

# AM I ELIGIBLE FOR AN EMAP LOAN?

**\*ANSWERING THE FOLLOWING QUESTIONS WILL HELP DETERMINE WHETHER YOU MAY QUALIFY FOR THE EMERGENCY MORTGAGE ASSISTANCE PROGRAM\***

1. IS THE PROPERTY LOCATED IN THE STATE OF CONNECTICUT?
  - a. YES, continue
  - b. NO, stop you are not eligible
  
2. DO YOU OWN THE HOME & LIVE THERE AS YOUR FULL TIME PRIMARY RESIDENCE?
  - a. YES, continue
  - b. NO, stop you are not eligible
  
3. HAVE YOU CONTACTED YOUR MORTGAGE LENDER IN AN ATTEMPT TO RESOLVE THE CURRENT MORTGAGE DELINQUENCY?
  - a. YES, continue (written documentation of denial must be included with your application package).
  - b. NO, stop you are not eligible. Please contact the nearest HUD approved housing counseling agency if you need assistance with the loan modification process; the list of HUD approved housing counselors can be found within the EMAP application or on CHFA's website.
  
4. ARE YOU OR THE CO-BORROWER CURRENTLY IN ACTIVE BANKRUPTCY?
  - a. YES, continue  
Have you received a discharge?
    - YES, continue. Based on the information you entered you may be eligible.
    - NO. Based on the information you entered you are not eligible at this time. If you are currently in an active bankruptcy and you have not received a discharge, you will not qualify for assistance at this time. If you obtain permission from the Bankruptcy Court to work with CHFA and your lender, please contact us at 1-877-571-2432.
  - b. NO, based on this information you may be eligible.

- 
- If you have a Foreclosure Sale Date or Law Date, contact the CHFA call center at 1-877-571-2432 as soon as possible because this matter is time sensitive.
  - Should you have any questions during the application process, please contact the nearest HUD approved housing counselor for assistance. The list of HUD approved counselors can be found within the EMAP application or on CHFA's website.

**\*PLEASE BE AWARE THE EMAP LOAN IS NOT A GRANT BUT A 30 YEAR MORTGAGE THAT MUST BE REPAYED\***



## EMERGENCY MORTGAGE ASSISTANCE PROGRAM

### EMAP DISCLOSURES INCLUDED: (PLEASE SIGN, DATE AND RETURN)

- EMAP Application
- Supplement to Mortgage Application
- Certification of Assets
- CHFA EMAP Borrower Certificate
- Borrower's Certification and Authorization
- CHFA Owner-Occupancy Certification
- Customer Identification Form(s) (Complete one form for each Borrower)
- Mortgage Delinquency Questionnaire & Certification
- IRS Form 4506-T (Complete one form for each Borrower)
- Strategic Information Resources, Inc. Consent Form
- Financial Privacy Notice (For your records, DO NOT RETURN)

### DOCUMENT CHECKLIST: (Documents below must accompany application) \*\*COPIES ONLY\*\*

- Hardship Letter:** Provide a detailed hardship letter and documentation to support the stated hardship. The letter must include the circumstances of your financial hardship including the specific month and year of occurrence(s).
- Delinquency Notice:** Foreclosure letter from your current mortgage company indicating their Intent to Foreclose.
- Provide a written statement (email or letter) from your current mortgage company indicating you were unable to resolve the current mortgage delinquency with your mortgage company (i.e. denied a loan modification).
- Mortgage Promissory Note:** Copy needed for every mortgage on your property.  
(Obtained from your closing documents)
- Mortgage Statement:** Current copy needed for every mortgage on your property.  
\* Condo Owners – please provide evidence of Homeowners Association dues/monthly condo fees
- Homeowners Insurance Policy:** Copy of the Declarations Page.
- Federal Income Tax Returns, W-2's and 1099's:** Complete copies of every year from the prior date of your stated hardship, must be signed and include supporting W-2's/1099's.
- Income Documentation:** 1 month of recent paystubs (must cover full 30 days), Social Security, Disability, Unemployment and/or Pension Benefit Letters, Rental Agreements. \*Self employed Borrowers, please provide a Year to Date Profit and Loss Statement from your Accountant\*
- Electric & Heat (Oil or Gas) Statements:** Prior 12 month history for each or copy of budget plan.
- Asset Documentation:** Provide the most recent 3 months statements for checking, savings, 401K, CD's and/or Annuities.
- Full Income and Asset Documentation are required from all household members over the age of 18. Full time students over the age of 18 must provide verification of school enrollment.

# Hardship Letter

**To: CHFA EMAP DEPARTMENT**

**Date Financial Hardship began:** \_\_\_\_\_.

We are requesting a review of our current financial situation to determine whether we qualify for mortgage assistance under the Emergency Mortgage Assistance Program (EMAP).

***“Financial hardship due to circumstances beyond the homeowners’ control” means a significant reduction of aggregate family household income or increase in expenses, which reasonably cannot be or could not have been alleviated by the liquidation of assets by the homeowners, as determined by CHFA, which includes but is not limited to the following:***

We are having difficulty making our monthly payment(s) because of reasons detailed below:  
*(Check **all** that apply and provide an explanation in the space provided.)*

Type of Hardship	Explain in a few sentences....
<input type="checkbox"/> Unemployment or underemployment of one or more of the homeowners.	
<input type="checkbox"/> A loss, reduction or delay in receipt of such federal, state or municipal benefits as Social Security, supplemental security income, public assistance and government pensions.	
<input type="checkbox"/> A loss, reduction or delay in receipt of such private benefits as pension, disability, annuity or retirement benefits.	
<input type="checkbox"/> Divorce or a loss of support payments.	
<input type="checkbox"/> Disability, illness, or death of a homeowner.	

<input type="checkbox"/> A significant increase in the dollar amount of the periodic payments required by the mortgage.	
<input type="checkbox"/> An unanticipated rise in housing expenses.	
<input type="checkbox"/> Expenses related to the disability, illness or death of a member of the homeowner's family.	
<input type="checkbox"/> Other: (specify) _____	

**Additional Explanation:**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

*We have attached supporting documentation as needed to demonstrate our financial hardship.*

1<sup>st</sup> Homeowner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2<sup>nd</sup> Co-Homeowner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

APPLICATION FOR EMERGENCY MORTGAGE ASSISTANCE PROGRAM CONNECTICUT HOUSING FINANCE AUTHORITY				EMAP #	
The Connecticut Housing Finance Authority (CHFA) will use the information on this form to determine if you are eligible for assistance under the Emergency Mortgage Assistance Program pursuant to PA 08-176 of the Connecticut General Statutes. This effort is designed to help you avoid foreclosure on your mortgage. CHFA may use your social security number or request a credit report on you. This, and other financial information, will assist CHFA in determining your eligibility for this program.					
I. BORROWER INFORMATION					
Borrower			Co-Borrower		
Borrower's Name (include Jr. or Sr, if applicable)			Co-Borrower's Name (include Jr. or Sr, if applicable)		
Home Phone			Home Phone		
Social Security Number			Social Security Number		
DOB (mm/dd/yyyy)			DOB (mm/dd/yyyy)		
<input type="checkbox"/> Married <input type="checkbox"/> Unmarried (include single, divorced, widowed) <input type="checkbox"/> Separated		# of Dependents no.      ages:	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried (include single, divorced, <input type="checkbox"/> Separated		# of Dependents (not listed by Borrower) no.      ages:
Property Address (Street, City, State, Zip)      No. of years owned _____				TYPE OF PROPERTY: Single Family: _____ Multi-Family: _____ # Units: _____ Condo: _____ Other: _____	
Mailing Address, if different from Property Address					
II. CURRENT MORTGAGE INFORMATION - PROVIDE MOST RECENT STATEMENT FOR EACH					
Lender Name & Address:		Circle:	Monthly Payment:		
Phone #: _____ Acct #: _____		Fixed Rate or Adjustable Rate	Payment includes Escrows: <input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Taxes <input type="checkbox"/> Homeowner's Ins <input type="checkbox"/> Flood Ins <input type="checkbox"/> PMI		
Lender Name & Address:		Circle:	Monthly Payment:		
Phone #: _____ Acct #: _____		Fixed Rate or Adjustable Rate	Payment includes Escrows: <input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Taxes <input type="checkbox"/> Homeowner's Ins <input type="checkbox"/> Flood Ins <input type="checkbox"/> PMI		
Lender Name & Address:		Circle:	Monthly Payment:		
Phone #: _____ Acct #: _____		Fixed Rate or Adjustable Rate	Payment includes Escrows: <input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Taxes <input type="checkbox"/> Homeowner's Ins <input type="checkbox"/> Flood Ins <input type="checkbox"/> PMI		
III. TYPE OF FINANCIAL HARDSHIP (Check all that apply)					
<input type="checkbox"/> Loss of Income. <input type="checkbox"/> Reduction of Income. <input type="checkbox"/> Loss, reduction or delay in Government or Private Benefits.					
<input type="checkbox"/> Divorce or Loss of Support Payments. <input type="checkbox"/> Disability, Illness or Death of Co-Mortgagor.					
<input type="checkbox"/> Expenses related to disability, illness, death of a member of the mortgagor's family.					
<input type="checkbox"/> Uninsured Damage to the property which affects livability and necessitates costly repairs.					
<input type="checkbox"/> A significant increase in the dollar amount of the periodic payments required by the mortgage.					
2. Have you previously received an Emergency Mortgage Assistance Loan?    Yes    No					
IV. CURRENT EMPLOYMENT INFORMATION					
Borrower			Co-Borrower		
Self Employed?    Yes    No			Self Employed?    Yes    No		
Name & Address of Employer			Name & Address of Employer		
Dates of Hire - from and to:		Monthly Income \$	Dates of Hire - from and to:		Monthly Income \$
Position/Title/Type of Business		Business Phone (incl. area code)	Position/Title/Type of Business		Business Phone (incl. area code)
V. CURRENT ADDITIONAL EMPLOYMENT INFORMATION					
Name & Address of Employer			Name & Address of Employer		
Dates of Hire - from and to:		Monthly Income \$	Dates of Hire - from and to:		Monthly Income \$
Position/Title/Type of Business		Business Phone (incl. area code)	Position/Title/Type of Business		Business Phone (incl. area code)

VI. PREVIOUS EMPLOYMENT INFORMATION					
Name & Address of Employer			Name & Address of Employer		
Dates of Hire - from and to:		Monthly Income \$	Dates of Hire - from and to:		Monthly Income \$
V. INCOME EXPENSES FOR HOUSEHOLD					
Current Income must include the income of all persons residing in the household including gainfully employed minors.					
Please Provide Number of People in Household _____					
Monthly Household Income		Monthly Household Expenses/Debt		Household Assets	
Monthly Gross Wages	\$	First Mortgage Payment	\$	Checking Account(s)	\$
Overtime	\$	Second Mortgage Payment	\$	Checking Account(s)	\$
Child Support/Alimony/Separation*	\$	Insurance	\$	Savings/Money Market	\$
Social Security/SSDI	\$	Property Taxes	\$	CDs	\$
Other monthly income from pensions, annuities or retirement plans	\$	Credit Cards/Installment Loan(s) (total minimum payment per month)	\$	Stocks/Bonds	\$
Tips, commissions, bonus and self-employed income	\$	Alimony, child support payments	\$	Other Real Estate (estimated value)	\$
Rents Received	\$	Net Rental Expenses	\$	401K	\$
Unemployment Income	\$	HOA/Condo Fees/Property Maintenance	\$	Other Retirement	\$
Food Stamps/Welfare	\$	Car Payments	\$	Other	\$
Other (investment income, royalties, interest, dividends etc.)	\$	Other	\$	Description	
<b>Total (Gross Income)</b> \$		<b>Total Debt/Expenses</b> \$		<b>Total Assets</b>	\$
Real Estate Taxes			\$	Annually	\$ Per Month
Condo Home Owner's Association Fee (if applicable)			\$		\$ Per Month
Homeowner's Insurance Company:					
Address:			Policy #	Annual Premium \$	
Utility Information	Participation in EMAP requires the homeowner to be enrolled in a monthly budget payment plan with utility companies.				
	If not currently enrolled in a monthly budget payment plan, is homeowner willing to do so? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Electric Company:					
Phone #:			Account #	avg payment per mo. \$	
Oil/Gas Company:					
Phone #:			Account #	avg payment per mo. \$	
IX. INFORMATION FOR GOVERNMENT MONITORING PURPOSES					
The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so.					
The law provides that a lender may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not wish to furnish ethnicity, race, or sex, under Federal regulations, this lender is required to note the information on the basis of visual observation and surname if you have made this application in person. If you do not wish to furnish the information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the particular type of loan applied for.)					
BORROWER <input type="checkbox"/> I do not wish to furnish this information.			CO-BORROWER <input type="checkbox"/> I do not wish to furnish this information.		
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino			Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		
Race: American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/>			Race: American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/>		
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male			Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male		
X. AGREEMENT					
The undersigned acknowledges that any assistance granted pursuant to this application will be secured by a mortgage on the property described herein, and represents that the property will not be used for any illegal or restricted purpose, and that all statements made in this application are true and are made for the purpose of obtaining a loan. Verification may be obtained from any source named in this application. The original or a copy of this application will be retained by the lender, even if the loan is not granted. In addition, the undersigned hereby consents to the acquisition of all pertinent data necessary by the Connecticut Housing Finance Authority in order to evaluate eligibility, including, but not limited to, personal income tax returns both State and Federal.					
BORROWER SIGNATURE:			CO-BORROWER SIGNATURE:		
Date			Date		
DATE APPLICATION RECEIVED BY CHFA: _____				For Completion by CHFA This application was received: <input type="checkbox"/> Hand delivered <input type="checkbox"/> Mail <input type="checkbox"/> Telephone	

# Emergency Mortgage Assistance Program

## SUPPLEMENT TO MORTGAGE APPLICATION

---

**IMPORTANT:**  
**READ THESE DIRECTIONS AND CHECK THE APPROPRIATE BOX  
BEFORE COMPLETING THE ATTACHED APPLICATION.**

If you are applying for **individual credit** in your own name and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete all applicable borrower sections.

If this is an application for **joint credit** with another person; complete all sections, providing information about the borrower and the joint co-borrower.

We intend to apply for Joint Credit: \_\_\_\_\_ (Initials)  
Borrower Co-Borrower

If you are applying for individual credit, but **relying on income** from alimony, child support or separate maintenance or on the income **or assets of another person** as the basis for repayment of the credit requested, complete all applicable sections to the extent possible, providing information about the person on whose alimony, support, or maintenance payments or income or assets you are relying.

\_\_\_\_\_  
*Borrower's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Co-Borrower's Signature*

\_\_\_\_\_  
*Date*

# Emergency Mortgage Assistance Program

## CERTIFICATION OF ASSETS

---

**A. Borrower(s) Information**

Borrower Name: \_\_\_\_\_

Co-Borrower Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

**B. Summary of Assets for all household members age 18+ (no fulltime students)**

<u>Name(s) on Account</u>	<u>Bank Name/Depository</u>	<u>Account #</u>	<u>Balance</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**C. Borrower(s) Acknowledgement and Certification**

The undersigned acknowledges that the asset information contained in Section B. (Summary of Assets) is true and complete. False statements made herein are punishable under the Penalty for False Statement set out in Connecticut General Statutes Section 53A-157b.

\_\_\_\_\_  
*Borrower*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Co-Borrower*

\_\_\_\_\_  
*Date*



# Emergency Mortgage Assistance Program

## BORROWER CERTIFICATE

I, (We) \_\_\_\_\_ and \_\_\_\_\_  
(Type or print name) (Type or print name)

hereinafter "Borrower", (a term used throughout this certificate in the plural but construed to be singular if there is only one borrower), as an essential part of the closing of a mortgage loan pursuant to the Emergency Mortgage Assistance Program (EMAP) of the Connecticut Housing Finance Authority (the "Authority") to finance a mortgage on an eligible property (the "residence/subject property") and with knowledge that the Authority will rely on the statements contained herein, do hereby certify:

1. I (We) reside at: \_\_\_\_\_

\_\_\_\_\_ ,  
the residence/subject property which will be used as security for this mortgage loan.

2. The residence/subject property is a dwelling suitable for occupancy by only one family. Yes \_\_\_ No \_\_\_

[IF THE ANSWER TO PARAGRAPH 2 IS NO, COMPLETE PARAGRAPH 2b.]

2b. The residence/subject property contains separate residential units suitable for occupancy by \_\_\_\_\_ (number) families.

3. The undersigned Borrowers currently occupy the residence/subject property as their primary principal residence.

4. The undersigned Borrowers do not currently use or intend to use the residence/subject property as a vacation or second home.

5. The undersigned Borrowers do not currently use or intend to use more than fifteen (15%) percent of the total area of the residence/subject property in a trade or business.

6. The undersigned Borrowers do not currently use or intend to use the residence/subject property as an investment property.

7. The undersigned Borrowers do not intend to deduct any portion of the costs of the residence/subject property as a business or investment expense for Federal Income Tax purposes, except as permitted in the case of certain business expenses referred to in paragraph 5 above or except for costs associated with the non-owner occupied units in the case of a two-to-four family residence.

8. No portion of the residence/subject property was specifically designed for commercial use.

9a. The land on which the residence/subject property is located will not provide a source of income to the Borrowers, other than incidentally.

9b. The undersigned Borrowers do not currently farm the land being financed, or intend to do so; nor do the undersigned Borrowers intend to subdivide the land or to apply for a zoning variance regarding minimum lot size or set back requirements.

9c. The size of the lot allows one, and only one, building lot, and the land cannot be subdivided.

10. The undersigned Borrowers have delivered copies of their most recent Federal Income Tax returns including any amendments to these returns and have executed either IRS form 4506(T) or 8821 Request for Copy or Transcript or Tax Authorization form. To the best of the Borrowers' knowledge, the tax return(s) are complete and accurate.

[INITIAL ONLY THE APPLICABLE PARAGRAPH 11a or 11b AND STRIKE OUT THE OTHER PARAGRAPH.]

**NOTE:** A present ownership interest includes ordinary full ownership (fee simple), joint tenancy, tenancy in common or tenancy by the entirety, an interest held in trust for the Borrower that would constitute a present ownership interest if held directly by the Borrower. A present ownership interest does not include a remainder interest, an ordinary lease with or without a purchase option or an expectancy to inherit.

11a. The undersigned Borrower does not have a present ownership interest in any other real estate other than the residence/subject property indicated above.

\_\_\_\_\_  
(initial)

11b. The undersigned Borrower currently has an ownership interest in real estate other than their principal residence/subject property indicated above.

\_\_\_\_\_  
(initial)

12. The undersigned Borrowers understand that any transfer of possession or title of the residence/subject property may cause the entire balance of the loan to be declared due and payable. The Borrowers understand and agree that the mortgage is not assumable.

13. The undersigned Borrowers agree to notify the Authority in advance of any contemplated sale, rental or other transfer affecting the property.

14. The undersigned Borrowers further agree to notify the Authority immediately in the event they should vacate the property and to keep the Authority informed of their current mailing address.

15. The undersigned Borrowers further agree to notify the Authority of any change in their financial status and to cooperate fully with an annual recertification process required for continued participation in the Emergency Mortgage Assistance Program.

16. The undersigned Borrowers are not now entertaining proposals for the sale of the residence/subject property to a third party.

17. The following are all the members of the undersigned Borrowers' household who currently occupy the residence/subject property. (please include the names of borrowers):

<u>Name</u>	<u>Relationship</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Listed above are all members of the undersigned borrowers' present household unit and any person engaged to be married to the borrower.

18. The household income of the undersigned Borrowers does not exceed the applicable income limit unless the residence/subject property is located in a CHFA designated targeted area.

19. The undersigned Borrowers understand that, if approved, they will be required to complete the eMoney Financial Fitness counseling education class. This course must be completed prior to the EMAP closing. In addition, Borrowers who become delinquent must attend loss mitigation counseling with an approved CHFA counseling agency.

21. All of the information provided in this Borrower Certificate is true and complete to the best of the undersigned Borrowers' knowledge. The undersigned Borrowers understand that if the Borrowers knowingly make any false statement of any material fact or submit fraudulent evidence in connection with this Borrower Certificate, the loan is subject to becoming immediately due and payable.

22. All of the information, including any and all materials and documents provided in connection with this mortgage loan application, is true and complete to the best of the Borrowers' knowledge.

23. False statements made herein are punishable under the Penalty for False Statement set out in Connecticut General Statutes Section 53A-157b.

Date: \_\_\_\_\_  
Borrower Signature

Date: \_\_\_\_\_  
Borrower Signature

# Emergency Mortgage Assistance Program

## BORROWER'S CERTIFICATION AND AUTHORIZATION

### Certification

The undersigned certify the following:

1. I/We have applied for a mortgage loan from Connecticut Housing Finance Authority. In applying for the loan, I/We completed a loan application containing various information on the purpose of the loan, employment and income information, and assets and liabilities. I/We certify that all of the information is true and complete. I/We made no misrepresentations in the loan application or other documents; nor did I/We omit any pertinent information.
2. I/We understand and agree that the Lender or Broker reserves the right to change the mortgage loan review process. This may include verifying the information provided on the application with the employer and/or the financial institution.
3. I/We fully understand that it is a Federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements when applying for this mortgage, as applicable under the provisions of Title 18, United States Code, and Section 1001, et seq.

### Authorization to Release Information

To Whom It May Concern:

1. I/We have applied for a mortgage loan from Connecticut Housing Finance Authority. As part of the application process, the Lender or Broker and the mortgage guaranty insurer (if any), may verify information contained in my/our loan application and in other documents required in connection with the loan, either before the loan is closed or as part of its quality control program.
2. I/We authorize you to provide to the Lender or Broker, and to any investor to whom the Lender or Broker may sell my mortgage, and to the mortgage guaranty insurer (if any), any and all information and documentation that they request. Such information includes, but is not limited to, employment history and income; bank, money market, and similar account balance; credit history; and copies of income tax returns.
3. The Lender or Broker or any investor that purchases the mortgage, or the mortgage guaranty insurer (if any), may address this authorization to any party named in the loan application.
4. A copy of this authorization may be accepted as an original.

**Privacy Act Notice:** This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective borrower under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA); by 12 USC, Section 1701 et seq. (if HUD/FHA).

Borrower Signature	Date	Social Security Number
Borrower Signature	Date	Social Security Number
Borrower Signature	Date	Social Security Number
Borrower Signature	Date	Social Security Number
Borrower Signature	Date	Social Security Number
Borrower Signature	Date	Social Security Number

Borrower Name(s): \_\_\_\_\_

Property Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Mortgage Lender: \_\_\_\_\_

Lender Loan #: \_\_\_\_\_

# Emergency Mortgage Assistance Program

## OWNER-OCCUPANCY CERTIFICATION

---

Borrower: \_\_\_\_\_

Co-Borrower: \_\_\_\_\_

Property: \_\_\_\_\_  
Street Address

\_\_\_\_\_

Town/City

State

Zip Code

By signing below, the borrower(s) certify and agree that the above indicated property is the permanent primary residence of the borrower(s) and will remain as such throughout the term of the EMAP mortgage loan.

\_\_\_\_\_  
Borrower Signature Date

\_\_\_\_\_  
Co-Borrower Signature Date

# Emergency Mortgage Assistance Program

## CUSTOMER IDENTIFICATION PROGRAM

(Separate form to be completed for all individuals associated with loan)

Customer Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Tax Identification Number: \_\_\_\_\_

Physical Address: (if different than application form) \_\_\_\_\_

\_\_\_\_\_

### Form of Identification: (ID Type)

Connecticut Driver's License

~ OR ~

- Out of State Driver's License with Photo
- US Passport or Alien Registration Card
- Connecticut Issued Photo ID

### Together with one of the following:

- Government Issued Photo ID
- College Photo ID
- Employer ID Card
- Major Credit Card
- Electric or Telephone Bill

ID Number \_\_\_\_\_

ID Issue Date \_\_\_\_\_

ID Expiration Date \_\_\_\_\_

Issuing State \_\_\_\_\_

Issuing Country USA or \_\_\_\_\_

Verified by: \_\_\_\_\_

Date: \_\_\_\_\_

# Emergency Mortgage Assistance Program

## CUSTOMER IDENTIFICATION PROGRAM

(Separate form to be completed for all individuals associated with loan)

Customer Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Tax Identification Number: \_\_\_\_\_

Physical Address: (if different than application form) \_\_\_\_\_

\_\_\_\_\_

### Form of Identification: (ID Type)

Connecticut Driver's License

~ OR ~

- Out of State Driver's License with Photo
- US Passport or Alien Registration Card
- Connecticut Issued Photo ID

### Together with one of the following:

- Government Issued Photo ID
- College Photo ID
- Employer ID Card
- Major Credit Card
- Electric or Telephone Bill

ID Number \_\_\_\_\_

ID Issue Date \_\_\_\_\_

ID Expiration Date \_\_\_\_\_

Issuing State \_\_\_\_\_

Issuing Country USA or \_\_\_\_\_

Verified by: \_\_\_\_\_

Date: \_\_\_\_\_

# Emergency Mortgage Assistance Program

## MORTGAGE DELINQUENCY Questionnaire & Certification

**Borrower(s):** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

Y/N

1. Have you received a Civil Summons of Foreclosure from the Superior Court? \* \_\_\_\_\_  
 \*In the event a homeowner has received a Civil Summons of Foreclosure, participation in the Judicial Mediation program is a requirement for EMAP eligibility.
2. Are you currently participating in Judicial Mediation? \_\_\_\_\_
- 2a. If yes, provide name of Judicial Mediator: \_\_\_\_\_
3. Have you received a Delinquency Notice of Intent to foreclose from your lender? \_\_\_\_\_
4. Are you 60 days or more behind on the mortgage? \_\_\_\_\_
5. Are you more than 30 days but less than 60 days delinquent on your mortgage? \_\_\_\_\_
6. Are you current on your mortgage but anticipating becoming delinquent? \_\_\_\_\_
- 6a. If yes, briefly explain why. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Are you working with a Counseling Agency? \_\_\_\_\_
8. If yes, what agency are you working with \_\_\_\_\_
9. Have you contacted your Mortgage Lender in an effort to resolve the mortgage delinquency? \_\_\_\_\_
- 9a. If yes, what were the results or outcome of your efforts? (Please provide details below)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

All of the information provided herewith, including any and all materials and documents provided in connection with this EMAP loan application, is true and complete to the best of the Borrowers' knowledge.

False statements made herein are punishable under the Penalty for False Statement set out in Connecticut General Statutes Section 53a-157b.

\_\_\_\_\_  
Borrower's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co- Borrower's signature

\_\_\_\_\_  
Date

**Request for Transcript of Tax Return**

OMB No. 1545-1872

- ▶ 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-T, visit [www.irs.gov/form4506t](http://www.irs.gov/form4506t).

**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](http://IRS.gov) and click on "Get a Tax Transcript..." 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.

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

**Note:** Effective July 2019, the IRS will mail tax transcript requests only to your address of record. See **What's New** under **Future Developments** on Page 2 for additional information.

**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 1120-A, Form 1120-H, Form 1120-L, 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 2016, filed in 2017, will likely not be available from the IRS until 2018. 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, 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-T 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 attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T.** See instructions.

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

**Sign Here**



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](http://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.

**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](http://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](http://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 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  855-587-9604
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  855-800-8105
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 S-2 Kansas City, MO 64999  855-821-0094

**Chart for all other transcripts**

If you lived in or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin, 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
Maine, Massachusetts, New Hampshire, New York, Pennsylvania, Vermont	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999  855-821-0094

**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 5b.** 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 "999999999" 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.



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.

**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.

**Request for Transcript of Tax Return**

OMB No. 1545-1872

- ▶ 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-T, visit [www.irs.gov/form4506t](http://www.irs.gov/form4506t).

**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](http://IRS.gov) and click on "Get a Tax Transcript..." 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.

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

**Note:** Effective July 2019, the IRS will mail tax transcript requests only to your address of record. See **What's New** under **Future Developments** on Page 2 for additional information.

**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 1120-A, Form 1120-H, Form 1120-L, 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 2016, filed in 2017, will likely not be available from the IRS until 2018. 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, 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-T 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 attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T.** See instructions.

Signature (see instructions)	Date
Title (if line 1a above is a corporation, partnership, estate, or trust)	
Spouse's signature	Date

**Sign Here**

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](http://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.

**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](http://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](http://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 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  855-587-9604
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  855-800-8105
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 S-2 Kansas City, MO 64999  855-821-0094

**Chart for all other transcripts**

If you lived in or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin, 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
Maine, Massachusetts, New Hampshire, New York, Pennsylvania, Vermont	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999  855-821-0094

**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 5b.** 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 "999999999" 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.

 **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.**

**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.

# DATA FACTS, INC.

## Consent Form

We hereby give our consent to have the Connecticut Housing Finance Authority (CHFA) and Data Facts, Inc., their credit reporting agency, to obtain any and all information regarding credit obligations and any credit related matters required in connection with our mortgage application.

This form may be reproduced and that copy shall be as effective as the original consent form which we have signed.

\_\_\_\_\_  
Borrower's signature

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
Co-Borrower's signature

\_\_\_\_\_  
*Date*

# Emergency Mortgage Assistance Program

## FINANCIAL PRIVACY NOTICE

---

This Notice provides you with a summary of the financial privacy policies and practices of the Connecticut Housing Finance Authority (CHFA).

### **I. Information CHFA collects:**

CHFA collects nonpublic personal information about you from the following sources:

- Information received on an application or other forms;
- Information about your transactions with us or others; and
- Information we receive from a consumer reporting agency.

### **II. Information CHFA discloses:**

CHFA does not disclose any nonpublic personal information about you to anyone, except as permitted by law. If your loan with CHFA is paid off or otherwise becomes inactive, CHFA will continue to adhere to the privacy policies and practices as described in this notice.

### **III. Policies and Practices with respect to protecting information:**

CHFA restricts access to your personal and account information to those employees who need to know that information to provide products or services to you. CHFA maintains physical, electronic, and procedural safeguards that comply with federal standards to guard your nonpublic personal information.

# **Emergency Mortgage Assistance Program**

## **EMAP RETURN ADDRESS**

---

*Please use the following address when returning your completed EMAP Application package and documentation.*

---

**Connecticut Housing Finance Authority (CHFA)**  
**Attention: EMAP Department**  
**999 West Street**  
**Rocky Hill, CT 06067-4005**

---

## FORECLOSURE PREVENTION COUNSELING AGENCIES

(CHFA APPROVED LISTING)

### AGENCY CONTACT INFORMATION

<b>Bridgeport Neighborhood Trust, Inc.</b>	<b>(203) 290-4248</b>
570 State Street	
Bridgeport, CT 06604	
Program Mgr. -Doris Latorre <a href="mailto:doris@bntweb.org">doris@bntweb.org</a>	
Executive Director – Elizabeth Torres <a href="mailto:elizabeth@bntweb.org">elizabeth@bntweb.org</a>	

<b>Capital for Change</b>	<b>(203) 624-7406</b>
171 Orange Street	
New Haven, CT 06510	
Program Mgr. - Earl Randall- <a href="mailto:earl@gnhclf.org">earl@gnhclf.org</a>	
Executive Director – Carla Weil- <a href="mailto:carla@gnfclf.org">carla@gnfclf.org</a>	

<b>Neighborhood Housing Services of New Britain, Inc.</b>	<b>(860) 224-2433</b>
223 Broad Street	
New Britain, CT 06053	
Program Mgr. – Rosa Rivera <a href="mailto:rrivera@nhsnb.org">rrivera@nhsnb.org</a>	
Executive Director – John Kukulka <a href="mailto:jkukulka@nhsnb.org">jkukulka@nhsnb.org</a>	

<b>New Haven HomeOwnership Center, Inc.</b>	<b>(203) 777-6925</b>
333 Sherman Avenue	
New Haven, CT 06511	
Program Mgr. - Bridgette Russell <a href="mailto:brussell@nhsofnewhaven.org">brussell@nhsofnewhaven.org</a>	
Executive Director – James Paley <a href="mailto:jpaley@nhsofnewhaven.org">jpaley@nhsofnewhaven.org</a>	

<b>Neighborhood Housing Services of Waterbury, Inc.</b>	<b>(203) 753-1896</b>
161 North Main Street	
Waterbury, CT 06702	
Supervisor Housing Counselor-Maria Rivera <a href="mailto:mrivera@nhswaterbury.org">mrivera@nhswaterbury.org</a>	
Executive Director – Kevin Taylor <a href="mailto:ktaylor@nhswaterbury.org">ktaylor@nhswaterbury.org</a>	

<b>Urban League of Southern Connecticut, Inc.</b>	<b>(203) 327-5810</b>
137 Henry St	
Stamford, CT 06902	
Program Mgr.-Kevin Wingo <a href="mailto:kwingoulsc@gmail.com">kwingoulsc@gmail.com</a>	
Executive Director – Valarie Shultz-Wilson <a href="mailto:vswilson@ulsc.org">vswilson@ulsc.org</a>	

# 2019 FORECLOSURE PREVENTION CLINICS

**Know Your Legal Rights in the Foreclosure Process**

**WHO CAN ATTEND:** The clinics are open to any homeowner facing foreclosure. The clinics are **FREE** and no pre-registration is required.

**WHAT:** The clinics will offer homeowners information about the judicial foreclosure and mediation process along with guidance on preparing for court from the Connecticut Fair Housing Center, and guidance on the resources for homeowners facing foreclosure from state agencies. Following presentations, homeowners may meet one-on-one with volunteer attorneys to discuss their situation.



## **WHERE:**

**Hartford:** Connecticut Fair Housing Center, 60 Popieluszko Court

**Norwalk:** City Hall, 125 East Avenue, Room 231

**Bridgeport:** Morton Government Center, 999 Broad Street, 2<sup>nd</sup> Floor OPED Conference Room

Plenty of parking is available at each location.

For more information, please visit [www.ctfairhousing.org](http://www.ctfairhousing.org) or call (860) 263-0731.

<b>Date</b>	<b>Time</b>	<b>City</b>
Wednesday, January 16	6:00 p.m. - 8:00 p.m.	Norwalk
Tuesday, February 19	5:30 p.m. - 7:30 p.m.	Hartford
Wednesday, April 17	6:00 p.m. - 8:00 p.m.	Bridgeport
Tuesday, May 21	5:30 p.m. - 7:30 p.m.	Hartford
Wednesday, July 17	6:00 p.m. - 8:00 p.m.	Norwalk
Tuesday, August 20	5:30 p.m. - 7:30 p.m.	Hartford
Wednesday, October 16	6:00 p.m. - 8:00 p.m.	Bridgeport
Tuesday, November 19	5:30 p.m. - 7:30 p.m.	Hartford



The clinics in Fairfield County are jointly sponsored by the Connecticut Fair Housing Center and the Cities of Bridgeport and Norwalk with the assistance of Homes Saved by Faith. The clinics in Hartford are sponsored by the Connecticut Fair Housing Center.



# MIDDLETOWN FORECLOSURE PREVENTION ADVICE TABLE

Know Your Legal Rights in the Foreclosure Process

**WHO CAN ATTEND:** The advice table is open to any homeowner facing or at risk of foreclosure, who is not currently represented by an attorney. No pre-registration is required. The attorney will meet with homeowners on a first-come, first-serve basis. There is no charge for the session.



**WHAT:** An attorney from the Connecticut Fair Housing Center will offer homeowners one-on-one advice regarding the judicial foreclosure and mediation process, and on preparing for court. Information on state and federal foreclosure resources will also be available.

**WHEN:** Date: 1<sup>st</sup> Thursday of Every Month (starting 9/1/16)  
Time: 12 p.m. to 1 p.m., and 4:15 p.m. to 5:15 p.m.

**WHERE:** **Russell Library**  
**123 Broad Street**  
**Middletown, CT 06457**  
*Plenty of parking is available.*



For more information about the Middletown Advice Table, please visit [www.ctfairhousing.org](http://www.ctfairhousing.org) or call (860) 263-0731.

*Please note the schedule is subject to change due to availability of attorneys, holidays, and inclement weather. To confirm program schedule, please call 860-263-0731. We reserve the right to decline to advise homeowners for any reason.*

MORTGAGE CRISIS  
**JOB TRAINING**  
PROGRAM

## There is an Answer to Your Personal Mortgage Crisis

**Improve Your Earnings  
with No-Cost Job Training  
and Career Services**



If loss of work, insufficient income, overwhelming medical bills, or other financial challenges are putting you at risk of losing your home, there are services available for household members in jeopardy of foreclosure.

### Earning More Could Be The Solution

The Mortgage Crisis Job Training Program is a unique solution offering eligible homeowners an opportunity to increase their earnings and become more financially stable.

#### This no-cost program offers:

- Identification of skills gaps and transferable talents
- Job training scholarships including programs that lead to certification or licensure
- Personal finance counseling
- Employment search assistance
- Referrals to other services

#### If you are:

- Past due on mortgage payments for your primary residence in Connecticut
- Have household income less than \$120,000

**APPLY TODAY!**

Visit: [www.workplace.org/apply](http://www.workplace.org/apply)

OR call 1-866-683-1682

**The WorkPlace**  
»» Think it forward.



Email: [info2@workplace.org](mailto:info2@workplace.org)

Follow The WorkPlace: [f](#) [t](#)

The Mortgage Crisis Job Training Program is a WorkPlace Opportunity in partnership with the Connecticut Housing Finance Authority (CHFA), Capital Workforce Partners, and Connecticut's workforce system. It is an equal opportunity program and auxiliary aids and services are available upon request to individuals with disabilities.

# The Volunteer Attorney Program

This program is provided by the Connecticut Judicial Branch to help homeowners and tenants with their legal questions regarding foreclosure.

**Choose a day and location convenient to you.**

---

**When:** Every TUESDAY

**Time:** 9:00a.m. – 11:00 a.m.

**Where:** Hartford Superior Court - *95 Washington Street Room 103 (1<sup>st</sup> Fl)*

---

**When:** Every WEDNESDAY

**Time:** 9:00 a.m. – 11:00 a.m.

**Where:**

- **New Britain Superior Court** - *20 Franklin Square, Rm 406 (4<sup>th</sup> Fl)*
- **Bridgeport Superior Court** - *1061 Main Street Room 208 (2<sup>nd</sup> Fl)*
- **New Haven Superior Court** - *235 Church Street Room 7B (7<sup>th</sup> Fl)*
- **New London Superior Court** - *70 Huntington Street RoomE-309 (3<sup>rd</sup> Fl)*
- **Stamford Superior Court** - *123 Hoyt Street Rooms 704 & 705 (7<sup>th</sup> Fl)*
- **Waterbury Superior Court** - *300 Grand Street Rooms 9.05 & 9.06 (2<sup>nd</sup> Fl)*

---

Connecticut Fair Housing Center ([www.ctfairhousing.org](http://www.ctfairhousing.org)) 860-263-0731

**When:** 1<sup>st</sup> Thursday of Every Month (starting 9/1/16)

**Time:** 12:00 p.m. to 1 p.m., and 4:15 p.m. to 5:15 p.m.

**Where:** Russell Library - 123 Broad Street, Middletown, CT 06457

*Help will be given on a first come, first served basis.*

## EMERGENCY MORTGAGE ASSISTANCE PROGRAM (EMAP)

Median Income 2019					
County	Town	EMAP - Max Monthly Payment	County	Town	EMAP - Max Monthly Payment
Fairfield	Bethel	\$3,701.13	Litchfield	All Towns	\$3,296.07
	Bridgeport	\$3,351.60	Middlesex	Clinton	\$3,622.73
	Brookfield	\$3,701.13		Deep River	\$3,622.73
	Danbury	\$3,701.13		Essex	\$3,622.73
	Darien	\$4,713.80		Killingworth	\$3,622.73
	Easton	\$3,351.60		Old Saybrook	\$3,622.73
	Fairfield	\$3,351.60		Westbrook	\$3,622.73
	Greenwich	\$4,713.80		<b>All Other Towns</b>	\$3,198.07
	Monroe	\$3,351.60	New Haven	Ansonia	\$3,426.73
	New Canaan	\$4,713.80		Beacon Falls	\$3,426.73
	New Fairfield	\$3,701.13		Derby	\$3,426.73
	Newtown	\$3,701.13		Middlebury	\$2,492.47
	Norwalk	\$4,713.80		Milford	\$3,426.73
	Redding	\$3,701.13		Naugatuck	\$2,492.47
	Ridgefield	\$3,701.13		Oxford	\$3,426.73
	Sandy Hook	\$3,701.13		Prospect	\$2,492.47
	Shelton	\$3,351.60		Seymour	\$3,426.73
	Sherman	\$3,701.13		Southbury	\$2,492.47
	South Norwalk	\$4,713.80		Waterbury	\$2,492.47
	Stamford	\$4,713.80		Wolcott	\$2,492.47
	Stratford	\$3,351.60		<b>All Other Towns</b>	\$3,031.47
	Trumbull	\$3,351.60	New London	Colchester	\$3,671.73
	Weston	\$4,713.80		Lebanon	\$3,671.73
	Westport	\$4,713.80		<b>All Other Towns</b>	\$3,087.00
	Wilton	\$4,713.80	Tolland	All Towns	\$3,198.07
Hartford	All Towns	\$3,198.07	Windham	All Towns	\$2,688.47

Eff 4/24/19