

Applicant: Write your full name and address,
including your apartment # and zipcode.

Mail this application to the address you
see at left.

Dear

I am applying to the following waitlist, which I believe is open:

App Generated:

 **ATTN: WAITLIST ADMINISTRATOR** 

Is this waitlist closed? Anything else you want to tell the 900 Housing Advocates and the nearly 200,000 applicants using our system?

USE BLOCK PRINT to fill in the appropriate information below. Save paper and ink by faxing only this one page to HousingWorks – we will immediately update your information! See fax number below.

☐ **This particular waitlist is closed: At present, our only open waitlists are:**

☐ **This is not the correct application. The correct application is available in this way:**

Your position or title at this housing program: _____

Your signature: _____

HousingWorks Fax: 617-536-8561

*If you direct applicants to try our free search to locate OTHER HOUSING OPTIONS,
you reduce frivolous applications and eliminate possibly hundreds of phone calls:*

www.HousingWorks.net



DO NOT LEAVE ANY QUESTION UNANSWERED!

- ☐ HEAD OF HOUSEHOLD'S FIRST NAME
- ☐ HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME
- ☐ HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ) ☐ SUFFIX
- ☐ YOUR MOTHER'S LAST NAME WHEN SHE WAS A CHILD

ANSWER THIS: ☐ Yes ☐ No Does the HoH have a Social Security Number? *If "Yes" you must provide the full SSN!*

- ☐ HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER ☐ HEAD OF HOUSEHOLD'S DATE OF BIRTH ☐ GENDER

- ☐ ETHNICITY ☐ RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial

- ☐ REQUESTED ACCOMMODATIONS Fill in the circle for anything you need:
- | | | |
|--|---|---|
| <input type="radio"/> Fully Accessible Wheelchair Unit | <input type="radio"/> Blind Accessible Unit | <input type="radio"/> Need an Interpreter |
| <input type="radio"/> No-Steps unit (elevator to any floor) | <input type="radio"/> Deaf Accessible Unit | <input type="radio"/> Domestic Violence Victim |
| <input type="radio"/> First-Floor unit only | <input type="radio"/> Unit for Environmental Allergies | <input type="radio"/> Personal Care Attendant |

- ☐ HoH's CAREER STAGE ☐ ANY VETERANS in HH? ☐ Yes ☐ No
- ☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student

- ☐ PERMANENT MOBILE RENTAL ASSISTANCE, if any
- ☐ I do not have mobile rental assistance ☐ Mobile Section 8 voucher ☐ MRVP ☐ AHVP ☐ VASH or similar

- ☐ CRIMINAL RECORD AND SEX OFFENDER
- Head of Household:** Any **Felony/Conviction?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
- Other Members:** Any **Felony Convictions?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
- Is anyone in HH subject to a **lifetime sex offender registration** in any state? ☐ Yes ☐ No

- ☐ ANY PETS? ☐ Yes ☐ No Describe: _____

- ☐ HOUSEHOLD SIZE AND COMPOSITION ☐ ANNUAL INCOME ☐ DOCUMENTED DISABILITY?
- _____ ← # Adults _____ ← # Children _____ ← Total # in Household \$ _____ ☐ Yes ☐ No

- ☐ CURRENT HOUSING STATUS ☐ Homeless ☐ Housing Loss in 14 days ☐ Homeless under other federal status
- ☐ Homeless because Fleeing domestic violence ☐ At risk of homelessness ☐ Stably Housed

- ☐ BEST TELEPHONE NUMBER TO USE ☐ SECOND TELEPHONE

- ☐ EMAIL ADDRESS

- ☐ WHERE YOU LIVE OR BACKUP ADDRESS

- ☐ BEST MAILING ADDRESS

- ☐ # BEDROOMS NEEDED? ☐ SPECIAL CIRCUMSTANCES? (*some programs may grant you priority status*)
- ☐ Disability ☐ Elder ☐ Veteran ☐ Fleeing Domestic Violence ☐ Rent-burdened
☐ Displaced by ☐ Public Action ☐ Sanitary Code ☐ Natural Forces ☐ Other

Scotts Grove, West Tisbury Rental Application & Information Packet



The **Dukes County Regional Housing Authority (DCRHA)**, on behalf of the **Island Housing Trust**, a private non-profit corporation working in conjunction with the **Town of West Tisbury** and the **MA Department of Housing and Community Development** and **Mass Housing** is currently accepting applications for the **Scotts Grove** rental housing.

The **Scotts Grove Apartments** include nine apartments (3/ 1-bedrooms, 3/ 2-bedroom, 3/ 3-bedrooms) with rents set at 30%, 50%, 60% and 80% of Area Median Income (excluding utilities)
Rent rates without utilities are: **1-bedroom** @ \$751 & \$1,270; **2-bedroom** @ \$901, \$1,110 & \$1,476; **3-bedroom** @ \$1,029, \$1,270, & \$1,694; additionally, one apartment receives rent subsidy.

Applications are available at DCRHA, 21 Mechanic St, Vineyard Haven,
at the West Tisbury Library, 1042 State Road, West Tisbury,
on-line at www.ihmv.org or by phone request at 508-693-4419 or TTY/TTD at 711

The first of two **Information Meetings** is scheduled for
Tuesday, May 29, 2018 at 5:30 pm at the Howes House, West Tisbury

The second of two **Information Meetings** is scheduled for
Saturday, June 16, 2018 at 10:00 am at the Scotts Grove Apartments at 565 Edgartown Road, West Tisbury

Income qualified applicants will be selected by lottery for initial offers.

Language assistance is available as are information packets and applications in Portuguese

Applications must be postmarked to or received by the DCRHA at
P.O. 4538, Vineyard Haven, MA 02568 or at 21 Mechanics Street, Vineyard Haven
By Monday, **July 16, 2018**



Scotts Grove Rental Application & Tenant Selection Process

This packet contains specific information on the application process to rent one of nine apartments (three 1-bedrooms, three 2-bedroom, three 3-bedrooms) at **Scotts Grove** at 565 Edgartown Road in West Tisbury, being offered to individuals or households earning 30%, 50%, 60% or 80% or less of the **area median income**.

	30%	50%	60%	80%
1	\$19,500	\$32,450	\$38,940	\$50,350
2	\$22,250	\$37,100	\$44,520	\$57,550
3	\$25,050	\$41,750	\$50,100	\$64,750
4	\$27,800	\$46,350	\$55,620	\$71,900
5	\$30,050	\$50,100	\$60,120	\$77,700

The one-bedroom apartments are approximately 622 square feet in size; two-bedroom apartments, approximately 840 square feet; three-bedroom apartments, approximately 1,050 square feet including full kitchens, bathrooms, hook-ups for dryer and washing machines and Universal Design features to assist with physical accessibility. One apartment is ADA compliant to address the specific needs of a household in need of an accessible unit. Each apartment is separately metered for electricity, including highly efficient heat and hot water. On-site parking is available. Year-round public transportation throughout the island is available on the Edgartown Road. Please see attached plans for more detail.

Your completed initial application will be reviewed for entry into the **qualifying lottery**, the first of two significant steps towards tenancy. You will receive notification of the results of the review, as well as information on the date and time of the lottery. You do not need to be present at the lottery.

The qualifying lottery will consist of successive drawings from several pools depending on unit size and designation with consideration given to applicants who qualify for local preference as West Tisbury residents or employees of businesses located in the Town of West Tisbury (please see Rental Application Checklist for details), household size and make-up, and accessibility needs. The order that applicants are drawn in the lottery is the order that applicants will be asked to provide the items remaining for full application and review, the second step needed for tenancy at the Scotts Grove. Staff at the Dukes County Regional Housing Authority will contact you and will request the additional information needed for final review. This consists of forms for verification of employment, income, bank accounts, etc. If the review results in approval, you will be shown the unit and offered a one-year lease.

If your application is **eligible**, you will be entered in the lottery and ranked on a list based on lottery drawing results. If your application is reviewed and determined **ineligible**, or if you feel your placement in in either of the two pools is incorrect, you will be given notice and an opportunity to appeal the determination. If your application is received after the lottery date and is eligible you will be placed on the waiting list after the names selected in the lottery and in the order your completed application was received.

If you currently have a DCRHA rental application on file at the Housing Authority, please note that initial rent-up of Scotts Grove requires that a separate application specific to this offer be submitted.

For more details on the process of rent-up of Scotts Grove, please see IHT's Affirmative Fair Housing Marketing Plan or contact the Dukes County Regional Housing Authority at (508) 693-4419.

Applications must be received by the DCRHA at 21 Mechanics Street, Vineyard Haven or postmarked to P.O. 4538, Vineyard Haven, MA 02568 by Monday **July 16, 2018**

DUKES COUNTY REGIONAL HOUSING AUTHORITY
PO BOX 4538, VINEYARD HAVEN MA 02568 PH. 508-693-4419 FAX 508-693-5710
DCRHA@HOUSINGAUTHORITYMV.ORG

APPLICATION – Scotts Grove Qualifying Lottery

Applications must be received by DCRHA at 21 Mechanics Street, Vineyard Haven, MA or postmarked to P.O. 4538, Vineyard Haven, MA 02568 by Monday **July 16, 2018**

FOR OFFICE USE ONLY

Date of Receipt: _____

Control No. _____

PLEASE PRINT:

Name of Applicant(s) _____

Street _____ Email Address _____

City/Town/State _____ Zip _____

Home Telephone _____ Work Telephone _____

Mailing Address _____

HOUSEHOLD INFORMATION - All members of household including minors.

First, Middle, Last Name of all Household Members	Relationship	Sex	Date of Birth	Employed	SS#
1.	Primary Applicant			Y/N	
2.				Y/N	
3.				Y/N	
4.				Y/N	
5.				Y/N	

Are any of the above listed household members full time students? ☐ Yes ☐ No

If yes, please list below: (for students 18 years old or over, documentation of enrollment will be required)

PLEASE NOTE: responses to the questions below are voluntary but may assist with lottery placement.

- Do you need a wheelchair accessible apartment, an adaptable apartment or a first-floor apartment because of a disability of any type? ☐ Yes ☐ No
- Do you need another type of reasonable accommodation based on a disability? ☐ Yes ☐ No

Please specify: _____

INCOME INFORMATION – Scotts Grove Qualifying Lottery

Gross Income is the combined pre-tax income for everyone in the household which includes job earnings; benefit payments, support payments, and income from assets. If you are self-employed, please list your net income (after deducting businesses expenses).

Please list all income of any household member **over the age of 17** received from self-employment, wages/ salaries, overtime pay, commissions, fees/ tips, and bonus before taxes for the last 12-months. Applications must include most recent Federal income tax returns, including all corresponding W2's and attached schedules.

If you are self-employed (full or part-time), submit a year-to-date profit/ loss statement AND the previous two years of federal income tax returns including all attached schedules.

Household Member	Type of Income	Name & Address of Employer or Source of Income	Gross Income for last 12 Months
1.	Salaries, wages, including overtime/tips		
2.	Salaries, wages, including overtime/tips		
3.	Salaries, wages, including overtime/tips		
	Net income from business or profession (Schedule C)		
	Trust income Interest and Dividends		
	Pensions and annuities		
	Regular unemployment or disability compensation		
	Regular Social Security benefits and/or SSI or V.A. Disability		
	AFDC or Public Assistance		
	Full Time Student Income (18 & over only)		
	Other Income:		
TOTAL GROSS INCOME:			

ASSET INFORMATION – Scotts Grove Qualifying Lottery

List below the assets of everyone to live in the house including, but not limited to: all bank accounts, stocks and bonds, trust agreements, real estate, 401k, Keogh, etc. **Do not** include the value of personal property such as clothing, furniture or cars.

Household Member	Type of Asset	Cash Value
	Checking Account #:	
	Savings Account #:	
	Stocks, Bonds, Mutual Funds:	
	401k, IRA, Keogh:	
	Real Estate: (owned or sold within past 3 years)	
	Monetary Gift:	
Other:		

Household Member	Type of Asset	Cash Value
	Checking Account #:	
	Savings Account #:	
	Stocks, Bonds, Mutual Funds:	
	401k, IRA, Keogh:	
	Real Estate: (owned or sold within past 3 years)	
	Monetary Gift:	
Other:		

Total Household Assets _____

Preferences and Affirmative Marketing – Scotts Grove Qualifying Lottery

Local Preference Category Information:

Applicants are requested to provide information relative to the following for inclusion in the Local Preference pool.

- ☐ Current residents of the Town of West Tisbury: A household in which one or more members is living in West Tisbury at the time of application. Documentation of Residency will be required, such as rent receipts, utility bills, street listing or voter registration listing.
- ☐ Municipal Employees of the Town of West Tisbury such as teachers, janitors, firefighters, police officers, librarians, or town hall employees; Employees of Businesses located in West Tisbury. Please provide documentation of employment, current or contracted (pay stubs, employment contract, etc.), or a verifiable offer of employment.

Affirmative Marketing:

The following section is optional but will assist us in fulfilling affirmative marketing requirements for the purposes of this qualifying lottery process.

Household Race:

- ☐ Caucasian
- ☐ African American / Black
- ☐ Asian/Pacific Islander / Native Hawaiian
- ☐ Native American / Alaskan Native

Ethnic Classification:

- ☐ Hispanic/Latino

APPLICATION CHECKLIST– Scotts Grove Qualifying Lottery
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Before submitting this application, please make sure you have filled out all pages and attached the requested documentation. IN ADDITION to completing and signing this application packet, you will need to attach the following documentation. PLEASE make photocopies - do not attach originals!

- ☐ Completed and Signed Application
- ☐ Two most recent years Federal Tax Income Taxes (for all household members 18 yrs or older)
- ☐ Most recent 5 weeks of Paystubs (for all household members 18 yrs or older)
- ☐ Most recent 3 months of Bank Accounts/Asset Accounts - checking, savings, investment accounts, retirement accounts, etc. (for all household members 18 yrs or older)
- ☐ Employment Verification for all household members 18 yrs or older (two forms provided - make additional copies if you need)
- ☐ Signed IRS form 4506-T "Request for Transcript of Tax Return (two forms provided, please make additional copies as necessary)
- ☐ Student enrollment documentation (for any household member enrolled in college full-time)

CERTIFICATION AND ACKNOWLEDGEMENTS – Scotts Grove Qualifying Lottery

It is the policy of the Dukes County Regional Housing Authority to verify all information contained in this application. In acknowledgement of this policy, please sign your name(s) where indicated.

Anyone over the age of 17 who will be living in the home must sign below.

I/We certify the following:

- All the information contained and submitted in support of this application is true and complete to the best of my/our knowledge and belief. I/We are aware that any misrepresentation may result in cancellation of my application.
- Consent to Release Information: I/We authorize representatives of the Dukes County Regional Housing Authority to supply and receive information to/ from my/our employer(s), my/our financial institution(s), other housing assistance programs, and/or other organizations (Criminal History Board, Credit Bureaus, Department of Employment Security, etc.) to verify the information contained in this application and to confirm my eligibility for rental opportunities.
- I/We understand that completion of this application is for placement through lottery on a list to rent an affordable apartment at the Scotts Grove and does not guarantee my/our eligibility for the program and/or an offer of an apartment.

Signature_____ Print Name_____ Date_____

Signature_____ Print Name_____ Date_____

Signature_____ Print Name_____ Date_____

Signature_____ Print Name_____ Date_____

Signature_____ Print Name_____ Date_____



The Dukes County Regional Housing Authority does not discriminate on the basis of race, color, religion, sex, national origin, ancestry, sexual orientation, gender identity, age, familial status, children, marital status, veteran status or membership in the armed services, the receiving of public assistance, or physical or mental disability in the access or admission to its programs or employment, or in its programs' activities, functions or services. The Dukes County Regional Housing Authority is committed to assuring that each individual has an equal opportunity to the use and enjoyment of the benefits of this program.

DCRHA 21 Mechanic St, Vineyard Haven MA (across State Road from Little House Cafe) 508-693-4419

Dukes County Regional Housing Authority
Fair Information Act - Statement of Rights

Dukes County Regional Housing Authority (DCRHA) will collect information about applicants and tenants for their housing programs as required by law in order to determine eligibility, amount of rent, and correct apartment size. The information collected is used to manage the housing programs, to protect the public's financial interest, and to verify the accuracy on information submitted. Where permitted by law, it may be released to government agencies, other housing authorities, and to civil or criminal investigators and prosecutors. Otherwise, the information will be kept confidential and only used by DCRHA staff in the course of their duties.

The Fair Information Practices Act established requirements governing housing authorities' use and disclosure of the information it collects. Applicants and tenants may give or withhold their permission when requested by DCRHA to provide information. However, failure to permit DCRHA to obtain the required information may result in delay, ineligibility for programs, or termination of tenancy. The provision of false or incomplete information is a criminal offense punishable by fines and/or imprisonment.

As an applicant or tenant, you have the following rights in regard to the information collected about you.

1. No information may be used for any purpose other than those described above without your consent.
2. No information may be disclosed to any person other than those described above without your consent. If we receive a legal order to release the information, we will notify you.
3. You or your authorized representative have a right to inspect and copy any information collected about you.
4. You may ask questions and receive answers from DCRHA about how we collect and use your information.
5. You may object to the collection, maintenance, dissemination, use, accuracy, completeness, or type of information we hold about you. Any such objection and/or subsequent investigation will be duly noted and made part of your file.

I have read and understand this Fair Information Practices Statement of Rights and have received a copy for future reference.

Signature _____ Date _____

Print Name _____

The Dukes County Regional Housing Authority does not discriminate on the basis of race, color, religion, sex, national origin, ancestry, sexual orientation, gender identity, age, familial status, children, marital status, veteran status or membership in the armed services, the receiving of public assistance, or physical or mental disability in the access or admission to its programs or employment, or in its programs' activities, functions or services.



Dukes County Regional Housing Authority
Notice of Right to
Reasonable Accommodation/Modification

If you have a disability and as a result of your disability you need . . .

- a change in the rules or policies or how we do things that would give you an equal chance to live here and use the facilities or take part in Dukes County Regional Housing Authority (DCRHA) programs (if applicable) on site;
- a change or repair in your apartment or a special type of apartment that would give you an equal chance to live here and use the facilities or take part in DCRHA programs (if applicable) on site;
- a change or repair to some other part of the housing site that would give you an equal chance for you to live here and use the facilities or take part in DCRHA programs (if applicable) on site; and/or,
- a change in the way we communicate with you or give you information, you may ask for this kind of change, which is called a **REASONABLE ACCOMMODATION**.

If you can show that you have a disability and if your request is reasonable (**does not pose “an undue financial or administrative burden”**), we will try to make the changes you request.

If you need assistance in filling out a REASONABLE ACCOMMODATION REQUEST FORM or if you want to give us your request in some other way, we will help you.

You can get a REASONABLE ACCOMMODATION REQUEST FORM at the Dukes County Regional Housing Authority office or by calling 508-693-4419 or Massachusetts Relay at 711.

All information you provide will be kept confidential and be used only to help you have an equal opportunity to enjoy your housing and the common areas.

The Dukes County Regional Housing Authority does not discriminate on the basis of race, color, religion, sex, national origin, ancestry, sexual orientation, gender identity, age, familial status, children, marital status, veteran status or membership in the armed services, the receiving of public assistance, or physical or mental disability in the access or admission to its programs or employment, or in its programs' activities, functions or services.



EMPLOYMENT VERIFICATION

(The use of white out, black out, or alteration of original information will void this document)

Project Name:	Unit ID:	Date:
Applicant/Tenant:	SSN:	

Employer Contact:

Business Name:	Contact Person:
Address:	Phone:
City:	State:
Zip:	Email:

My Signature Authorizes Verification of My Employment Income Information:

Applicant/Tenant Signature

Date

The individual named directly above is an applicant/tenant of the IRC § 42 Low Income Housing Tax Credit Program. The information provided will be used to determine eligibility for the program and remains confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,

Barbara Hoffman
Project Owner/Management Agent

RETURN THIS FORM TO:
Fax # 508-693-5710

DUKES COUNTY REGIONAL
Housing Authority
P.O. Box 4538
Vineyard Haven, MA 02568-4538

THIS SECTION TO BE COMPLETED BY EMPLOYER

- Please answer all questions fully leaving no blanks
- Please provide an employee pay history report when returning this completed form

Employee Name: Job Title:

Currently Employed: Yes ☐ Date First Employed: / / No ☐ Last Date of Employment: / /

Current Wages (check one) ☐ Hourly ☐ Salary \$ Pay Frequency ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Semi-monthly ☐ Yearly
Pay Method ☐ Cash ☐ Check ☐ Direct Deposit ☐ Other

of weeks per year: Number of regular hours scheduled per week:
(If hours vary please list average anticipated)

Gross pay from prior year: \$

Gross Year to Date Pay:	\$
From / / Through / /	
Number of pay periods included in the YTD earnings above:	

Overtime Rate: \$ per hour Average number of OT hours per week:

Shift Differential Rate: \$ per hour Average number of shift differential hours per week:

Commissions, bonus, tips, other: \$ Frequency ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Semi-monthly ☐ Yearly ☐ Other

List the most recent change in the employee's rate of pay: \$ % Effective date: / /

Is any anticipated change in the employee's rate of pay within the next 12 months: \$ % Effective date: / /

If the employee's work is seasonal or sporadic, please indicate the layoff period(s):

Is employee eligible for unemployment during the layoff? ☐ No ☐ Yes Does employee participate in a retirement plan i.e. 401k? ☐ No ☐ Yes

Additional Remarks:

Employer Signature

Employer Printed Name & Title

Date

Employer Name and Address

Phone #

Fax #

E-Mail

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction

Spectrum Enterprises 2015

Form **4506-T**

(Rev. January 2013)

Department of the Treasury
Internal Revenue Service**Request for Transcript of Tax Return**

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

OMB No. 1545-0047

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-928-1443 to order a transcript. 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 or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number if joint tax return

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code

4 Previous address shown on the last return filed if different from line 3

5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

DUKES COUNTY REGIONAL HOUSING AUTHORITY
346 State Road - P.O. Box 4538 - Vineyard Haven, MA 02568

Caution. If the transcript is being mailed to a third party, ensure that you have filed in line 6 and line 9 before signing. Sign and date the form once you have filed in these lines. Completing these steps helps to protect your privacy.

- 6 **Transcript requested.** Enter the tax form number line (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 1120A, Form 1120H, Form 1120L, 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 30 calendar days. ☐
- c **Record of Account**, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar 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 5408 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 2017, filed in 2018, will not be available from the IRS until 2019. 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 45 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.

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, either husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of signing date.

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

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 57657N

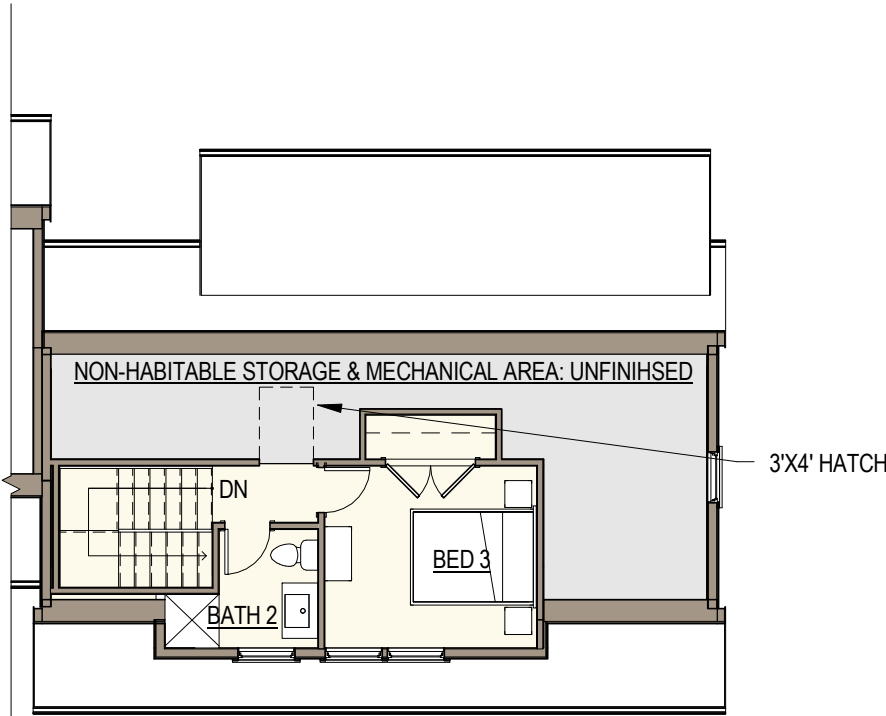
Form **4506-T** (Rev. 1-2013)



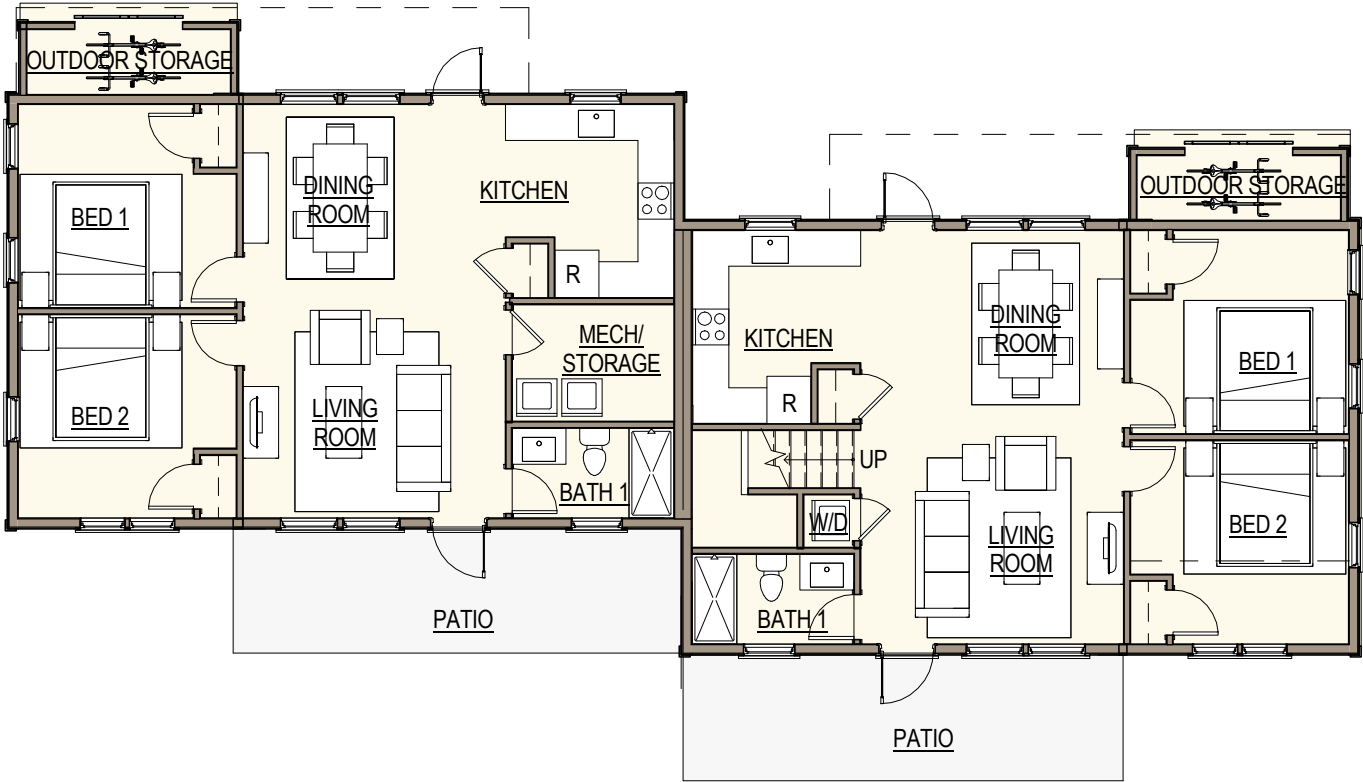
SCOTT'S GROVE @ 565 EDGARTOWN ROAD

INTERIOR SQUARE FOOTAGE - 2 BEDROOM	
FIRST FLOOR:	840 SQUARE FEET
SECOND FLOOR:	N/A
TOTAL:	840 SQUARE FEET

INTERIOR SQUARE FOOTAGE - 3 BEDROOM	
FIRST FLOOR:	840 SQUARE FEET
SECOND FLOOR:	200 SQUARE FEET
TOTAL:	1,040 SQUARE FEET



2 SECOND FLOOR PLAN
SCALE: 3/32" = 1'-0"



1 FIRST FLOOR PLAN
SCALE: 3/32" = 1'-0"

INTERIOR SQUARE FOOTAGE - 1 BEDROOM

FIRST FLOOR: 622 SQUARE FEET

SECOND FLOOR: N/A

TOTAL: 622 SQUARE FEET

