
 - Deed to house
 - County assessor's property printout
- Have you attached the **Homeowner Insurance Certificate** from your insurance company?
- Have you attached the most recent **Property Tax Statement**?
- Have you attached the most recent **Mortgage Statement**?
- Have you attached a copy of proof of U.S. citizenship for all household members 18 years old and older?
 - Driver's license
 - Social Security card
 - Passport
 - Birth certificate
- Have you attached all supporting household income documentation (*one or more of the following*)?
 - Verification of all household income sources (for all household members 18 years old and older)
 - Three** previous months of **paystubs** for all applicants
 - SSI/SSDI Award letter(s)**
 - Alimony** or **Child Support** registry
 - Most recent **Tax Return** (IRS Form 1040)
 - Most recent **W-2**
 - Three previous** months of Bank Statements for all applicants
 - Copy of **Bankruptcy Documents** (*if applicable*)
 - Proof of current **Student Status** (*if applicable*)
- The \$50 application fee? (Check or money order payable to **PPHFH**, cash not accepted.)



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Applicant Information

Applicant		Co-Applicant	
Full Legal Name		Full Legal Name	
Other Names Used		Other Names Used	
Social Security Number - (last 4 digits only)		Social Security Number - (last 4 digits only)	
Date of Birth		Date of Birth	
Contact Information			
Home Phone		Cell Phone	
Home Address (incl City, State, & Zip)			
Email			
Names, ages, and relationship to homeowner of ALL people living in the home			
Name		Relationship	Age
Name		Relationship	Age
Name		Relationship	Age
Name		Relationship	Age
Residence Information			
Do you own your home?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are your mortgage payments current?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Monthly mortgage payment amount:			
Do you have homeowner insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are your homeowner insurance payments current?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of insurance company:			
Are you or the co-applicant currently in bankruptcy?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is anyone in your household a veteran?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of veteran:			
Is anyone in your household currently in the military?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of enlisted individual:			
Is the homeowner or anyone in the household disabled?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of disabled individual:			
Type of disability			
<input type="checkbox"/> Blind		<input type="checkbox"/> Hearing impaired	
<input type="checkbox"/> Wheelchair bound		<input type="checkbox"/> Mentally disabled	
<input type="checkbox"/> Loss of limb		<input type="checkbox"/> Uses a walker, cane, or crutches	
<input type="checkbox"/> Other (please describe):			



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Income Information

List all income received by members of your household. **You must include ALL household income.** This may include income from work, public assistance like Social Security, retirement or pension funds, or any other source of income. **All income requires documentation.** If you need more space, attach a separate page. Please state gross income, not take-home (net) income.

Type	Company / Agency	Whose Income?	Gross Monthly Amount
Total			

Asset Information

List all assets, including checking, savings, IRA, etc.

Type of Account	Cash or Value	Whose Asset	Total Balance
Total			

Media and Publicity

If Pikes Peak Habitat selects your house to be repaired, pictures/videos of you and your home may be taken.	
Can Pikes Peak Habitat share photos/videos of your home online or on social media?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can Pikes Peak Habitat share photos/videos of you online or on social media?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can Pikes Peak Habitat share photos/videos of your children online or on social media?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to be interviewed by Pikes Peak Habitat staff for media or newsletter purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to be interviewed by media reporters?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Where did you learn about Pikes Peak Habitat's Critical Home Repair program?	



Critical Home Repair Application

Requested Repairs

Briefly describe the type of work you would like done on your home. Remember that the items listed below will be considered for repair but ultimately may not be done. The aim of the Critical Home Repair program is to address health and safety concerns, and those items will be prioritized. Our volunteers are not professionals and may not be able to make all repairs; subcontractors may be hired by Pikes Peak Habitat. Please print.

House Description		
Year built:	Number of bedrooms:	
Approx size of house:	Number of bathrooms:	
Is your home located in an HOA? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Style of house		
<input type="checkbox"/> Single-family	<input type="checkbox"/> Manufactured home	<input type="checkbox"/> Duplex <input type="checkbox"/> Mobile home
<input type="checkbox"/> Other (please describe):		
Repair Location	Needs repair	Description of current issue
Roof	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Gutters & Downspouts	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Windows & Doors	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Bathroom	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Accessibility	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Siding & Trim	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Electrical	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Plumbing	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Porch / Fencing / Exterior	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other:		
Other:		
Other:		
Other:		

Additional notes: _____



Critical Home Repair Application

Household Demographics

Many of the grants we work with to provide funding for the Critical Home Repair program request household demographic information. Please complete the survey below.

Applicant	Co-Applicant
<input type="checkbox"/> I do not wish to provide this information	<input type="checkbox"/> I do not wish to provide this information
<p style="text-align: center;">Race (select all that apply)</p> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White	<p style="text-align: center;">Race (select all that apply)</p> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White
<p style="text-align: center;">Ethnicity</p> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino	<p style="text-align: center;">Ethnicity</p> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino
<p style="text-align: center;">Gender</p> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Other:	<p style="text-align: center;">Gender</p> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Other:
<p style="text-align: center;">Marital Status</p> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (incl. single, divorced, widowed)	<p style="text-align: center;">Marital Status</p> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (incl. single, divorced, widowed)

Willingness to Partner

To be considered for the program, you and your household members must be willing to partner with Pikes Peak Habitat for Humanity. This is what is called “sweat equity” by Pikes Peak Habitat. Applicant(s) must contribute some of their time, up to 8 hours maximum. See below for sample ideas. Each applicant is expected to be present and engaged on their construction site for an agreed-upon period of time while Pikes Peak Habitat staff and volunteers are working. Pikes Peak Habitat may modify the sweat equity requirement, depending on the homeowner’s situation.

Sweat Equity Ideas

- Host the Pikes Peak Habitat volunteer sign-in
- Tell, record, or write the history of the community to share
- Write Pikes Peak Habitat thank-you notes
- Be part of a neighborhood phone tree to check on residents
- Read books to neighborhood children
- Share favorite recipes with the community
- Make cookies for neighbors or a community bake sale
- Help start or maintain a community garden

Applicant’s planned sweat equity contribution: _____

Co-Applicant’s planned sweat equity contribution: _____

Household Contribution

Based on the project costs and the income of the applicant, the homeowner’s contribution is a non-refundable \$50 assessment fee, should your application proceed to the assessment stage.



Critical Home Repair Application

Homeowner Certification

Please read carefully. The signatures of everyone on the homeowner deed are required for the application to be considered. Check each box to show that you understand the statement and that it is true.

- I certify that I own the property at the address above and use it as my primary residence.
- I intend to continue to occupy my home for at least 3 years. (This program is not intended to be used to flip houses for profit.)
- I certify that in signing this application I am authorizing Pikes Peak Habitat for Humanity to evaluate my need for home repairs and renovations.
- I certify that I understand that Pikes Peak Habitat for Humanity may not be able to provide all the repairs I have requested on this application.
- Pikes Peak Habitat for Humanity assumes homes built before 1978 could contain some lead from lead-based paint. Prior to any work being performed, the areas impacted by the requested repair will be tested for the existence of lead-based paint, and should the test(s) prove positive, Pikes Peak Habitat for Humanity may decline the repair.
- I certify that I will notify Pikes Peak Habitat for Humanity of any changes to my financial or living situation as soon as they occur.
- I certify that Pikes Peak Habitat has permission to search all adult members of my household on the sex offender registry.
- I certify that I understand that this application and all copies of supporting documents will become the property of Pikes Peak Habitat for Humanity and will not be returned to me, and that Pikes Peak Habitat for Humanity will keep the original application on file for two years, whether or not it is approved.
- I certify that I will discuss and agree to some level of "sweat equity" that is in proportion to the repair work being done.
- I certify that the information on this application is accurate.
- I certify that I have received the Privacy Disclosure statement that was included with this application.

Signature of Homeowner

Date

Signature of Homeowner

Date

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Critical Home Repair Application

Privacy Disclosure Statement

This page is to be kept by the applicant(s)

FACTS:		What does Pikes Peak Habitat for Humanity do with your personal information?	
Why?	Financial companies, including Pikes Peak Habitat for Humanity as a mortgage lender, choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand our procedures.		
What?	<p>The types of personal information we collect and share depend on the consumer having a mortgage loan with Pikes Peak Habitat for Humanity. This information can include:</p> <ul style="list-style-type: none"> • Social Security number and account balances • Payment history and transaction history • Credit history and credit score 		
How?	All financial companies need to share consumers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their consumers' personal information; the reasons Pikes Peak Habitat for Humanity chooses to share; and whether you can limit this sharing.		
Reasons we can share your personal information		Does Pikes Peak Habitat for Humanity share?	Can you limit this sharing?
For our everyday business purposes - such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, and to report to credit bureaus		Yes	No
For our marketing purposes – to offer our products and services to you		Yes	No
For joint marketing with other financial companies		No	We don't share
For our affiliate's everyday business purposes – information about your transactions and experiences		No	We don't share
For non-affiliates to market to you		No	We don't share
Questions?	Call (719) 475-7800		
Who we are			
Who is providing this notice?		Pikes Peak Habitat for Humanity	
What we do			
How does Pikes Peak Habitat for Humanity protect my personal information?		To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.	
How does Pikes Peak Habitat for Humanity collect my personal information?		<p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none"> • Show your driver's license • Apply for a residential mortgage loan or provide your employment history • Make payments to your mortgage <p>We also collect your personal information from others, such as credit bureaus, affiliates, and other companies.</p>	
Why can't I limit all sharing?		<p>Federal law gives you, the consumer, the right to limit only</p> <ul style="list-style-type: none"> • Sharing for affiliates' everyday business purposes – information about your creditworthiness • Affiliates from using your information to market to you • Sharing for non-affiliates to market to you <p>State laws and individual companies may give you additional rights to limit sharing.</p>	
What happens when I limit sharing for an account I hold jointly with someone else?		Your choices will apply to everyone on your account.	
Definitions			
Affiliates	Companies related by common ownership or control. They can be financial and nonfinancial companies.		
Non-affiliates	Companies not related by common ownership or control. They can be financial and nonfinancial companies.		
	<i>*Pikes Peak Habitat for Humanity does not share with non-affiliates.</i>		
Joint marketing	A formal agreement between nonaffiliated financial companies that together market financial products or services to you.		

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

Request may be rejected if the form is incomplete or illegible.

For more information about Form 4506-C, visit www.irs.gov and search IVES.

1a. Current name			2a. Spouse's current name (if joint return and transcripts are requested for both taxpayers)		
i. First name	ii. Middle initial	iii. Last name/BMF company name	i. Spouse's first name	ii. Middle initial	iii. Spouse's last name
1b. First taxpayer identification number (see instructions)			2b. Spouse's taxpayer identification number (if joint return and transcripts are requested for both taxpayers)		
1c. Previous name shown on the last return filed if different from line 1a			2c. Spouse's previous name shown on the last return filed if different from line 2a		
i. First name	ii. Middle initial	iii. Last name	i. First name	ii. Middle initial	iii. Last name
3. Current address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)					
a. Street address (including apt., room, or suite no.)		b. City	c. State	d. ZIP code	
4. Previous address shown on the last return filed if different from line 3 (see instructions)					
a. Street address (including apt., room, or suite no.)		b. City	c. State	d. ZIP code	
5a. IVES participant name, ID number, SOR mailbox ID, and address					
i. IVES participant name		ii. IVES participant ID number	iii. SOR mailbox ID		
iv. Street address (including apt., room, or suite no.)		v. City	vi. State	vii. ZIP code	
5b. Customer file number (if applicable) (see instructions)			5c. Unique identifier (if applicable) (see instructions)		
5d. Client name, telephone number, and address (this field cannot be blank or not applicable (NA))					
i. Client name				ii. Telephone number	
iii. Street address (including apt., room, or suite no.)		iv. City	v. State	vi. ZIP code	

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

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

a. Return Transcript **b. Account Transcript** **c. Record of Account**

7. Wage and Income transcript (W-2, 1098-E, 1099-G, etc.)

a. Enter a max of three form numbers here; if no entry is made, all forms will be sent.

b. Mark the checkbox for taxpayer(s) requesting the wage and income transcripts. If no box is checked, transcripts will be provided for all listed taxpayers

Line 1a Line 2a

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

/ / / / / / / /

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

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or, if applicable, line 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; however, if both spouses' names and TINs are listed in lines 1a-1b and 2a-2b, both spouses must sign the request. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-C on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

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

Sign Here	Signature for Line 1a (see instructions)		Date	Phone number of taxpayer on line 1a or 2a
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed	
	Print/Type name			
	Title (if line 1a above is a corporation, partnership, estate, or trust)			
	Spouse's signature (required if listed on Line 2a)			Date
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed	
Print/Type name				

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

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

Future Developments

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

What's New. Form 4506-C includes the Client company requesting transcripts and increased the number of Wage and Income transcripts requests.

General Instructions

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

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

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

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

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

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

Chart for ordering transcripts

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

Specific Instructions

Line 1a/2a (if spouse is also requested). For IMF Requests: Enter the First, Middle Initial, and Last Name in the indicated fields. If all characters will not fit, please enter up to 12 for First name and 22 for Last name. For BMF Requests: Enter the company name in the Last Name field. If all characters will not fit, please enter up to 22.

Line 1b/2b (if spouse is also requested). Enter the social security number (SSN) or individual taxpayer identification number (ITIN) for the individual listed on line 1a including the dashes in the correct format, or enter the employer identification number (EIN) for the business listed on line 1a including the dashes in the correct format.

Line 1c/2c (if spouse is also requested). Enter your previous name as shown on your last filed tax return if different than line 1a.

Line 3. Enter your current address in the indicated fields. If you use a P.O. Box, include it and the number in the Current Address field.

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

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address, or Form 8822-B, Change of Address or Responsible Party — Business, with Form 4506-C.

Line 5b. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

Line 5c. Enter up to 10 alpha-numeric characters to create a unique identifier that will show in the mailbox file information. The unique identifier cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

Note. If you use an SSN, we will not input the information and the customer file number or unique identifier will reflect a generic entry of "9999999999".

Line 5d. Enter the Client company name, address, and phone number in the indicated fields. A Client company receives the requested tax transcripts from the IVES participant. If the IVES participant is also the Client company, the IVES participant information should be entered on Line 5a and 5d. These fields cannot be blank or Not Applicable (NA).

Line 6. Enter only one tax form number (1040, 1065, 1120, etc.) per request for all line 6 transcripts request types.

Line 6a. Return Transcript 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-H, Form 1120-L, and Form 1120-S. Return transcripts are available for the current year and returns processed during the prior 3 processing years.

Line 6b. Account Transcript 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.

Line 6c. Record of Account 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.

Line 7. The IRS can provide a transcript that includes data from these information returns: Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. Enter up to three information return types. If no specific type is requested, all forms will be provided. 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, Form W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need Form W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213.

Line 8. Enter the end date of the tax year or period requested in mm dd yyyy format. This may be a calendar year, fiscal year or quarter. Enter each quarter requested for quarterly returns. Example: Enter 12 31 2018 for a calendar year 2018 Form 1040 transcript.



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed if unchecked.

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

Authorized Representative: A representative can sign Form 4506-C for a taxpayer if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5a, and Form 2848 is attached to the Form 4506-C request. If you are Heir at Law, Next of Kin, or Beneficiary, you must be able to establish a material interest in the estate or trust. If Form 4506-C is signed by a representative, the Authorized Representative check box must be marked.

Electronic Signature: Only IVES participants that opt in to the Electronic Signature usage can accept electronic signatures. Contact the IVES participant for approval and guidance for electronic signatures. If the Form 4506-C is signed electronically, the Electronic Signature check box must be marked.

Individuals. Transcripts listed on line 6 may be furnished to either spouse if jointly filed. Signatures are required for all taxpayers listed on Line 1a and 2a.

Corporations. Generally, Form 4506-C can be signed by:

(1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-C but must provide documentation to support the requester's right to receive the information.

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

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

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.

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-C will vary depending on individual circumstances. The estimated average time is:

Learning about the law or the form 10 min.
Preparing the form 12 min.
Copying, assembling, and sending the form to the IRS 20 min.

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

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

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