

Friends of the North Country, Inc.

1387 Hardscrabble Road
Cadyville, NY 12918-1912

Phone: (518) 293-5045

Fax: (518) 293-5017

Toll Free: 1-888-355-FONC (3662)

Email: mfurnia@friendsofthenorthcountry.org

Melissa Furnia
Executive Director

Bruce Garcia
Chair

Gretchen Crowningshield
Vice Chair

Mark Kaiser
Treasurer

Stephanie Clarke
Arthur LeFerve
Peter Prescott
Meghan Weeden
Sustaining Members

Dear Client:

Please complete the attached forms and compile the necessary supporting documents listed on the enclosed document checklist, so that a Housing Counselor can assist you with your Mortgage Delinquency or Hardship Counseling.

Please call a counselor if you need any assistance completing the forms. When the forms are complete and you have all the necessary documents, please make the necessary arrangements to submit the completed application. Once the application is received it will be reviewed, and upon completion an appointment will be made with your Housing Counselor.

Please note: We do not take walk-in appointments, so if you need assistance, please call the office to make an appointment.

Sincerely,

The Housing Counseling Department

Emails should be sent to the following addresses or calls should be directed to 518.293.5045 extensions as follows:

Christina Piercy, Housing Counselor, ext. 125
cpiercy@friendsofthenorthcountry.org

Bethany Roberts, Intake Specialist, ext. 135 or
broberts@friendsofthenorthcountry.org

Elizabeth Jent, Housing Counselor, ext. 126 or
ejent@friendsofthenorthcountry.org

- To assist with the provision of safe, decent, affordable housing.
- To undertake economic development, which supports community wide revitalization.
- To identify, designate and restore locally significant historic structures.
- To generally act as facilitators in the process of stabilization, growth and development.

Friends of the North Country, Inc.

HUD Certified Housing Counseling Agency



MD Application Checklist Phase 1

Please read, complete, and sign the following attached forms:

- ☐ Income and Expense Form
- ☐ Application
- ☐ HOPP Consent Form
- ☐ Credit Report Authorization
- ☐ Credo Credit Report Authorization
- ☐ Privacy Policy
- ☐ Disclosure Statement
- ☐ Consumer Agency Disclosure
- ☐ Authorization to Obtain/Release/Exchange Information
- ☐ Friends' Agreement (NFMCI)
- ☐ The Role of Your Housing Counselor
- ☐ Employment Status Certification Form
- ☐ Hardship Letter/Statement
- ☐ Release (Notarized)
- ☐ 4506-t

Please Collect **and copy** the following supporting documentation:

- ☐ Most Recent Mortgage Statement
- ☐ Land and School Tax receipt (if not escrowed)
- ☐ Most recent utility bill (all pages)
- ☐ Copy of most recent property insurance binder (if not escrowed)
- ☐ 2 years of Federal Tax returns with W-2's, and all attachments (**Signed**)
- ☐ 2 Months of most recent paystubs for all household members
- ☐ Copies of Award Letters of Statements for all other forms of income (**all household members**)
- ☐ Copies of Public Assistance/Food stamps/ HEAP award statements
- ☐ Copies of Child support/Spouse Maintenance/Foster Child Payments
- ☐ Copies of any household income not listed
- ☐ Copies of any Divorce/Legal Separation/Child Support signed legal documentation (if applicable)
- ☐ 2 Most recent months of all household bank statements (**all pages**-cannot be online printed)
- ☐ Most recent financial statements for your business
- ☐ Any Assets generating household income

FONC Foreclosure Prevention Counseling Form

PARTICIPANT (P)

First	Middle Initial	Last Name
Mailing Address		
City, State, Zip		
County	Social Security Number	
Home Phone	Work Phone	
Fax	Cell Phone	
E-Mail		

Date of Birth: _____ US Citizen: ☐ Foreign Born: ☐

☐ Single ☐ Married ☐ Legally Separated ☐ Widowed ☐ Divorced

Veteran: ☐ Disabled: ☐ Currently in School: ☐ Graduated: ☐

Degree: ☐ GED/H.S. Diploma ☐ 2-Year ☐ 4-Year ☐ Masters

CO-PARTICIPANT (C)

First	Middle Initial	Last Name
Mailing Address		
City, State, Zip		
County	Social Security Number	
Home Phone	Work Phone	
Fax	Cell Phone	
Relationship to Participant		

Date of Birth: _____ US Citizen: ☐ Foreign Born: ☐

☐ Single ☐ Married ☐ Legally Separated ☐ Widowed ☐ Divorced

Veteran: ☐ Disabled: ☐ Currently in School: ☐ Graduated: ☐

Degree: ☐ GED/H.S. Diploma ☐ 2-Year ☐ 4-Year ☐ Masters

****IMPORTANT!!!! Please read these paragraphs about signing this application****

CERTIFICATION: By signing below, I, the undersigned, hereby certify that the statements and information contained in this application are true and correct.

WARNING: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willingly makes or uses a document of jurisdiction of any Department or Agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

IN ADDITION, I, the undersigned, acknowledge that the following statement of purpose has been read and, if necessary, FRIENDS OF THE NORTH COUNTRY, Inc. has been contacted for clarification:

Housing Rehabilitation grants are for improving safety, sanitation and in some cases, code-related problems for low-income homeowners and are not intended for remodeling or cosmetic improvements. They are not a substitute for the responsibility of regular maintenance and upkeep and may not remedy every condition of the home that I may find displeasing. The rehabilitation may result in an increase in the assessed value of property and the amount of property insurance coverage required and a potential increase in property taxes. FRIENDS OF THE NORTH COUNTRY, Inc. has information available regarding household budgeting and property maintenance and upkeep so that homeowners can advance homeownership skills.

Participant Signature

Date

Co-Participant Signature

Date

How Did Your Hear About Us?

- ☐ Current client of the program
☐ Former client of the program
☐ Walk-in
☐ LASNNY

- ☐ Referred by a bank
If yes, bank name _____
☐ Referred by a realtor
If yes, realtor name _____

- ☐ HUD
☐ Newspaper
☐ News
☐ Other (please explain) _____

PARTICIPANT EMPLOYMENT

Employer Name	
Mailing Address	
City, State, Zip	
Position	Date Started
Union: <input type="checkbox"/>	Self-Employed: <input type="checkbox"/>
Gross Pay Per Paycheck	

- ☐ Weekly ☐ Every Two Weeks ☐ Bi-Monthly ☐ Monthly
☐ Bonus ☐ Commission ☐ Overtime

CO-PARTICIPANT EMPLOYMENT

Employer Name	
Mailing Address	
City, State, Zip	
Position	Date Started
Union: <input type="checkbox"/>	Self-Employed: <input type="checkbox"/>
Gross Pay Per Paycheck	

- ☐ Weekly ☐ Every Two Weeks ☐ Bi-Monthly ☐ Monthly
☐ Bonus ☐ Commission ☐ Overtime

PARTICIPANT PART-TIME/SECOND JOB

Employer Name

Mailing Address

City, State, Zip

Position

Years on Job

Date Started

Union: ☐ Self-Employed: ☐

Gross Pay Per Paycheck

☐ Weekly

☐ Every Two Weeks

☐ Bi-Monthly

☐ Monthly

☐ Bonus

☐ Commission

☐ Overtime

CO-PARTICIPANT PART-TIME/SECOND JOB

Employer Name

Mailing Address

City, State, Zip

Position

Years on Job

Date Started

Union: ☐ Self-Employed: ☐

Gross Pay Per Paycheck

☐ Weekly

☐ Every Two Weeks

☐ Bi-Monthly

☐ Monthly

☐ Bonus

☐ Commission

☐ Overtime

OTHER INCOME (“P” indicates Participant, “C” indicates Co-Participant)

Type	P/C	Monthly	Remarks		P/C	Monthly	Remarks
Alimony		\$		Public Assistance		\$	
Child Support		\$		Social Security		\$	
Disability		\$		Trust Fund		\$	
Insurance/Annuity		\$		Unemployment		\$	
Interest/Dividends		\$		VA Benefits		\$	
Pension		\$		Workers Comp.		\$	

TOTAL HOUSEHOLD SIZE: _____

LIST ADDITIONAL HOUSEHOLD MEMBERS AND DEPENDENTS (Do not include Participant and Co-Participant listed above)

	First and Last Names	Age	DOB	Relationship	Dependant	Earning Income
1					<input type="checkbox"/>	<input type="checkbox"/>
2					<input type="checkbox"/>	<input type="checkbox"/>
3					<input type="checkbox"/>	<input type="checkbox"/>
4					<input type="checkbox"/>	<input type="checkbox"/>
5					<input type="checkbox"/>	<input type="checkbox"/>

Bank Information

Bank Name: _____

Loan Number: _____

Payment: _____

Taxes/Homeowners Insurance if Escrowed: _____

If No, paid to date & Company Name: _____

Do you have any judgments or liens? Yes No If yes, please list: _____



Income and Expense Form

Income:	PER MONTH	NET
Your Employment Income (Gross)		
Your Spouses Employment Income (Gross)		
<i>The following categories should include income from all members of the household</i>		
Net Rental Income		
Bonuses		
Commissions		
Social Security and/or SSD or SSI		
Child Support		
Aid for Dependent Children		
Alimony		
Unemployment		
Other: _____		
TOTAL INCOME:		

Client Name:

Expenses:	PER MONTH
<i>Fixed Expenses:</i>	
<u>Auto:</u>	
Auto Insurance	
Auto Loan	
Auto Tags/Registration	
Auto Repairs/Maintenance	
Gasoline	
<u>Child support/Alimony</u>	
<u>Debts:</u>	
Credit card minimum payments	
Credit collections	
Bankruptcy	
Installment Loans	
Student Loans	
<u>Housing Payment:</u>	
1st Mortgage	
2nd Mortgage	
Homeowner's/Rental Insurance	
Property Taxes	
Lawn Care/snow removal	
Rent	

When entering your income and expenses make sure you enter items on a monthly basis.

Example: If you do not have a monthly fuel oil budget, take the amount you pay per year and divide it by 12 to get a monthly figure. Please call with any questions.

Your counselor will use this form to help you prepare a sustainable budget.

Complete this form accurately as the information is being used to develop counseling strategies.

Please sign this box when you complete the form.

Sign Here:

<u>Insurance:</u>			
<i>Accident and Disability</i>		<u>Household:</u>	
<i>Health Insurance</i>		<i>Alcoholic Beverages</i>	
<i>Life Insurance</i>		<i>Allowance for Children</i>	
<u>Medical:</u>		<i>Checking Account Fees</i>	
<i>Dentist</i>		<i>Barber/Beauty Shop</i>	
<i>Doctor Visit/Copay</i>		<i>Child Care</i>	
<i>Medications</i>		<i>Tobacco</i>	
<u>Miscellaneous:</u>		<i>Cleaning Supplies</i>	
<i>School fees (books, supplies, etc.)</i>		<i>Clothing</i>	
<i>Other</i>		<i>Personal Items/Toiletries</i>	
		<i>Family Pictures/Photos</i>	
<u>Utilities:</u>		<i>Laundry/Cleaning</i>	
<i>Cable TV</i>		<i>Mad Money</i>	
<i>Cell Phone</i>		<i>Repairs/Maintenance</i>	
<i>Electricity</i>		<i>Movie Rental</i>	
<i>Trash Services</i>		<i>Pest Control</i>	
<i>Heating (Natural Gas or Oil)</i>		<i>Vacations</i>	
<i>Water/Sewer</i>		<i>Other</i>	
<i>Telephone (Landline)</i>		<i>Pet Supplies/Expenses</i>	
<i>Internet</i>		<i>Public Transportation</i>	
		<i>Rental Property</i>	
<i>Discretionary Expenses:</i>		<i>Tax (not included elsewhere)</i>	
<u>Charity:</u>		TOTAL EXPENSES:	
<i>Church donations</i>		NET SURPLUS/DEFICIT:	
<i>Other gifts/donations</i>			
<u>Entertainment:</u>			
<i>Athletic events/hobbies</i>			
<i>Dining out</i>			
<i>Books/newspapers/magazines</i>			
<i>TV streaming (Netflix/Hulu etc.)</i>			
<i>Video games</i>			
<i>Other:</i>			
<u>Gifts:</u>			
<i>Birthday gifts</i>			
<i>Holiday gifts</i>			
<u>Food and groceries:</u>			
<i>Food at work</i>			
<i>Groceries</i>			
<i>Meal delivery (takeout, Hello Fresh, etc.)</i>			

HOMEOWNERSHIP PROTECTION PROGRAM (HOPP) CONSENT FOR REFERRAL AND RELEASE OF INFORMATION

I, _____, have requested assistance with my mortgage default/foreclosure from the Homeownership Protection Program (HOPP). HOPP assistance is provided by the following agencies in northeastern New York: Legal Aid Society of Northeastern New York (LASNNY), The Legal Project (TLP) and area housing counseling agencies (Better Neighborhoods, Inc., Troy Rehabilitation and Improvement Program, Albany County Rural Housing Alliance, Affordable Housing Partnership, Housing Assistance Program of Essex County, Friends of the North Country, and Home Front Development Corporation).

I hereby consent to the referral of my case among and between these agencies, as these agencies deem appropriate. I also consent to the release, sharing, and disclosure of any written or oral information concerning me and my mortgage, financial situation, or other issues related to my mortgage default/foreclosure action, from whatever source, among appropriate employees of these HOPP agencies. I also understand and consent to employees of these agencies discussing this information and my request for assistance in order to determine my household's eligibility for HOPP assistance, how I might be assisted, and to administer the HOPP. I understand that the information shared between these agencies is confidential and will not be further disclosed by employees of the HOPP agencies to any other outside entities without my consent, except as described herein.

HOPP services are funded through a contract with the NYS Office of the Attorney General (OAG), and the contract is monitored and administered by anchor partner Empire Justice Center (EJC). I understand that employees of OAG and EJC will monitor and evaluate HOPP, including eligibility for HOPP legal and housing counseling services. I understand that OAG and EJC may review my program records and all information provided by me for purposes of verifying my eligibility for HOPP services, and verifying that I have received reported HOPP program assistance. I hereby consent to the disclosure of all information maintained by HOPP about me and my household to employees of the New York State Office of Attorney General (OAG) and Empire Justice Center (EJC) for the purposes described above.

I understand that information that I have provided may be gathered, used and shared for research, program or policy development or other legitimate purposes by the OAG, EJC or other appropriate entities, but only in a de-identified, anonymous form such that my privacy is protected.

DATE

SIGNATURE

PRINT NAME

CREDIT REPORT AUTHORIZATION

Homeowner	First	Middle	Last
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Homeowner	First	Middle	Last
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Street Address

City	State	Zip
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Homeowner Social Security Number: _____

Homeowner Social Security Number: _____

Homeowner Date of Birth: _____

Homeowner Date of Birth: _____

I (WE) hereby give permission to pull my (our) credit report for the purposes of my (our) application for assistance in regards to my home, loan, or credit counseling or through Friends of the North Country, Inc. Housing Counseling Program.

All information will be kept confidential between my Counselor(s) and me/us. I/we further understand that Friends of the North Country, Inc. will be held harmless for information received in this credit report.

Both Signatures are required if joint report is requested.

Homeowner Signature	/	Date
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CREDCO CONSUMER AUTHORIZATION AND RELEASE

I hereby authorize CoreLogic Credco, LLC ("CREDCO" or "FAC") to obtain my consumer report/credit information, credit risk scores and other enhancements to my consumer report (hereinafter collectively referred to as "Report") from one or more of the three national credit repositories (Equifax, Experian, or TransUnion) and provide a copy of the Report to my credit counseling agency, American Financial Solutions ("Counselor") for Counselor to provide credit counseling, financial education, and/or housing counseling services. This authorization is intended to comply with a consumer report request as set forth in 15 U.S.C. 1681b(a)(2).

I acknowledge that the Report is provided "AS IS" AND THAT CREDCO MAKES NO REPRESENTATION OR WARRANTY, EXPRESS OR IMPLIED, INCLUDING, BUT NOT LIMITED TO, IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE AND IMPLIED WARRANTIES ARISING FROM A COURSE OF DEALING OR A COURSE OF PERFORMANCE WITH RESPECT TO THE ACCURACY, VALIDITY, OR COMPLETENESS OF THE REPORT OR THAT IT WILL MEET MY NEEDS AND CREDCO EXPRESSLY DISCLAIMS ALL SUCH REPRESENTATIONS AND WARRANTIES.

I recognize that the accuracy, validity or completeness of the Report provided by CREDCO is not guaranteed by CREDCO and I hereby release CREDCO and CREDCO's parent, sister, affiliated companies, successors and assigns and its and their directors, officers, agents, employees and independent contractors (collectively, "CREDCO's Affiliates") from any liability for any negligence in connection with the preparation of the Report and from any loss, damages, expenses, costs or obligations of any kind and nature whatsoever suffered by my resulting directly or indirectly from the inaccuracy, invalidity or incompleteness of the Report.

I covenant not to sue or maintain any claim, cause of action, demand, cross action, counterclaim, third party action or other form of pleading against CREDCO or CREDCO's Affiliates for damages based upon the inaccuracy, invalidity or incompleteness of any Report provided by CREDCO hereunder.

If one or more of the provisions, or a portion of a provision of this document are held for any reason to be invalid, illegal or unenforceable, such invalidity or illegality or unenforceability will not affect any other provisions of this document, and this document will be construed as if such invalid, illegal or unenforceable provision had not been contained herein.

Date: _____

(Signature)

(Print Name)

Friends of the North Country, Inc.

Privacy Policy

Friends of the North Country, Inc. (FONC) is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your personal information, including your debt, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization; granted in the Authorization to Release/Obtain Information form. *However, we may use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.*

Release of your anonymous aggregated information to third parties:

FONC may disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process). Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you per your request. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

Release of your anonymous aggregated information if you are a client of the Home Owner Protection Program (HOPP)

Your name and telephone number will not be shared with other parties, but other information gathered may be used for research, program or policy development, or other legitimate purposes by the New York State Office of the Attorney General and parties with which it contracts (such as the Center for New York City Neighborhoods and Empire Justice Center), the City of New York, or other relevant funders of foreclosure prevention services.

I have read and understand this policy and a copy was given to me for my records.

Signature _____

Date _____

Signature _____

Date _____

Signature _____

Date _____

DISCLOSURE STATEMENT

Friends of the North Country, Inc. is a private non-profit organization, that has been assisting residents with their housing needs since 1981. The agency offers a variety of housing related services including home improvement grant and loan programs, and residential and foreclosure prevention assistance counseling. The Agency also provides assistance to local governments for community planning efforts and community facility projects. **Friends of the North Country, Inc.**, is a New York State Rural Preservation Company and was certified as a HUD Housing Counseling Agency in April 25, 2004.

Friends of the North Country, Inc. provides services to New York State residents to assist in such areas as:

- First Time Home Buyer Education and Financial Literacy Education workshops
- Assisting clients in becoming first time home buyers
- Home Improvement Programs to assist existing homeowners in maintaining their homes
- Sustaining and revitalizing neighborhoods
- Providing support and non-profit partner referrals for clients to access additional support services to enhance the quality of their lives

Our Mission Statement: Friends of the North Country, Inc. is to assist with the provision of housing, Friends is committed to improving housing conditions and increasing housing choices. In support of this mission we provide:

- Housing Counseling both pre-purchase and post-purchase: funds provided by HUD/NYSHCR
- Foreclosure Prevention Counseling: funds provided by HOPP/BOA (NYS Attorney General), NFMC, HUD/NYSHCR
- Administration of funds from the NYS Affordable Housing Corporation to assist income eligible existing home owners with health and safety issues
- Administration of funds from the NYS HOME Program to assist income eligible existing home owners with health and safety issues
- Administration of funds from the NYS Access to Home Program to provide financial assistance to property owners to make dwelling units accessible for low and moderate income persons with disabilities
- Administration of funds from the NYS Community Development Block Grant in order to develop viable communities by providing decent, affordable housing, and suitable living environments, as well as expanding economic opportunities, principally for persons of low and moderate income.
- Administration of funds from the NY Main Street Programs to provide financial resources and technical assistance to communities to strengthen the economic vitality of the State's traditional Main Streets and neighborhoods

Friends of the North Country, Inc. clients are not required to utilize any other programs provided to receive counseling of any type. Counseling services are free of charge and there are no income restrictions for housing and foreclosure prevention counseling. A credit report fee may be assessed.

By signing this disclosure I understand that I am not under any obligation to utilize any of Friends of the North Country, Inc. other services or programs in order to receive counseling services. I also recognize that I am under no obligation to utilize the services provided by Friends of the North Country, Inc.

X_____

Friends of the North Country, Inc.
HUD Certified Housing Counseling Agency

Consumer Agency Disclosure

Page 1 of 2

The purpose of this disclosure is to enable you to make informed decisions when working with Friends of the North Country. **THIS IS NOT A CONTRACT.** It is a disclosure notice for your information and protection.

CONSUMER INFORMATION

Friends of the North Country, Inc. provides housing counseling assistance and also may offer, from time to time, a variety of housing assistance programs. Friends of the North Country is aware of other service providers throughout the North Country and has provided me with at least three referrals for them. All materials and referrals are provided for your information and assistance, to enable you to make suitable choices. If you would like Friends of the North Country to assist you with other agency programs, you can complete an Authorization to Release Information form so that your counselor can provide information to the service provider you choose to work with. Friends of the North Country works to ensure your privacy. Housing counselors endeavor to provide assistance with care and accountability.

CONSUMER RESPONSIBILITY

Assistance provided to you by a housing counselor does not relieve you, the consumer, of the responsibility to protect your own interests. Any questions on whether a program is right for you, and how programs work, should be posed to your counselor. If you need advice for legal, tax, insurance or other matters it is your responsibility to consult an appropriate professional for those areas. In addition, if you are in a home buying or refinancing situation, there are many different lenders, types of lenders, and loan products (and properties) to investigate. Friends of the North Country can provide multiple referrals to a variety of providers of these types of services. This information is provided for your information and protection only; Friends of the North Country does not have interests in promoting particular entities, and the provision of information does not necessarily constitute a recommendation or endorsement.

ACKNOWLEDGMENTS

I _____, (Counselor) have provided this disclosure form to
_____ (Client) on the _____ day of _____ 20____.

Counseling services will be provided by staff Housing Counselor Christina Piercy and Elizabeth Jent/or Director of Finance and Housing Melissa Furnia, per the above-named consumer's request.

I have read this agency disclosure form IN ITS ENTIRETY. I understand that this form is for agency disclosure AND NOT A CONTRACT. It was provided to me by the housing counselor or director named above.

_____, 20 ____
Signature of Consumer(s) (Month) (Day) (Year)

OR

___ As a consumer I recognize that I need not select any housing counseling agency assistance at this time. Therefore, I decline to sign this disclosure. Any additional reason for declining to sign:

_____, 20 ____
Signature of Consumer(s) (Month) (Day) (Year)

Friends of the North Country, Inc.
1387 Hardscrabble Road
Cadyville, NY 12918
518-293-5045
www.friendsofthenorthcountry.org

Authorization to Obtain/Release/Exchange Information

I/we hereby authorize Friends of the North Country, Inc. to release/exchange/obtain information from my/our records in order to assist me/us in resolving my/our counseling situation (i.e. Credit card debt, mortgage delinquency, housing rehabilitation). I/we authorize Friends of the North Country, Inc. to share my/our information with HUD for the purposes of grant oversight and Housing Counseling Program Compliance.

My/our information will be released/exchanged/obtained only to those institutions, companies and agencies that Friends of the North Country, Inc. a HUD certified Housing Counseling Agency believes can provide assistance in resolving my/our financial situation. Examples of such entities include credit card companies, mortgage servicers, mortgage investors, public agencies, law enforcement agencies and other nonprofit organizations. Likewise information obtained will only be used as a tool for counseling strategies.

I/we understand that the provision of services at Friends of the North Country, Inc. is not contingent upon my decision concerning the release/exchange or obtainment of information.

The doctrine of informed consent has been explained to me/us, and I/we understand the contents to be released/exchanged/obtained, the need for the information, and that there are statutes and regulations protecting the confidentiality of authorized information.

I/we hereby acknowledge that this consent is voluntary and is valid until such request is fulfilled. I/we further acknowledge that I/we may revoke this consent at any time except to the extent that action based on this consent has been taken. I/we also acknowledge that a copy of this form is as valid as the original.

Consumer (printed) _____

Consumer (signed) _____ Date _____

Consumer (printed) _____

Consumer (signed) _____ Date _____

Property Address: _____

Loan Number (if applicable): _____

Counselor (printed) _____

Counselor (signed) _____ Date _____

**FRIENDS OF THE NORTH COUNTRY, INC.
FORECLOSURE MITIGATION COUNSELING AGREEMENT/CONTRACT**

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1. I understand that Friends of the North Country receives congressional funds through the National Foreclosure Mitigation program and, as such, is required to share some of my personal information with NFMC program administrators or their agents for purposes of program monitoring, compliance and evaluation.
2. I give permission for NFMC program administrators and/or their agents to pull my credit report up to two additional times between now and _____ and to give authorization for NFMC program administrators and /or theft agents to follow-up with me between now and _____ for the purpose of program evaluation.
3. I acknowledge that I have received a copy of Friends of the North Country Privacy Policy.
4. I may be referred to other housing services of the organization or other organizations that may be able to assist with particular concerns that have been identified, but I am not obligated to use any of the services offered to me.
5. I understand that Friends of the North Country, provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from Friends of the North Country in no way obligates me to choose any of these particular loan products or housing programs.
6. A counselor may answer any questions and provide information, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance.

I understand that Friends of the North Country, Inc. provides foreclosure mitigation counseling from which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other agencies as appropriate.

Friends counselor(s) will perform the following services:

- Development of a spending plan
- Analysis of the mortgage default, including the amount and cause of default
- Presentation and explanation of reasonable options available to the homeowner
- Assistance communicating with the mortgage servicer and other creditors
- Timely completion of promised action
- Explanation of collection and foreclosure process
- Identification of assistance resources
- Referrals to needed resources
- Confidentiality, honesty, respect and professionalism in all services

Provided the homeowner(s) agree(s) to the following terms of service:

- I/We will always provide honest and complete information to my/our counselor, whether verbally or in writing.
- I/We will provide all necessary documentation and follow-up information within the timeframe requested.
- I/We will be on time for appointments and understand that if we are late for an appointment, the appointment will still end at the scheduled time.
- I/We will call within 6 hours of a scheduled appointment if I/we will be unable to attend an appointment.
- I/We will contact the counselor about any changes in our situation immediately.
- I/We understand that breaking this agreement may cause the counseling organization to sever its service assistance to me/us.

Homeowner

Date

Homeowner

Date

Counselor

Date

Counselor

Date

The Role of your Housing Counselor _____:

A housing counselor is someone who can help you through the process of working to save your home from foreclosure. While your counselors will do all that she can to assist you, the process is a two-way street with you the homeowner(s) as a critical partner in the process. Below are some of the services that your housing counselor will offer.

Your housing counselor will help you determine your objectives and needs

The housing counselor will provide assistance once they understand what you are trying to accomplish. That will require very specific information from you. The more information provided to the housing counselor, the easier it will be to assess your expectations and situation.

Your housing counselor will help determine any time constraints

The housing counselor will need to identify any deadlines you face, especially the foreclosure sale date. You need to call your counselor immediately if mail comes regarding foreclosure. If you are not aware of a sale date your housing counselor can contact the lender.

Your housing counselor will assist you in establishing reasons for default & help prepare a hardship letter

You will be partnering with your housing counselor to draft a hardship letter. The letter should be in your words. The hardship letter will include your reasons for falling behind on your mortgage payments and how you plan to overcome those difficulties and what accommodations you may need from the lender in order to become current on the loan.

Your housing counselor will assist in preparing a spending plan

You should put a spending plan together and take it to your housing counselor who will go over it line by line. Once it appears all debts have been identified, your housing counselor will use any surplus to start getting the mortgage payment up-to-date; however, if it appears there is a deficit, you will decide what can be removed from the spending plan, i.e., cable television. You must take ownership of the spending plan because you are the one who have to follow the plan. Completing a budget worksheet will help you in completing a spending plan.

Your housing counselor will help consider ways to increase your income or available cash

You need to work with your housing counselor to find other sources of money. Perhaps a family member in the house can bring in additional money with a part time job. Maybe family members can assist; or, perhaps the church has a fund that assists with family hardships. Perhaps there are assets that could be sold, i.e., jewelry or a second vehicle.

Your housing counselor will assist you in reducing other debt

Other mortgages or liens associated with the house must be taken into consideration when it comes to foreclosure intervention. Your housing counselor, along with you, will try to determine if: there are any property taxes unpaid; federal or state taxes due; homeowners insurance is paid; other liens on the home exist; utilities past due or cut-off; and, home repair needs.

- There are certain unpaid utilities that could make the house uninhabitable for all family members, water is one of them. Your counselor will try to get any past due utilities on the smallest payment schedule possible.
- There are some needed home repairs which may make the house uninhabitable. It is in the best interest of you to make your housing counselor aware of these situations.
- Your housing counselor will go over all debt and make suggestions. One such suggestion may be not to pay any credit card debt. While it will have a negative impact on your credit history, the credit more than likely has already been impacted by the late mortgage payments. Rather than paying the credit cards, that money could be used to bring the mortgage current. Once the critical needs are met, your housing counselor will revise the spending plan with your_____.

- Student loans must be kept current since they are federal debt and any tax refund can be seized. Your housing counselor may suggest to the homeowner to try to get a deferment of payment if possible.

You must adhere to the spending plan if your goal is to keep your home.

Your housing counselor will ask you to set aside funds to prevent foreclosure

Once a realistic spending plan has been developed, your housing counselor will ask you to save the funds that have been set aside to pay the arrearages on the mortgage loan.

Your housing counselor will help you decide if you want to try to keep your house. If you decide it isn't a realistic goal, then the money set aside can be used to make other housing arrangements.

Your housing counselor will get exact totals on current payments, arrears, & loan balance

Your housing counselor and you will need this information in order to decide the best foreclosure avoidance plan. The information can be obtained from the lender or servicer. The servicer is the individual who works on behalf of the lender to collect and put payments in your account. In order for your housing counselor to get this information, you will be asked to sign an Authorization to Release Loan Information form.

Your housing counselor will work with you to make realistic choices

Once the spending plan is complete and the past due amount of the mortgage has been determined, your housing counselor will again review if your goals are realistic. Your housing counselor will review all options available to you. You should ask questions until you fully understand the decision they must make as well as the options available to you.

Your housing counselor will start paperwork if you choose to try to save your home from foreclosure

Your housing counselor will provide the lender or servicer with the income and expense information they require. Income needs to be verified and your housing counselor will let you know what method the lender or servicer wants to use, income tax returns and/or most recent pay stubs. Expenses may need to be verified as well so the homeowner may be required to provide copies of bills.

Your housing counselor will work with you to request a delay of foreclosure sale date

Your housing counselor will be an advocate for you in getting a delay on the foreclosure sale date. Your housing counselor will ensure that you receive it in writing and will help keep an eye on the sale process.

Your housing counselor will assist you in determining appropriate options

Depending on your goals and resources, your housing counselor will help you make a final determination as to which workout plan should be submitted. Your housing counselor will still go over options that do not require the lender's consent. You may decide to file bankruptcy to protect your home. If you feel there has been an error in the past due amount, you may decide to go to court. Also, you may decide to stay in the house until you receive an eviction notice.

Your housing counselor will keep you updated as things progress. If the workout option that was submitted to the lender or servicer is rejected, you will be updated and other options explored with your housing counselor.

You and your housing counselor are partners

Your housing counselor and you work together for a satisfactory resolution. Each must do their part in order to make the process work.

Client: _____ Counselor: _____

Employment Status Certification Form

Date: _____

I, _____ (*print name*) certify that:

(*check one*) _____ I am not working now **OR**

_____ I am working, approximately _____ hours per week,

with (name of employer) : _____,

at (*address*): _____,

and I started there on (*date*): _____.

My last (or previous) employment was with:

_____,

at (*address*): _____,

and ended on (*date*): _____.

The reason for my unemployment (*if applicable*) is :

_____.

I expect to return to work on _____.

or

I do not expect to return to work because: _____

_____.

Signed as of the date first noted on this document,

Signature

HARDSHIP LETTER TEMPLATE

When you ask your mortgage company to review your loan because you are behind in payments or because you are having difficulty making your payments, they want a letter from you stating the reason you need your loan modified, refinanced, or temporarily adjusted. This template is for you to use when writing your letter.

Lenders Name

Lenders Address

RE: Loan Number

To whom it may concern:

The first paragraph should include: your loan number, name, address, and phone number.

The second paragraph should include a matter of fact description of what caused your default or difficulty paying your mortgage. Cause of the hardship loss of job, death in the family, reduction in hours, etc.? Why did it happen company layoffs, household repairs, etc? When did it happen date should include at least a month and year? How and when did the customer resolve the hardship date should include at least a month and year? Customer's intent to keep the subject property? Avoid blaming others for what occurred.

The third paragraph should provide an overview of your financial situation. What actions you have taken to reduce expenses and increase income. Any financial counseling or steps you have taken to resolve the situation. Also list any money you have available to pay the mortgage company towards a work out plan.

The fourth paragraph should briefly outline what you are asking the mortgage company to do for you and the facts of how you will make it work. Demonstrate your commitment to see your plan through the end.

Example: I am behind 1000.00 dollars and I can make regular payments from today forward plus an additional 50.00 a month until the 1000.00 is paid in full; as I am now back to work.

Thank you,

Your Name.

Date: _____

Servicer: _____

Re: Loan # _____

 Borrower(s) Name(s) _____

 Address: _____

To Whom It May Concern:

I am submitting a loss mitigation package because I am:

- ☐ Interested in keeping my home ☐ Interested in pursuing a short sale

My hardship was caused by:

- ☐ Unemployment ☐ Medical ☐ Death
☐ Underemployment ☐ Divorce ☐ Disability
☐ Other _____

Hardship Status:

- ☐ My hardship has been resolved. ☐ My hardship has not been resolved.
☐ I have worked with a counseling agency to address any budgetary issues.

Explanation of hardship.

Sincerely,

Print Name _____ **X** _____

Print Name _____ **X** _____

RELEASE

RELEASE executed on _____, 20____, by _____
_____ (Applicant) residing at _____
_____ (Address), County of _____, State of New York, herein
referred to as Releasor.

In consideration of his/her/their application to participate in programs administered by Friends of the North Country, Inc., for him/herself, his/her/their legal representatives, heirs and assigns, hereby releases, waives and discharges Friends of the North Country, Inc., its officers, members, directors and employees, referred to as Releasees, from any and all liability to the Releasor(s), his/her/their legal representatives, heirs and assigns, for any and all loss or damage, and any claim or damages resulting there from, on account of injury to Releasor's person or property arising from Releasor's participation in the program.

Releasor expressly agrees that this Release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of New York and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

IN WITNESS WHEREOF, Releasor has executed this Release at _____, New York on the day and year first above written.

Signature: _____ Signature: _____
Print name: _____, Releasor Print name: _____, Releasor

STATE OF NEW YORK: }
 }
COUNTY OF _____} ss:

On the _____ day of _____, in the year 20____ before me, the undersigned, a Notary Public in and for said state, personally came _____ (Releasor) to me known or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Notary Public

STATE OF NEW YORK: }
 }
COUNTY OF _____} ss:

On the _____ day of _____, in the year 20____ before me, the undersigned, a Notary Public in and for said state, personally came _____ (Releasor) to me known or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Notary Public

Request for Transcript of Tax Return

- ▶ **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.**

OMB No. 1545-1872

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get 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.

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

Sign Here

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

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

Future Developments

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

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

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

General Instructions

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

Purpose of form. Use Form 4506-T to request tax return information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

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

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

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

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

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

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

If you are requesting more than one transcript or other product and the chart 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 "9999999999" on the transcript.

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

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



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.



Governor Andrew M. Cuomo

New York State Notice of Important Document

ENGLISH	This is an important document. If you need help to understand it, please call 1-888-469-7365. An interpreter will be provided free.
Español Spanish	Este es un documento importante. Si necesita ayuda en entenderlo, por favor llame al 1-888-469-7365. Se le proveerá un intérprete gratis.
简体字 Simplified Chinese	这是一份重要文件。如果您需要帮助理解此文件，请打电话至1-888-469-7365。您会得到免费翻译服务。
繁體字 Traditional Chinese	这是一份重要文件。如果您需要帮助理解此文件，请打电话至1-888-469-7365。您会得到免费翻译服务。
Kreyòl Ayisyen Haitian Creole	Sa a se yon dokiman enpòtan. Si ou bezwen èd pou konprann li, tanpri rele: 1-888-469-7365. Y ap ba ou yon entèprèt gratis.
Italiano Italian	Il presente documento è importante. Per qualsiasi chiarimento può chiamare il numero 1-888-469-7365. Un interprete sarà disponibile gratuitamente.
한국어 Korean	이것은 중요한 서류입니다. 도움이 필요하시면, 연락해 주십시오: 1-888-469-7365. 무료 통역이 제공됩니다.
Русский Russian	Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-888-469-7365. Переводчик предоставляется бесплатно.
Język Polski Polish	To jest ważny dokument. Jeżeli Pan/Pani potrzebuje pomocy w zrozumieniu go, prosimy zadzwonić pod numer 1-888-469-7365. Bezpłatnie zapewnimy usługi tłumaczeniowe.