



Nassau County Down Payment Assistance Program Application
The Long Island Housing Partnership
 DEADLINE IS DECEMBER 4, 2009, 4:00 P.M.



Applicant:

Name: _____

Social Security #: _____

Home Address: _____

Telephone #: _____

Current Employment

Name of Employer: _____

Employer Address: _____

Employer Telephone #: _____

Occupation: _____

Gross Monthly Income: _____

Pay Period: (weekly, bi-monthly, etc.) _____

How many years at position: _____

If less than two years at current employer, please list prior employment history including job description:

Co-Applicant:

Name: _____

Social Security #: _____

Home Address: _____

Telephone #: _____

Current Employment

Name of Employer: _____

Employer Address: _____

Employer Telephone #: _____

Occupation: _____

Gross Monthly Income: _____

Pay Period: (weekly, bi-monthly, etc.) _____

How many years at position: _____

If less than two years at current employer, please list prior employment history including job description:

List All Household Members

| <u>Names:</u> | <u>Relationship to Applicant/Co-Applicant</u> | <u>Date of Birth</u> | <u>Monthly Income:</u> |
|---------------|-----------------------------------------------|----------------------|------------------------|
| _____ | <u>Self</u> | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Total number of individuals (family members) planning to live in the home: _____



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Additional Employment History:

Applicant Co-Applicant

Name of Employer: _____

Employer Address: _____

Employer Telephone #: _____

Occupation: _____

Gross Monthly Income: _____

Pay Period: (weekly, bi-monthly, etc.)

How many years at position: _____

* * *

Applicant Co-Applicant

Name of Employer: _____

Employer Address: _____

Employer Telephone #: _____

Occupation: _____

Gross Monthly Income: _____

Pay Period: (weekly, bi-monthly, etc.)

Additional Household Member:

Name: _____

Social Security #: _____

Home Address: _____

Telephone #: _____

Employment History

Name of Employer: _____

Employer Address: _____

Employer Telephone #: _____

Occupation: _____

Gross Monthly Income: _____

Pay Period: (weekly, bi-monthly, etc.) _____

How many years at position: _____

If less than two years at current employer, please list prior employment history including job description:

Real Estate Information

Have you (the applicant), co-applicant, or any household member ever owned a home, property or shares of a home or property (co-ops) and/or do you currently own any real estate? Yes No

If yes, Type of property _____

Location of property _____

Appraised Market Value \$ _____ Mortgage or outstanding loans principal balance due \$ _____

If rental property, net annual rental income \$ _____

Have you or any household member sold/disposed of any property in the last 12 months? Yes No

If yes, Type of property: _____ Date of transaction: _____

Market value when sold/disposed of: \$ _____ Amount sold/disposed for: \$ _____



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BANKING INFORMATION

THIS IS IMPORTANT SO IT CAN BE DETERMINED THAT YOU HAVE SUFFICIENT FUNDS FOR THE DOWN PAYMENT

Applicant

Bank Name: _____

Savings Checking Other _____

Account #: _____

Balance: _____

Bank Name: _____

Savings Checking Other _____

Account #: _____

Balance: _____

Bank Name: _____

Savings Checking Other _____

Account #: _____

Balance: _____

Co-Applicant

Bank Name: _____

Savings Checking Other _____

Account #: _____

Balance: _____

Bank Name: _____

Savings Checking Other _____

Account #: _____

Balance: _____

Bank Name: _____

Savings Checking Other _____

Account #: _____

Balance: _____

Will you be able to obtain a gift if you do not have adequate funds to cover closing costs? Yes _____ No _____

If yes, *

Amount: _____

From Whom: _____

(Relationship, i.e., Parent, Sister, Etc.)

***Please provide a letter stating that the money provided is in the form of a gift and will not have to be returned.**



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Additional Financial Information

Please list any other monthly household income. Include alimony/maintenance, income from a pension fund, SSI, SSD or any other supplementary income received.

| <u>Applicant</u> | | <u>Co-Applicant</u> | |
|-------------------------|---------------|----------------------------|---------------|
| <u>Source</u> | <u>Amount</u> | <u>Source</u> | <u>Amount</u> |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

**DISCLAIMER
CREDIT STATEMENT AGREEMENT**

I/We authorize the release of financial information on my/our behalf in relation to an application and the financing made available to me/us. This authorization includes the release to LIHP and Affiliates by any lender, to which I/we have applied for a mortgage, of all financial information and documentation relating to my/our application.

I/We understand that providing false information may disqualify me/us for consideration in this program. If any of this information changes prior to a signed contract, it is my/our responsibility to notify the Long Island Housing Partnership, Inc. so that an updated determination can be made on my/our status.

I/We understand that after review of my financial status, LIHP may determine that I/we do not qualify for the home selected based on my/our ability to qualify for and/or carry the mortgage required.

If anything changes with my/our income or status on our application, prior to the time of entering into contract, I/We must notify LIHP immediately as this may affect applicant's ability to qualify for a home in this program. LIHP has the right to re-verify applicant's program status up until a formal contract is signed.

As you progress through the mortgage application process it will be necessary to keep us informed and send us copies of the following documents as you receive them: 1) Contract of Sale, 2) Mortgage Application (Form 1003), 3) Mortgage Commitment, 4) Residential Mortgage Appraisal. All documents must be submitted prior to closing!

Disclaimer: It is understood that this is not an offer and that Nassau County may change the terms and conditions at any time. It is further understood that notices by Nassau County may be made in such manner as Nassau County may determine, including solely by advertisement.

MUST BE SIGNED BY APPLICANT AND CO-APPLCANT

Applicant's signature

Co-Applicant's signature

Date

Date



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CHECK LIST OF REQUIRED DOCUMENTATION

| | <u>APPLICANT</u> | <u>CO-APPLICANT</u> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 1. Application form completed with signature(s) and \$50 non-refundable application fee payable to: Long Island Housing Partnership, Inc. | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 2. Copies of SIGNED Federal Tax Returns with required schedules and W-2 statement for the last three (3) years. | 2008 Yes <input type="checkbox"/> 2007 Yes <input type="checkbox"/> 2006 Yes <input type="checkbox"/> | Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> |
| 3. Completed and SIGNED IRS Tax Form 4506 | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 4. Four (4) most recent consecutive pay stubs that indicate year-to-date gross income. If year-to-date is not included on pay stub, a letter from employer on company stationery is required. | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 5. Three (3) months most recent consecutive bank statements (All Accounts/All Pages) | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 6. Documentation for Social Security, Pensions, Disability, Unemployment, etc. | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 6. School transcripts for family members over 18 (if applicable) | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 7. Proof of Nassau County Residency or Employment: | | |
| A. Proof of Residency (Driver's License, Phone/Electric/Gas Bill, Permanent Residency Card) | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
| B. Proof of Employment (Copy of pay stubs) | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 8. If applicable, copy of separation agreement or divorce decree | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 9. Market Analysis for all properties owned | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |

Comments: _____

I understand that I may be required to supply/submit additional documentation to complete and substantiate my eligibility.

APPLICANT'S SIGNATURE

DATE

CO-APPLICANT'S SIGNATURE

DATE



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To be completed by both applicant and co-applicant

| | <u>Applicant</u> Yes or No | <u>Co-Applicant</u> Yes or No |
|-------------------------------------------------------------------------------|-------------------------------|----------------------------------|
| Have you had any outstanding judgments in the last 7 years? | _____ | _____ |
| Have you declared bankruptcy? | _____ | _____ |
| Have you had property foreclosed upon or given title or deed in lieu thereof? | _____ | _____ |
| Are you a co-maker or endorser on a note? (If yes, please explain) | _____ | _____ |
| Are you a party in a lawsuit? | _____ | _____ |
| Are you obligated to pay alimony or separated maintenance? | _____ | _____ |
| Are you a U.S. citizen? | _____ | _____ |
| If "no" are you a resident alien? | _____ | _____ |
| Will you occupy the home you purchase as your principal residence? | _____ | _____ |

PROOF OF RESIDENCY or EMPLOYMENT IN NASSAU COUNTY

Do you reside in Nassau County? Yes No
 Do you work in Nassau County? Yes No

PLEASE BRING OR MAIL THE COMPLETED APPLICATION TO:

Long Island Housing Partnership, Inc.
 180 Oser Avenue, Suite 800
 Hauppauge, NY 11788
 (631) 435-4710
 ATTN: Nassau County Down Payment Assistance Program

This application will be used to determine eligibility for the Nassau County's Down Payment Assistance Program. Questions about the application should be directed to LIHP at 631-435-4710.

A fifty-dollar (\$50) non-refundable application fee must accompany the application to cover the cost of processing.

Please make checks payable to: **Long Island Housing Partnership, Inc.**



Request for Copy of Tax Return

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

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

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| 1a Name shown on tax return. If a joint return, enter the name shown first. | 1b First social security number on tax return or employer identification number (see instructions) |
| 2a If a joint return, enter spouse's name shown on tax return. | 2b Second social security number if joint tax return |
| 3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code | |
| 4 Previous address shown on the last return filed if different from line 3 | |
| 5 If the tax return is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax return. | |

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

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

7 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than eight years or periods, you must attach another Form 4506.

| | | | |
|--------------------|--------------------|--------------------|--------------------|
| ____ / ____ / ____ | ____ / ____ / ____ | ____ / ____ / ____ | ____ / ____ / ____ |
| ____ / ____ / ____ | ____ / ____ / ____ | ____ / ____ / ____ | ____ / ____ / ____ |

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 8 Fee. There is a \$57 fee for each return requested. Full payment must be included with your request or it will be rejected. Make your check or money order payable to "United States Treasury." Enter your SSN or EIN and "Form 4506 request" on your check or money order. | |
| a Cost for each return | \$ 57.00 |
| b Number of returns requested on line 7 | |
| c Total cost. Multiply line 8a by line 8b | \$ |

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

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax return requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506 on behalf of the taxpayer.

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

General Instructions

Section references are to the Internal Revenue Code.

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

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

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

Where to file. Attach payment and mail Form 4506 to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual returns (Form 1040 series) and one for all other returns.

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

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

Chart for individual returns (Form 1040 series)

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

Chart for all other returns

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

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

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

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

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

Privacy Act and Paperwork Reduction Act

Notice. We ask for the information on this form to establish your right to gain access to the requested return(s) under the Internal Revenue Code. We need this information to properly identify the return(s) and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN or EIN, to process your request. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

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

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

The time needed to complete and file Form 4506 will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 16 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506 simpler, we would be happy to hear from you. You can write to Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.

Specific Instructions

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

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

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

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