



Please read the following list and return copies of all the documents applicable to your household. Please return the list with your completed application. **DO NOT send financial originals.** We cannot guarantee that they will be returned to you.

- Housing Repair Request Application**
- Complete and return Form 4506T-EZ.** This is included in the application; one is required for each household member over 18 years of age.
- IRS Tax Transcript OR Verification of Non-Filing** (*most recent year*). Instructions on how to obtain an IRS Tax Transcript is included in the application.
- All Pages of all Bank Statements for the Previous Three (3) Months** (*for ALL household members with accounts*)
- Assets** (*Please provide most recent financial statements for all financial assets, including checking & savings accounts; IRA's; 401(k)'s; mutual funds; certificate of deposits; etc.*)
- Profit and Loss Statement** (*if self-employed*)
- Copy of Most Current Mortgage Statement**
- Copy of Driver's License for Applicant and Co-Applicant** (*if applicable*)
- Copy of Social Security Cards for ALL Household Members**
- Copy of Recent Homeowner's Insurance Policy Declaration Page** (*shows current coverage limits*)

Proof of Income (for All Household Members Over 18-Years of Age)

- Gross** Wages, Salary, Commissions, Bonuses, and Tips from all Jobs for Previous 3-Months
- Taxable Interest
- Taxable Refunds, Credits, or Offsets of State and Local Income Taxes
- Alimony Received (*or separate maintenance payments received*)
- Business Income (*or loss*) Statement
- Capital or Other Gains (*or loss*) Statement
- Taxable Amount of IRA Distributions, Pension, & Annuity Payments (*including Simplified Employee Pension [SEP] and Savings Incentive Match Plan for Employees [SIMPLE] IRA*)
- Rental Real Estate, Royalties, Partnerships, S Corporations, Trusts, etc.
- Farm Income (*or loss*) Statement
- Unemployment Compensation Benefit Award Letter
- Social Security/Disability Benefit Award Letter
- Other Income (*Including prizes / awards; gambling, lottery / raffle winnings; jury duty fees; Alaska Permanent funds dividends; reimbursements for amounts deducted in previous tax years; income from any rental property; and income from an activity not engaged in for profit*)





proud past, promising future

CLARK COUNTY
WASHINGTON

**DEPARTMENT OF COMMUNITY SERVICES
HOUSING REHABILITATION PROGRAM**

Repair Request Application

I. Applicant Information

Applicant:		Phone 1:
_____	_____	-----
Last	First	Phone 2:
Co-applicant (if applicable):		-----
_____	_____	Email:
Last	First	_____
Alternate Contact Name and Number:		

II. Property Information

Property Address:		Zip Code:
_____		_____
Mailing Address (if different):	Type of Home:	
_____	<input type="checkbox"/> Mobile Home in Park <input type="checkbox"/> Mobile Home on Private Land <input type="checkbox"/> Site Built	
Year Home Built: _____		

III. Repairs Needed/Requested

1.
2.
3.
4.
5.



Equal Opportunity Provider
The Fair Housing Act prohibits discrimination in housing because of race or color, national origin, religion, sex, familial status, mental or physical handicap.

IV. Household Information – Please list everyone in the household, regardless of relationship or contribution. Use an additional sheet if necessary.

	Name	DOB	Occupation
1.			
2.			
3.			
4.			
5.			
6.			

V. Income Information – Include the monthly gross income (before taxes and deductions) for all people over the age of 18. Use an additional page if necessary.

Income Source	Applicant	Co-Applicant	Resident	Resident
Wages				
Bonus / Tips				
Social Security				
Pension / Retirement				
Unemployment				
VA Pension or Disability				
Self-Employment*				
IRA's				
Alimony				
Other Income				
Total				

* If self-employed, please submit the Profit/Loss Statement enclosed in this application packet.

VI. Assets – List assets other than your home, its contents, and one automobile.

Name: Bank 1	Checking Balance	Savings Balance
Name: Bank 2	Checking Balance	Savings Balance
Name: Bank 3	Checking Balance	Savings Balance
Stocks Value	Bonds Value	CD Value
Mutual Fund Value	Retirement Fund Value	Pension Fund Value
Other	Other	Other

VII. Additional Questions

Please answer each question below by checking the appropriate box.

Do you have a reverse mortgage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you previously accessed any Clark County Housing Programs? If yes, briefly describe _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has a Lead Assessment been done at the home? Year _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the home been previously weatherized? Year _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the mortgage payments current?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the home for sale or in foreclosure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If in a mobile home park, is your space rent current?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own any other property in any other state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any loans, judgements, liens or lawsuits against the property which have affected the equity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the home being used for collateral?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the home in a Life Estate or Living Trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does anyone else, not currently living in the home, have a legal interest in the property (<i>i.e., a former spouse living elsewhere</i>)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have the legal right to encumber the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have Homeowner’s Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the property taxes up to date?	<input type="checkbox"/> Yes <input type="checkbox"/> No

VIII. Voluntary Information
HUD may require the following information for statistical purposes, and use it to determine how its programs are being utilized by minority families, and for other evaluation studies.

Female Head of Household <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you consider yourself or someone in your household disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Please indicate the household Race and Ethnicity.

Race			Ethnicity		
White / Caucasian	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hispanic
Black / African American	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hispanic
Asian	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hispanic
American Indian / Alaskan Native	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hispanic
Native Hawaiian / Other Pacific Islander	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hispanic
American Indian / Alaskan Native & White	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hispanic
Asian & White	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hispanic
Black / African American & White	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hispanic
American Indian / Alaskan Native & Black / African American	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hispanic
Other Multi-Racial	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hispanic

WARNING: Any person, who knowingly makes a false statement or a misrepresentation in this application or causes such a false statement or misrepresentation to be made, shall be subject to a fine of not more than \$5,000 or imprisonment for not more than two years, or both, under provisions of the U.S. Criminal Code.

IMPORTANT -- READ BEFORE SIGNING!

By signing this Application, the **Applicant(s) certifies, consents and agrees** that:

- The property is the Applicant's primary residence and the Applicant plans to continue to occupy the property.
- The Grant/Loan is needed to improve the safety, accessibility, and livability of the Applicant's home.
- This Application shall remain the property of Clark County Department of Community Services, Housing Preservation Program (HPP), to which it is submitted for the purpose of obtaining a grant/loan.
- Clark County Department of Community Services, Housing Preservation Program (HPP) and the United States Department of Housing and Urban Development (HUD), after giving of reasonable notice, are authorized to enter the improved property for the purpose of determining that the improvements have been completed.
- The information and statements made in this application are true, accurate, and complete to the best of the Applicant's knowledge and belief.

Applicant Information Release Authorization

I have applied for a grant/loan from Clark County Department of Community Services, Housing Preservation Program (HPP). I understand that Clark County Department of Community Services, Housing Preservation Program (HPP) will collect credit and income information, as well as other personal financial data, to confirm the information in my Application, and to confirm that I am eligible for this grant/loan.

I understand that all information collected by Clark County Department of Community Services, Housing Preservation Program (HPP) will be treated in a confidential manner and that no information about me or my family will be available to any unauthorized parties.

By signing this Application below, I am giving full authorization to the staff of Clark County Department of Community Services, Housing Preservation Program (HPP) to collect the information necessary to process my Grant/Loan Application, and I am giving full authorization to those entities and people who possess such information about me to share that information with Clark County Department of Community Services, Housing Preservation Program (HPP) in conjunction with this Application.

Applicant Signature

Date

Co-Applicant Signature

Date



**CLARK COUNTY
DEPARTMENT OF COMMUNITY SERVICES
Housing Rehabilitation Program**

Profit and Loss Statement for Self-Employed Homeowners

Name of Company: _____

Reporting Dates: ___ / ___ / ___ through ___ / ___ / ___

Gross Margin (Gross Profit / Total Sales Revenue)	%	%
Return on Sales (Net Profit / Total Sales Revenue)	%	%

Quarterly Year-to-Date

Sales Revenue

Sales Revenue	\$	\$
Total Sales Revenue (All Income from Sales and Services)	\$	\$

Cost of Sales

Products/Sales	\$	\$
Total Cost of Sales (Amount Paid for Products and Services)	\$	\$

Gross Profit (Total Sales Revenue – Total Cost of Sales)	\$	\$
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Operating Expenses:

Sales and Marketing

Advertising	\$	\$
Total Sales & Marketing Expenses	\$	\$

Research and Development

Technology Licenses	\$	\$
Total Research & Development	\$	\$

General and Administrative

Employee Wages & Salaries	\$	\$
Supplies	\$	\$
Meals and Entertainment	\$	\$
Rent	\$	\$
Telephone	\$	\$
Utilities	\$	\$
Depreciation	\$	\$
Insurance	\$	\$
Repairs and Maintenance	\$	\$
Total General and Administrative Expenses	\$	\$

Total Operating Expenses	\$	\$
Income from Operations (Gross Profit-Operating Expenses)	\$	\$
All taxes	\$	\$

Net Profit (Income from Operations – All Taxes)	\$	\$
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Signature

Date



EXHIBIT 1.1.1 (D)

DECLARATION OF NO INCOME

I, _____ (*applicant name*), do hereby declare that I have not received any income for the month(s) of:

1. _____ 2. _____ 3. _____

The reason that I have had no income for the months listed above is as follows:

I have been meeting my basic living needs for food, shelter, and utilities in the following way:

Food: _____

Shelter: _____

Utilities: _____

I certify that the information contained above is complete and accurate to the best of my knowledge. I understand that I am signing this statement under penalty of prosecution. If I knowingly give false information, which results in assistance received for which I am not eligible.

Applicant Signature: _____ Date: _____

Agency Representative: _____ Date: _____

CLARK COUNTY DEPARTMENT OF COMMUNITY SERVICES
Housing Rehabilitation Program

Monthly Expenses

Household	
Mortgage / Space Rent	
Property Tax	
Property Insurance	
Lien- Amount / Payment	
Lien- Amount / Payment	
Total	\$ -

Third-Party Debt	
Credit Card	
Credit Card	
Credit Card	
Other	
Other	
Total	\$ -

Utilities	
Electric	
Telephone	
TV/Cable	
Internet	
Natural Gas	
Garbage	
Water / Sewer	
Other (specify)	
Total	\$ -

Medical	
Insurance	
Doctor Bills	
Hospital Bills	
Prescriptions	
Total	\$ -

Loans	
Vehicle	
Personal	
Other	
Total	\$ -

Other Expenses	
Vehicle Insurance	
Child Care	
Food Expenses	
Child Support	
Alimony	
Other / Misc.	
Total	\$ -

Total Expenses

\$ -

HOW TO OBTAIN AN IRS INDIVIDUAL TAX TRANSCRIPT

As part of its ongoing efforts to protect taxpayers from identity thieves, the Internal Revenue Service stopped its third-party tax transcript faxing service in June 2019 and amended the Form 4506 series. The halt to the faxing and third-party service are two more steps the IRS is taking to protect taxpayer data.

As part of Clark County Community Services' Housing Preservation Program, a tax transcript is required as part of the application process for verification of income. Therefore, all Housing Preservation Program (HPP) applicants **MUST** obtain either a *Tax Transcript* **or** a *Verification of Non-Filing* from the IRS. The transcript or verification should be emailed, faxed, or mailed to the Clark County Community Housing & Development Program Assistant, Dawn Lee at: (1) email dawn.lee@clark.wa.gov; (2) fax to (564) 397-6028; or (3) mailed to Clark County Community Housing & Development, ATTN: Dawn Lee, PO Box 5000, Vancouver WA 98666-5000. **THIS APPLIES TO ALL APPLICANTS; APPLICATIONS CANNOT BE PROCESSED WITHOUT THIS INFORMATION.**

Individual taxpayers can obtain a **tax transcript** at no charge, by:

- 1) Using IRS.gov or the IRS2Go app to access the IRS **Get Transcript Online** portal. Once identity is verified, a transcript is available for immediate download or printing; OR
- 2) Call **800-908-9946** for an **automated** *Get Transcript by Mail* feature; OR
- 3) Submit Form 4506T-EZ (*attached*) to have a transcript mailed to the address of record (*usually takes 5-10 business days*).

When requesting a transcript, the taxpayer will need the following:

- Social Security Number
- Date of Birth
- Filing Status
- Mailing Address from Latest Tax Return
- Access to an Email Account (*only for option 1 above*)
- An account number from a credit card, mortgage, home equity loan, home equity line of credit or car loan (*for verification purposes & only for option 1 above*), and
- A mobile phone linked to your name (*for faster registration & only for option 1 above*) or ability to receive an activation code by mail.

When requesting a tax transcript, please request the following, depending upon filing status:

- If you filed **Form 1040**, please request tax transcripts for the most current year filed.
- If you **do not or did not** file a tax return, please request a *Verification of Non-Filing* from the IRS for the most current year.

NOTE: If you are requesting a tax transcript for 2021, the transcript typically will not be available until June 2022. If this is the case, please request a tax transcript for 2020; we can only accept the previous year's transcript if you are applying between January 1st and July 1st of 2022.

Short Form Request for Individual Tax Return Transcript

Department of the Treasury
Internal Revenue Service

▶ **Request may not be processed if the form is incomplete or illegible.**
▶ **For more information about Form 4506T-EZ, visit www.irs.gov/form4506tez.**

Tip: Get faster service: Online at www.irs.gov, **Get Your Tax Record** (Get Transcript) or by calling **1-800-908-9946** for specialized assistance. We have teams available to assist. **Note:** Taxpayers may register to use [Get Transcript](#) to view, print, or download the following transcript types: **Tax Return Transcript** (shows most line items including Adjusted Gross Income (AGI) from your original Form 1040-series tax return as filed, along with any forms and schedules), **Tax Account Transcript** (shows basic data such as return type, marital status, AGI, taxable income and all payment types), **Record of Account Transcript** (combines the tax return and tax account transcripts into one complete transcript), **Wage and Income Transcript** (shows data from information returns we receive such as Forms W-2, 1099, 1098 and Form 5498), and **Verification of Non-filing Letter** (provides proof that the IRS has no record of a filed Form 1040-series tax return for the year you request).

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number or individual taxpayer identification number on tax return
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 Year(s) requested. Enter the year(s) of the return transcript you are requesting (for example, "2008"). Most requests will be processed within 10 business days.

Note. If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS will notify you that it was unable to locate a return, or that a return was not filed, whichever is applicable.

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

Signature of taxpayer(s). I declare that I am the taxpayer whose name is shown on either line 1a or 2a. If the request applies to a joint return, **either** spouse must sign. **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 4506T-EZ. See instructions.

Phone number of taxpayer on line 1a or 2a

Sign Here			
	Signature (see instructions)	Date	
	Spouse's signature	Date	

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

Future Developments

For the latest information about developments related to Form 4506T-EZ, such as legislation enacted after it was published, go to www.irs.gov/form4506tez.

The filing location for the Form 4506T-EZ has changed. Please see the **Where to File** section for your new mailing location.

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

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

General Instructions

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

Purpose of form. Individuals can use Form 4506T-EZ to request a tax return transcript for the current and the prior three years that includes most lines of the original tax return. The tax return transcript will not show payments, penalty assessments, or adjustments made to the originally filed return. Form 4506T-EZ cannot be used by taxpayers who file Form 1040 based on a tax year beginning in one calendar year and ending in the following year (fiscal tax year). Taxpayers using a fiscal tax year must file Form 4506-T, Request for Transcript of Tax Return, to request a return transcript.

Use Form 4506-T to request tax return transcripts, tax account information, W-2 information, 1099 information, verification of non-filing, and record of account.

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.

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 Transcript of Your Tax Records" under "Tools" or call 1-800-908-9946.

Where to file. Mail or fax Form 4506T-EZ to the address below for the state you lived in when the return was filed.

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.

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
Florida, Louisiana, Mississippi, 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	RAIVS Team Stop 6716 AUSC Austin, TX 73301 855-587-9604
Alabama, Arkansas, Delaware, Georgia, Illinois, Indiana, Iowa, Kentucky, Maine, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, North Carolina, Oklahoma, South Carolina, Tennessee, Vermont, Virginia, Wisconsin	RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094
Alaska, Arizona,	RAIVS Team
California, Colorado, Connecticut, District of Columbia, Hawaii, Idaho, Kansas, Maryland, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Dakota, Utah, Washington , West Virginia, Wyoming	P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-298-1145

Specific Instructions

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 address on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address.

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

Note. If you use an SSN, name or combination of both, we will not input the information and the customer file number will reflect a generic entry of "999999999" on the transcript.

Signature and date. Form 4506T-EZ must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506T-EZ 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

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

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. If you request a transcript, sections 6103 and 6109 require you to provide this information, including your SSN. 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 4506T-EZ will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 9 min.; **Preparing the form**, 18 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 4506T-EZ 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.