



Dear Applicant,

Thank you for your interest in the City of Milpitas' Below Market Rate Program. Please read these directions in its entirety before filling out the application. The start of the process is to determine income eligibility, the result of this application does not guarantee housing, if you are to income qualify and proceed in the process, additional documents may be required.

The Below Market Rate program is for first-time homebuyers, meaning you, as the applicant and your spouse or co-applicant(s) have not owned a home during the 3-year period prior to date of the application. It is also an owner-occupied program. The home will not be rented or leased out. Sale or transfer of the property must be done with the City's consent.

The program is designated for low and moderate income households. Your gross income is determined by the calculation of the entire household's gross income, of all adults over 18. The household must submit copies of tax returns, 3 consecutive months of bank statements, W-2s, and employment verification. Please look below for more details. The entire household must meet low or moderate income based on State of California's Department of Housing and Community Development Income Limits, subject to change each year.

Please make sure that all persons residing in the household over the age of 18 include copies of all the listed items below:

- Most recent tax return, if you are unable to provide that, please fill out attached 4506-T form
- Most current and consecutive 3 months of statements which includes all accounts i.e. checking, savings, CDs, mutual funds, stocks, 401k, IRA, etc. For example, if you apply in August 1st, we must see statements for July, June and May.
- Most current and consecutive 2 months of paystubs, if you are unable to provide that please have your Human Resources Department fill out attached employment verification
- Copies of recent two years of W-2s
- Rent or copy of recent lease showing occupancy and address
- If applicable, verification of Milpitas residency i.e. utility bill, water bill etc.
- If application, verification of employment in Milpitas

If you are self-employed (or commission), in addition with the items above, please provide:

- Most current two years filed federal tax return, with first two pages plus Schedule A (if applicable)
- Most current and consecutive 3 months of paystubs, year-to-date earnings (if applicable)
- Most current and recent two years of 1099s

Additional information may be required as your application goes through the review process. You will be notified if additional information is needed. You do not need to follow up unless you decide to be removed from the waiting list or your contact information has changed.

Any false claims, omissions of assets, or income to obtain eligibility will dismiss your household and application from the City of Milpitas and dependent on the severity of the fraudulent act will be prosecuted accordingly.

If you have any questions pertaining to this application, please contact:

Hang Huynh, Assistant Housing Planner
City of Milpitas, 455 E. Calaveras Blvd., Milpitas, CA 95035
Phone: 408-586-3275 | Email: hhuynh2@ci.milpitas.ca.gov



City of Milpitas

Affordable Housing Application Form

APPLICANT INFORMATION

(List all household members over 18 and his/hers information, please fill out additional application if necessary)

APPLICANT				CO-APPLICANT			
Name				Name (if applicable)			
Address				Address			
Email Address				Email Address			
Home Phone		Work Phone		Home Phone		Work Phone	
Age	Household Status:	Are you a Milpitas Resident, Worker or Other?		Age	Household Status:	Are you a Milpitas Resident, Worker or Other?	
	Married <input type="checkbox"/>	Milpitas Resident	<input type="checkbox"/>		Married <input type="checkbox"/>	Milpitas Resident	<input type="checkbox"/>
	Separated <input type="checkbox"/>	Milpitas Worker	<input type="checkbox"/>		Separated <input type="checkbox"/>	Milpitas Worker	<input type="checkbox"/>
	Single <input type="checkbox"/>	Other	<input type="checkbox"/>		Single <input type="checkbox"/>	Other	<input type="checkbox"/>
Household Size (total number of persons in household living at household more than 50% of time): _____							
Combined Gross Annual Household Income (before tax): \$ _____							
How long have you lived at your current address? Less than 2 years: <input type="checkbox"/> 2-5 years <input type="checkbox"/> Longer than 5 years <input type="checkbox"/>							
Can you provide proof of Milpitas Residency or Milpitas Worker Status? (utility bill: Gas, cable, electric bill) Yes <input type="checkbox"/> No <input type="checkbox"/>							
Do you or have you ever own a home? No <input type="checkbox"/> Yes <input type="checkbox"/> If no longer, please provide how long ago: _____							

EMPLOYMENT INFORMATION (all household members over 18)

		Current Employment		Concurrent Job or Most Recent Past Job	
Head of Household	Employer			Employer	
	Address			Address	
	Frequency of Pay:	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly		Frequency of Pay:	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly
	Work Phone	Start Date/End Date		Work Phone	Start Date/End Date
	Position/Title	Gross Annual Salary/Income		Position/Title	Gross Annual Salary/Income
Co-Applicant	Employer			Employer	
	Address			Address	
	Frequency of Pay:	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly		Frequency of Pay:	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly
	Work Phone	Start Date/End Date		Work Phone	Start Date/End Date
	Position/Title	Gross Annual Salary/Income		Position/Title	Gross Annual Salary/Income

Additional Household Members (over the age of 18)

Additional Household Member <small>Over 18</small>	Employer		Employer	
	Address		Address	
	Frequency of Pay: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly		Frequency of Pay: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly	
	Work Phone	Start Date/End Date	Work Phone	Start Date/End Date
	Position/Title	Gross Annual Salary/Income	Position/Title	Gross Annual Salary/Income

Additional Household Member <small>Over 18</small>	Employer		Employer	
	Address		Address	
	Frequency of Pay: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly		Frequency of Pay: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly	
	Work Phone	Start Date/End Date	Work Phone	Start Date/End Date
	Position/Title	Gross Annual Salary/Income	Position/Title	Gross Annual Salary/Income

MONTHLY SOURCES OF INCOME (all household members over 18)

INCOME	Head of Household	Co-Applicant	Additional Household Member
Gross Monthly Salary			
Total Hrs. Worked			
Hourly Rate			
Secondary Job's Income			
Social Security			
A.F.D.C.			
Food Stamps			
Alimony			
Child Support			
Pension			

ASSETS (all household members over 18)

Savings			
Checking			
CDs			
Mutual Funds			
Others Not Mentioned i.e. gifts from family etc.			

Please note that you must be able to provide 3-5% of closing sales price of the home as down payment. City provided loan, if qualified, cannot be included in this as source of credit for your down payment. Please identify your credit source for down payment on the for-sale unit. If gift support, per directions, must include gift letter and 'seasoned.'

The undersigned certifies that all the information provided is true and complete. Any discrepancies or omissions later found may be grounds for disqualification. The undersigned agrees to provide the City of Milpitas with all the necessary information (verification of employment, credit, income, bank and savings account records, etc.) for the purpose of determining eligibility. The undersigned agrees to comply with all the required rules and regulations should he/she be approved. Any false documentation submitted (discovered now or later in the review process) shall be grounds for disqualification.

Please Note: The submittal of your application to the City of Milpitas does not guarantee that your application will be eligible for the affordable housing units. All eligible applicants will be notified regarding the status of their application. A lottery system will determine the order in which eligible applications are reviewed.

Applicant's Signature

Date

Co-Applicant's Signature

Date



**CITY OF MILPITAS
CREDIT INFORMATION DISCLOSURE AUTHORIZATION**

I/We hereby authorize you to release to American Financial Network, Inc. (Lender) for verification purposes, information concerning any and all information regarding credit, assets, and employment supplied to the City of Milpitas.

The above reports are for confidential use in compiling information regarding a real estate loan requested by the applicant(s) signing this form. I hereby authorize American Financial Network, Inc. to run a credit report on me/us for the purposes of qualifying for a new home purchase.

A photographic or carbon copy of this authorization being a photographic or carbon copy of the signature(s) of the undersigned may be deemed to be the equivalent of the original and may be used as an original.

Your prompt attention to this matter will help to expedite your real estate loan application.

Thank you,

Applicant's Signature

Social Security Number

Date

Applicant's Signature

Social Security Number

Date

EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO: (Name & address of employer) _____ Date: _____

RE: _____ Applicant/Tenant Name Social Security Number Unit # (if assigned)

I hereby authorize release of my employment information.

Signature of Applicant/Tenant Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Project Owner/Management Agent

Return Form To:

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: _____ Job Title: _____

Presently Employed: Yes ___ Date First Employed _____ No ___ Last Day of Employment _____

Current Wages/Salary: \$ _____ (check one)
 hourly weekly bi-weekly semi-monthly monthly yearly other _____

Average # of regular hours per week: _____ Year-to-date earnings: \$ _____ from: ___/___/___ through: ___/___/___

Overtime Rate: \$ _____ per hour Average # of overtime hours per week: _____

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

Commissions, bonuses, tips, other: \$ _____ (check one)
 hourly weekly bi-weekly semi-monthly monthly yearly other _____

List 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): _____

Additional remarks: _____

Employer's Signature Employer's Printed Name Date

Employer [Company] 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.

Request for Transcript of Tax Return

▶ **Request may be rejected if the form is incomplete or illegible.**
 ▶ **For more information about Form 4506-T, visit www.irs.gov/form4506t.**

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

Caution. If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

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 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 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 2011, filed in 2012, will likely not be available from the IRS until 2013. 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, 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 the signature date.

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

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.

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. You can also designate (on line 5) a third party to receive the 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.

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 Transcript of Your Tax Records" 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 512-460-2272
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 559-456-7227
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 P-6 Kansas City, MO 64999 816-292-6102

Chart for all other transcripts

If you lived in or your business was in:

Mail or fax to:

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 801-620-6922
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 859-669-3592

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. For a business address, file Form 8822-B, Change of Address or Responsible Party—Business.

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. If you completed line 5 requesting the information be sent to a third party, 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.

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.

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.

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.