



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 **\$25** is required when the application is submitted.
- Applicant(s) must be willing to “pay it forward” by doing something positive for 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:

Mail or drop off: Pikes Peak Habitat for Humanity
3730 Sinton Rd., #100,
Colorado Springs, CO 80907

Fax: 719-473-3891 Attn: Repairs

Email: Emailed applications will not be accepted

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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 & signed the **4506-T Request for Transcript of Tax Return**?
- ☐ Have you attached the **Form DD214** (*if applicable*)?
- ☐ Have you attached proof of house ownership?
 - ☐ Deed to the 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*)
- ☐ Have you made the \$25 application fee (cash not accepted)?
 - ☐ Check or money order payable to **PPHFH**
 - ☐ Credit card payment at: <https://pikespeakhabitat.org/chr-fee/> or use the QR code above



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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:			
<div style="display: flex; justify-content: space-between;"> <div> <p>Type of disability</p> <p><input type="checkbox"/> Blind</p> <p><input type="checkbox"/> Wheelchair bound</p> <p><input type="checkbox"/> Loss of limb</p> <p><input type="checkbox"/> Other (please describe):</p> </div> <div> <p><input type="checkbox"/> Hearing impaired</p> <p><input type="checkbox"/> Mentally disabled</p> <p><input type="checkbox"/> Uses a walker, cane, or crutches</p> </div> </div>			

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Authorized Representatives

Please let us know who else we can discuss the project and application with, other than the applicant(s). We will not be able to discuss the project with anyone other than the applicant(s) and those individuals listed below.

Names, ages, and relationship to homeowner of ALL people living in the home		
Name	Phone #:	Relationship
Name	Phone #:	Relationship

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?	

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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		
<div style="text-align: center;">Style of house</div> <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: _____

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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
Race (select all that apply) <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	Race (select all that apply) <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
Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino	Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Other:	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Other:
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (incl. single, divorced, widowed)	Marital Status <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 by “paying it forward” into the community. Applicant(s) must contribute some of their time, up to 8 hours maximum, that will have a positive impact on their neighborhood or community. 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.

Pay it Forward Ideas

- Host the Pikes Peak Habitat volunteer sign-in
- Tell, record, or write the history of the neighborhood or 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: _____

Application Fee

At the time of application submission, a non-refundable \$25 application fee is due. This application processing fee can be made via check, money order, or credit card. Cash is not accepted. Checks and money orders can be made out to PPHFH. Credit card payments can be made through the link below or by using the QR code on the checklist page:

<https://pikespeakhabitat.org/chr-fee>

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Application Approval and Repair Process

The approval process for this program is as follows once an application is received:

1. Application processing

- If an application is incomplete and needs more documentation, a letter will be sent out requesting the additional documentation needed. If, after 60 days, the requested documentation has not been received, the application will be closed and removed from consideration.
- If an applicant does not meet the program requirements, a letter of denial will be sent out indicating the reason for denial.
- If an application is complete and meets all the necessary requirements the application is marked as "Qualified" and continues to the next step

2. Site assessment

- Members of the CHR team will schedule an onsite assessment with the applicant to review the items listed in the Requested Repairs section with the goal of identifying which repairs qualify for the program.
- At the time of the assessment, the staff members may identify additional items that the client could consider adding to the project.

3. Project Planning

- Once the assessment has been completed, PPHFH will evaluate the various repair items to ensure the repairs fall within the CHR program guidelines.
- Next a scope of work (SOW) and budget are created for the project that includes the repair items which both qualify and will fit within the overall program's budget.
- Any additional repair items not discussed previously must be requested before the application moves on to the next step

4. CHR Committee Evaluation and Final Approval

- Once the SOW and project budget have been completed, a set of projects will be presented to a committee of community volunteers for final evaluation and approval. This committee will continue to review the project to ensure it falls within the CHR program guidelines as well as the CHR program's available budget.
- If a project is not approved, a letter of denial will be sent out indicating the reason for denial
- If a project is approved by the committee, a CHR program staff member will contact the applicant to go over the project SOW and Partnership Agreement.

5. Partnership Agreement

- Before work can begin, a CHR staff member will meet with the applicant and sign the Home Repair Letter of Acceptance and Partnership Agreement document. This document is the formal acceptance of the project by PPHFH, which repairs PPHFH can address, and the expectations between the applicant and PPHFH before and during the repair work.

6. Repair Work Begins

- Once the partnership agreement is signed, PPHFH can schedule work to begin.
- Work is done by community volunteers and a PPHFH Repair Supervisor. Repair work will be completed on Monday, Wednesday, Thursday, and Friday from 9 am to 3 pm. The homeowner or homeowner's representative is expected to be onsite during the course of the repair work.
- Subcontractors may be used in some cases, which will be scheduled throughout the week and the applicant will be made aware of that schedule.

7. Project Conclusion

- At the conclusion of the project, a CHR staff member will meet with the applicant to complete a Certificate of Completion document. Once completed and signed PPHFH will close out the project.



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Approval Timeline

This process can take as much as 6 to 8 weeks before work can be scheduled. With that in mind, this is a program that cannot readily be used in the case of emergency repairs.

Re-applying for Additional Work

The CHR program has an annual budget which funds the projects completed throughout the year. There may be instances where one or more requested repair items aren't able to be fulfilled and won't be a part of the overall initial project. In cases like this, or even if a new repair need arises after the project concludes, we encourage applicants to reapply at a later time to address the repair issues.

Be advised that there is no guarantee a second application will be approved and re-applying will require going through the application process as if no previous services had been received and all documentation will need to be resubmitted.

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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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?
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
For our marketing purposes – to offer our products and services to you		Yes
For joint marketing with other financial companies		No
For our affiliate's everyday business purposes – information about your transactions and experiences		No
For non-affiliates to market to you		No
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.	
	*Pikes Peak Habitat for Humanity does not share with non-affiliates.	
Joint marketing	A formal agreement between nonaffiliated financial companies that together market financial products or services to you.	

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.

The filing location for the Form 4506-T has changed. **Please see Chart for individual transcripts or Chart for all other transcripts** for the correct mailing location.

What's New. As part of its ongoing efforts to protect taxpayer data, the Internal Revenue Service announced that in July 2019, it will stop all third-party mailings of requested transcripts. After this date masked Tax Transcripts will only be mailed to the taxpayer's address of record.

If a third-party is unable to accept a Tax Transcript mailed to the taxpayer, they may either contract with an existing IVES participant or become an IVES participant themselves. For additional information about the IVES program, go to www.irs.gov and search IVES.

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. 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.

Customer File Number. The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, are shown on the transcript.

An optional Customer File Number field is available to use when requesting a transcript. This number will print on the transcript. See Line 5 instructions for specific requirements. The customer file number is an optional field and not required.

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 a Tax Transcript..." 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 shows two different addresses, send your request to the address based on the address of your most recent return.

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 addresses 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 5. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number **should not** contain an SSN. Completion of this line is not required.

Note. If you use an SSN, name or combination of both, we will not input the information and the customer file number will reflect a generic entry of "9999999999" on the transcript.

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. 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. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

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.

Note: 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.

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.

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, Arkansas, Florida, Georgia, Louisiana, Mississippi, North Carolina, Oklahoma, South Carolina, 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 855-587-9604
Delaware, Illinois, Indiana, Iowa, Kentucky, Maine, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Vermont, Virginia, Wisconsin	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094
Alaska, Arizona, California, Colorado, Connecticut, District of Columbia, Hawaii, Idaho, Kansas, Maryland, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Dakota, Utah, Washington, West Virginia, Wyoming	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-298-1145

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, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-298-1145
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 Stop 6705 S-2 Kansas City, MO 64999 855-821-0094



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 and returned to you if the box is unchecked.