



## CREDIT REPORT AUTHORIZATION

NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

SPOUSE: \_\_\_\_\_  
FIRST MIDDLE LAST

ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
CITY, STATE, ZIP

Social Security # \_\_\_\_/\_\_\_\_/\_\_\_\_

Spouse Social Security # \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Spouse 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 or my loan through Solita's House, Inc.

All information will be kept confidential between my Counselor and me. I further understand that Solita's House, Inc. will be held harmless for information received in this credit report.

Both Signatures are required if joint report is requested.

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

\_\_\_\_\_  
Spouse Signature Date



**SOLITA'S HOUSE**  
Providing the Keys to Homeownership

I \_\_\_\_\_ give Solita's House, Inc. permission to use my name and photograph, as well as that of my minor children, in any current and future publications or marketing materials. I also give permission to use my story for future news articles.

Furthermore, in view of the fact that Solita's House Inc. is a not-for-profit organization, I hereby release, hold harmless and waive all claims associated with these publications and marketing materials which I may have against Solita's House, Inc. and its employees.

\_\_\_ I DO NOT WANT MY PICTURES AND NAME USED.

\_\_\_\_\_  
signature

\_\_\_\_\_  
date

\_\_\_\_\_

\_\_\_\_\_

**SOLITA'S HOUSE, INC**

**Data Release Form & Third Party Authorization**

***NOTE: If have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.***

You hereby authorize and instruct Solita's House Housing Counseling Agency (SHI) and/or its assigned agents to:

- Obtain and review your credit report, and
- Request verifications of your income and rental history, and any other information deemed necessary for improving your housing situation (for example, verifying your annual property tax obligations and homeowner's insurance fees)

Your credit report will be obtained from a credit reporting agency chosen by Solita's House. You understand and agree that Solita's House intends to use the credit report for the purpose of evaluating your financial readiness to purchase or rent a home and/or to engage in post-purchase counseling activities. You hereby authorize Solita's House to share your credit report and any information that you provided (including any computations and assessments produced) with the entities listed below in order to help Solita's House determine your viable financial options.

- Lenders
- Banks
- Mortgage Servicers
- Debt Collectors
- Landlord
- Property Management Companies
- Social Service Agencies
- Counseling Agencies
- Public Housing Agencies

Entities such as mortgage lenders and/or counseling agencies may contact your Solita's House counselor to evaluate the options for which you may be eligible. In connection with such evaluation, you authorize the credit reporting and/or financial agencies to release information and cooperate with your SHI counselor. No information will be discussed about you with entities not directly involved in your efforts to improve your housing situation.

You hereby authorize the release of your information to program monitoring organizations SHI, including but not limited to, Federal, State, and nonprofit partners for program review, monitoring, auditing, research, and/or oversight purposes. In addition you authorize Solita's House to have your credit report pulled two additional times to conduct program evaluations. You also agree to keep SHI informed of any changes in address, telephone number, job status, marital status, or other conditions which may affect your eligibility for a program you have applied for a counseling service that you are seeking.

**Finally, you understand that you may revoke consent to these disclosures by notifying Solita's House in writing.**

LOAN NUMBER: \_\_\_\_\_

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

_____ Borrower Name	_____ Borrower signature	_____ Last 4 SSN	_____ Date
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_____ Borrower Name	_____ Borrower signature	_____ Last 4 SSN	_____ Date
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Counseling Agency: \_\_\_\_\_ Tax ID# \_\_\_\_\_

\_\_\_\_\_  
Counselor Name

\_\_\_\_\_  
Counselor Signature

## PROGRAM DISCLOSURE FORM

*NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.*

**About Us and Program Purpose:** Solita's House, Inc. (SHI) is a non profit, HUD approved comprehensive housing counseling agency. We provide free to low cost education workshops and a full spectrum of housing counseling including pre-purchase, foreclosure intervention and default, non-delinquency post-purchase counseling. We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability, or sexual orientation/gender identity. We administer our programs in conformity with local, state and federal anti-discrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.). **As a housing counseling program participant, please affirm your roles and responsible along with the following disclosures and initial, sign and date the form on the following page.**

### **Client and Counselor Roles and Responsibilities:**

<b>Counselor's Roles &amp; Responsibilities</b>	<b>Client's Roles &amp; Responsibilities</b>
Reviewing your housing goal and your finances; which includes your income, debts, assets, and credit history.	Completing the steps assigned to you in your Client Action Plan.
Preparing a Client Action Plan that lists the steps that you and your counselor will take in order to achieve your housing goal.	Providing accurate information about your income, debt, expenses, credit, and employment.
Preparing a household budget that will help you manage your debt, expenses, and savings.	Attending meetings, returning calls, proving requested paperwork in a timely manner.
Your counselor is not responsible for achieving your housing goal, but will provide guidance and education in support of your goal.	Notifying SHI or your counselor when changing housing goal.
Neither your counselor nor SHI employees, agents, or directors may provide legal advice.	Attending educational workshop(s) (i.e. pre-purchase counseling workshop) as recommended.
	Retaining an attorney if seeking legal advice and/or representation in matters such as foreclosure or bankruptcy protection.
<b>Termination of Services: Failure to work cooperatively with your housing counselor and/or SHI with result in the discontinuation of counseling services. This includes, but is not limited to, missing three consecutive appointments.</b>	
_____ <b>initials</b>	

**Agency Conduct:** No SHI employee, officer, director, contractor, volunteer, or agent shall undertake any action that might result in, or create the appearance of, administering counseling operations for personal or private gain, provide preferential treatment for any person or organization, or engage in conduct that will compromise our agency's compliance with federal regulations and our commitment to serving the interests of our clients.

**Agency Relationships:** SHI financial affiliation (if funded by HUD) or professional affiliations (if not funded by HUD) with HUD, Neighbor Works America, Florida Foreclosure Counseling Program, Florida Housing Corp., National Foreclosure Mitigation Counseling, HomeFree USA, USDA Rural Development, the State of Florida Hillsborough County, and banks including Bank of America, Wells Fargo, Third Federal Savings and Loans. As a housing counseling program participant, you are not obligated to use the products and services of SHI or our industry partners.

**Alternative Services, Programs, and Products & Client Freedom of Choice:** SHI has a first-time homebuyer program developed in partnership with various partners. However, you are not obligated to participate in this or other SHI programs and services while you are receiving housing counseling from our agency. You may consider seeking alternative products and services from entities including Ship/Home Programs, FHA, Florida Bond, USDA and (FHA) for other first-time homebuyer programs. You are entitled to choose whatever real estate professionals, lenders, and lending products that best meet your needs.

**Referrals and Community Resources:** You will be provided a community resource list which outlines the county and regional services available to meet a variety of needs, including utilities assistance, emergency shelter, transitional housing, food banks, and legal aid assistance. This list also identifies alternative agencies that provide services, programs, or products identical to those offered by SHI and its exclusive partners and affiliates.

Solita's House, Inc. and its employees are NOT attorneys. The information provided in this document is to be used as a resource and is based solely on the experiences of the agency's counselors and training. This form is to be completed only for the purpose of providing counseling services in Foreclosure Intervention & Default Counseling and Pre-purchase Mortgage Readiness.

## PROGRAM DISCLOSURE FORM

**Errors and Omissions and Disclaimer of Liability:** I/we agree SHI, its employees, agents and directors are not liable for any claims and causes of action arising from errors or omissions by such parties, or related to my participation in SHI counseling; and I hereby release and waive all claims of action against SHI and its affiliates. I have read this document, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law. If any provision of this document is unenforceable, it shall be modified to the extent necessary to make the provision valid and binding, and the remainder of this document shall remain enforceable to the full extent allowed by law.

**Quality Assurance:** In order to assess client satisfaction and in compliance with grant funding Requirements, SHI, or one of its partners, may contact you during or after the completion of your housing counseling service. You may be requested to complete a survey asking you to evaluate your client experience. Your survey data may be confidentially shared with SHI grantors such as HUD, Neighbor Works America or NFMC.

**Privacy Policy:** I/ We acknowledge that I/we receives a copy of the Solita's House Privacy Policy.

/\_\_\_\_\_  
initials

**I/we acknowledge that I/we received, reviewed, and agree to the Solita's House Program Disclosures.**

\_\_\_\_\_  
Name 1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name 2 Signature

\_\_\_\_\_  
Date

# Privacy Policy

*NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.*

Solita's House, Inc (SHI) 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 personal information shared orally and/or in writing will be managed within ethical and legal considerations. Additionally, we want you to understand how we use the personal information we collect about you. Please carefully review this notice as it describes our policy regarding the collection and disclosure of your nonpublic, personal information.

## What is nonpublic, personal information?

- Information that identifies an individual personally and is not otherwise publically available information, such as your Social Security Number or demographic data such as your race and ethnicity
- Includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts

## What personal information does SHI collect about you?

We collect personal information about you from the following sources:

- Information that you provide on applications, forms, email, or verbally
- Information about your transactions with us, our affiliates, or others
- Information we receive from your creditors or employment references
- Credit Reports

## What categories of information do we disclose and to whom?

We may disclose the following personal information to financial service providers (such as companies providing home mortgages), Federal, State, and nonprofit partners for program review, monitoring, auditing, research, and/or oversight purposes, and/or any other pre-authorized individual and/or organization. The types of information we disclose are as follows:

- Information you provide on applications/forms or other forms of communication. This information may include your name, address, Social Security Number, employer, occupation, account numbers, assets, expenses, and income.
- Information about your transactions with us, our affiliates, or others; such as your account balance, monthly payment, payment history, and method of payment.
- Information we receive from a consumer credit reporting agency; such as your credit bureau reports, your credit and payment history, your credit scores, and/or your creditworthiness.
- We do not sell or rent your personal information to any outside entity.
- We may share anonymous, aggregated case file information; but this information may not be disclosed in a manner that would personally identify you in any way. This is done in order to evaluate our program, gather valuable research information, and/or design future programs.
- We may also disclose personal information about you to third parties as permitted by law.

## How is your personal information secured?

We restrict access to your nonpublic personal information to SHI employees who need to know that information in order to perform their housing counseling duties. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information; and we train our staff to safeguard client information and prevent unauthorized access, disclosure, or use.

## Opting Out of Certain Disclosures

You may direct SHI to *not* disclose your nonpublic personal information to third parties (other than disclosures made to project partners and those permitted by law). However, if you choose to opt out, we will not be able to answer any questions from your creditors, which may limit SHI ability to provide services such as foreclosure prevention counseling. If you choose to opt-out, please sign below under the "Opt-Out" clause. If you choose to release your information as stipulated in this Privacy Policy, sign under the "Release" clause. You may change your decision any time by contacting our agency.

## Monitoring for possible fraud

Monitoring for possible fraud requires the identification of processes, controls and other procedures to mitigate risk, including an effective and secure information system and appropriate monitoring and quality assurance activities. The Foreclosure Counseling Program (FCP) has a fraud/waste reporting system for clients to use if they suspect inappropriate activities occurring. The system can be accessed at: <https://apps.floridahousing.org/standalone/OIGWAFForm/>.

**OPT-OUT:** I request that Solita's House Inc, make no disclosures of my nonpublic personal information to third parties other than project partners and those permitted by law. By choosing this option, I understand that SHI will NOT be able to answer any questions from my creditors. I understand that I may change my decision any time by contacting Solita's House Inc,

_____ Name 1 (Printed)	_____ Signature	_____ Date	_____ Name 2 (Printed)	_____ Signature	_____ Date
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**RELEASE:** I hereby authorize Solita's House Inc, to release nonpublic personal information it obtains about me to my creditors and any third parties necessary to provide me with the services I requested. I acknowledge that I have read and understand the above privacy practices and disclosures.

_____ Name 1 (Printed)	_____ Signature	_____ Date	_____ Name 2 (Printed)	_____ Signature	_____ Date
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## FCP Authorization

Borrower Name
Co-Borrower Name
Property Address
Mortgage Company Name
Loan Number

1. I authorize **Solita's House, Inc.** to submit client-level information to the Florida Housing Finance Corporation for the Foreclosure Counseling Program.
2. I authorize the Florida Housing Finance Corporation to open files to be reviewed for program monitoring and compliance purposes.
3. I authorize the Florida Housing Finance Corporation to conduct follow-up with me related to program evaluation.

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Borrower Signature

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Date

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Borrower Signature

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Date

## Authorization and Consent for Release of Information

Date	
Mortgage Company	
Mortgage Company Phone No.	
Loan Number	
Borrower	
Co-Borrower	
Property Address	

1. I hereby authorize Solita's House, Inc. to obtain any or all information and to represent me/us for the purpose of discussing and/or negotiating all matters relating to my/our mortgage.
2. I authorize Solita's House, Inc. to help me/us with all matters regarding the Housing Affordability and Stabilization plan.
3. I authorize Solita's House, Inc. to provide all figures and financial information on my/our behalf, to make any changes to our account on my/our behalf and to any document pertaining to my/our loan.
4. I authorize Solita's House, Inc. to request any document pertaining to my/our loan.
5. I hereby authorize Solita's House, Inc. to verify my past and present employment earnings records, bank accounts, stock holdings, and any other asset balances that are needed to provide a mortgage estimate and/or process my mortgage modification application.
6. I understand that Solita's House, Inc. provides foreclosure mitigation counseling after which I will receive a written Action Plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies as appropriate.
7. I understand that Solita's House, Inc. receives Congressional funds through HomeFree-USA for the National Foreclosure Mitigation Counseling (NFMC) program, and, as such, is required to (a) submit client-level information to the DCS for this grant, (b) allow HomeFree-USA and NFMC to open files to be reviewed for program monitoring and compliance purposes, and (c) allow HomeFree-USA and NFMC to conduct follow-up with the client related to program evaluation.
8. I give permission for HomeFree-USA and NFMC program administrators and/or their agent to follow-up with me within 3 years for the purposes of program evaluation.

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**Solita's House, Inc. Representative**

**Title**

**Date**

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**Borrower Signature**

**Social Security #**

**Date**

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**Co-Borrower Signature**

**Social Security #**

**Date**



## **ALTERNATIVE HOUSING OPTIONS DISCLOSURE**

I/we have reviewed the following alternative housing options with a counselor representing **Solita's House, Inc.** I/we understand that while the counselor is providing information about these options, they are in no way representing that they are providing legal or financial assistance regarding the options presented. I/we further understand that I/we should consult with legal or financial counsel regarding any of the options presented below to obtain more detailed information.

- ☐ **Appeal Loan Modification Denial:** An appeal needs to be submitted within 14 days after the servicer denies a homeowner's application for a loan modification. The lender or servicer has to assign the review of appeal to someone who was not responsible for the initial decision and must provide a response in writing within 30 days of appeal.
- ☐ **Bankruptcy:** A homeowner with significant non-mortgage debt who is unable to pay these debts or their mortgage payment may file for bankruptcy which liquidates assets and/or reorganizes debt to pay back creditors over a period of time.
- ☐ **Deed-in-Lieu of Foreclosure:** A homeowner returns ownership of the property to the lender rather than go through the foreclosure process.
- ☐ **Deed for Lease:** A homeowner returns ownership of the property that is FHA-insured back to the lender and leases the property from the lender for a twelve month period.
- ☐ **Home Affordable Foreclosure Alternatives (HAFA) Program:** A homeowner qualifies for HAFA and is offered pre-approved short sale terms and cash incentives for relocation assistance.
- ☐ **Homeowners Assistance Program:** A member of the military or federal employee qualifies for this program which has a variety of assistance programs including private sales, government purchase, and/or foreclosure.
- ☐ **Sell the Property:** A homeowner with sufficient equity lists their property with a qualified real estate agent that understands the foreclosure process in their area.
- ☐ **Short Sale:** A homeowner has a financial hardship and qualifies for a sales transaction where the lender is willing to accept the payoff of a mortgage for less than what is owed.

I/We have read and understand the alternative housing options detailed on this form.

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Applicant's Signature

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Co-Applicant's Signature

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Date

---

Date



## **FLORIDA FORECLOSURE COUNSELING PROGRAM PRIVACY POLICY AND PRACTICES**

We value your trust and are committed to the responsible management, use and protection of personal information. This notice describes our policy regarding the collection and disclosure of personal information. Personal information, as used in this notice, means information that identifies an individual personally and is not otherwise publicly available information. It includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts. It also includes your social security number and other information that you have provided us on any applications or forms that you have completed.

### **Information We Collect**

We collect personal information about you to support our housing counseling program from the following sources:

- Information that we receive from you on applications or other forms;
- Information about your transactions with us, our affiliates or others;
- Information we receive from a consumer reporting agency; and
- Information that we receive from personal and employment references.

### **Information We Disclose**

We may disclose the following kinds of personal information about you for the sole purpose of assisting you with your housing need and for program compliance and audit checks:

- Information we receive from you on applications or other forms, such as your name, address, social security number, employer, occupation, assets, debts and income;
- Information about your transactions with us, our affiliates or others, such as your account balance, payment history and parties to your transactions; and
- Information we receive from a consumer reporting agency, such as your credit bureau reports, your credit history and your creditworthiness.

### **Who We Disclose To**

We are required to provide information about you to the Florida Housing Finance Corporation as the funding agency for the Foreclosure Counseling Program and its authorized agents for purposes of data reporting, program compliance and audit purposes.

### **Confidentiality and Security**

We restrict access to your personal information to employees who need that information to help them provide services to you, including making loan decisions, aiding you in obtaining loans from others, and financial and foreclosure counseling. We maintain physical and electronic security procedures to safeguard the confidentiality and integrity of personal information in our possession and to guard against unauthorized access. We use locked files, user authentication and detection software to protect your information. Our safeguards comply with federal regulations to guard your personal information.

### **Monitoring for possible fraud**

Monitoring for possible fraud requires the identification of processes, controls and other procedures to mitigate risk, including an effective and secure information system and appropriate monitoring and quality assurance activities. FCP has a fraud/waste reporting system for clients to use if they suspect inappropriate activities occurring. The system can be accessed at: <https://apps.floridahousing.org/StandAlone/OIGWAFForm/>.



## FORECLOSURE COUNSELING PROGRAM DISCLOSURE

### Purpose of Housing Counseling

I/We understand that the purpose of the Foreclosure Counseling Program is to provide counseling and education to help customers address financial problems that put them at risk of losing their home. The counselor will analyze my/our financial and credit situation, identify problems preventing me/us from making my/our housing payments, and develop a plan to resolve those problems. The counselor will also provide assistance with debt-load management and preparation of a manageable monthly budget plan. I/We further understand that it is not be the counselor's responsibility to fix the problem for me/us but rather to provide guidance and education to empower me/us to pursue a loan modification or other resolution from my/our lender.

### Loan Modification Assistance

As part of participation in the foreclosure counseling program, I/we understand that the counselor will help identify programs that best fit my/our needs. I/we understand that with my/our permission, my/our information will be submitted to my/our lender for consideration of a modification or other resolution options. I/We understand that the counselor will monitor my/our progress to ensure the process runs smoothly and provide assistance as needed. I/We understand that the counseling agency does not guarantee that I/we will receive a loan modification or any other resolution from my/our lender.

### Financial Management Education Classes

I/We understand that as part of the foreclosure counseling program, I/we will be required to complete financial management education classes.

### Customer's Responsibility

I/We understand that it is my/our responsibility to work in conjunction with the counseling process and that failure to cooperate will result in the discontinuation of my counseling program. This includes but is not limited to missing three consecutive appointments.

I/We have read and understand our rights and responsibilities detailed on this form.

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Applicant's Signature

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Co-Applicant's Signature

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Date

---

Date

## 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](http://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](http://IRS.gov) and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

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

/	/	/	/
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**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:** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

<input type="checkbox"/> <b>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.</b> See instructions.	Phone number of taxpayer on line 1a or 2a _____
<b>Sign Here</b> ▶ <b>Signature</b> (see instructions)	Date
▶ <b>Title</b> (if line 1a above is a corporation, partnership, estate, or trust)	_____
▶ <b>Spouse's signature</b>	Date



**Federal Deposit  
Insurance Corporation**

Each depositor insured to at least \$250,000 per insured bank



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[Home](#) > [Consumer Protection](#) > [Financial Education & Literacy](#) > [Money Smart - A Financial Education Program](#)

## Money Smart - A Financial Education Program

[Money Smart Home](#)

[Página de inicio en español](#)

### Teach Money Smart

[Money Smart for Adults](#)

[Money Smart for Young People](#)

[Money Smart for Older Adults](#)

[Money Smart for Small Business](#)

[Train-the-Trainer Program](#)

[Implementation Resources](#)

### Learn Money Smart

[Computer-Based Instruction](#)

[Money Smart Podcast Network  
\(MP3\)](#)

### Resources

[Money Smart News](#)

[Money Smart Alliance Members](#)

[Press Releases and Publications](#)

[Contacts](#)

### Computer-Based Instruction

[Vea esta página en español](#)

**You must complete at least four modules in  
order to continue to receive  
our services.**

The newly enhanced Money Smart Computer-Based Instruction (CBI) is an easy-to-use tool to learn more about basic personal financial management. The CBI can complement formal classes by providing learning assignments that users can complete at their own pace.

The CBI (English language version) was enhanced as of April 2012. The CBI features a game-based learning design and separate learning tracks for adults and young adults. The adult learning track features the 11 modules in the instructor-led Money Smart curriculum for adults. The young adult learning track (for those age 13 and older) features the eight modules in the Money Smart for Young Adults curriculum.

Each module can generally be completed within 30 minutes. Successful completion of a module will earn the user a certificate of completion for the module.

[FDIC staff](#) is available to provide technical assistance and to help facilitate partnerships among interested parties.

Access the CBI version of Money Smart:

- Enter [Money Smart CBI Online](#)
- Entra en [Money Smart CBI Online](#)

**CLICK HERE TO ENTER THE MODULES**

If you are accessing the CBI from a slow internet connection, you may experience brief response delays. For optimum CBI viewing we suggest a set of [minimum computer requirements](#).

If you need to stop the online CBI program while in progress the program will remember where you stopped, once you log back in.

A CD-ROM version is available for those without internet access and may be [ordered](#). When using the CBI CD-ROM, you must use the same computer that you used the previous time. This will allow the program to remember where you stopped.

[Back to top](#)

**DON'T FORGET TO PRINT CERTIFICATES AND PROVIDE TO YOUR COUNSELOR**



**EQUAL HOUSING  
OPPORTUNITY**

**We Do Business in Accordance With the Federal Fair  
Housing Law**

(The Fair Housing Amendments Act of 1988)

**It is illegal to Discriminate Against Any Person  
Because of Race, Color, Religion, Sex,  
Handicap, Familial Status, or National Origin**

- |  |  |
|--|--|
| ■ In the sale or rental of housing or residential lots | ■ In the provision of real estate brokerage services |
| ■ In advertising the sale or rental of housing         | ■ In the appraisal of housing                        |
| ■ In the financing of housing                          | ■ Blockbusting is also illegal                       |

Anyone who feels he or she has been discriminated against may file a complaint of housing discrimination:

**1-800-669-9777 (Toll Free)  
1-800-927-9275 (TTY)**

**U.S. Department of Housing and  
Urban Development  
Assistant Secretary for Fair Housing and  
Equal Opportunity  
Washington, D.C. 20410**



# For Your Protection: Get a Home Inspection

## Why a Buyer Needs a Home Inspection

A home inspection gives the buyer more detailed information about the overall condition of the home prior to purchase. In a home inspection, a qualified inspector takes an in-depth, unbiased look at your potential new home to:

- ✓ Evaluate the physical condition: structure, construction, and mechanical systems;
- ✓ Identify items that need to be repaired or replaced; and
- ✓ Estimate the remaining useful life of the major systems, equipment, structure, and finishes.

## Appraisals are Different from Home Inspections

An appraisal is different from a home inspection. Appraisals are for lenders; home inspections are for buyers. An appraisal is required to:

- ✓ Estimate the market value of a house;
- ✓ Make sure that the house meets FHA minimum property standards/requirements; and
- ✓ Make sure that the property is marketable.

## FHA Does Not Guarantee the Value or Condition of your Potential New Home

If you find problems with your new home after closing, FHA can not give or lend you money for repairs, and FHA can not buy the home back from you. That is why it is so important for you, the buyer, to get an independent home inspection. Ask a qualified home inspector to inspect your potential new home and give you the information you need to make a wise decision.

## Radon Gas Testing

The United States Environmental Protection Agency and the Surgeon General of the United States have recommended that all houses should be tested for radon. For more information on radon testing, call the toll-free National Radon Information Line at 1-800-SOS-Radon or 1-800-767-7236. As with a home inspection, if you decide to test for radon, you may do so before signing your contract, or you may do so after signing the contract as long as your contract states the sale of the home depends on your satisfaction with the results of the radon test.

## Be an Informed Buyer

It is your responsibility to be an informed buyer. Be sure that what you buy is satisfactory in every respect. You have the right to carefully examine your potential new home with a qualified home inspector. You may arrange to do so before signing your contract, or may do so after signing the contract as long as your contract states that the sale of the home depends on the inspection.





# Don't Be A Victim of Loan Fraud

## *Protect Yourself from Predatory Lenders*

Buying or refinancing your home may be one of the most important and complex financial decisions you'll ever make. Many lenders, appraisers and real estate professionals stand ready to help you get a nice home and a great loan. However, you need to understand the homebuying process to be a smart consumer. Every year, misinformed homebuyers, often first-time purchasers or seniors, become victims of predatory lending or loan fraud.

**Don't let this happen to you!**



## **11 tips on being a smart consumer**

- 1** Before you buy a home, attend a homeownership education course offered by a U.S. Department of Housing and Urban Development (HUD)-approved, non-profit counseling agency.
- 2** Interview several real estate professionals (agents), and ask for and check references before you select one to help you buy or sell a home.
- 3** Get information about the prices of other homes in the neighborhood. Don't be fooled into paying too much.
- 4** Hire a properly qualified and licensed home inspector to carefully inspect the property before you are obligated to buy. Determine whether you or the seller is going to be responsible for paying for the repairs. If you have to pay for the repairs, determine whether or not you can afford to make them.
- 5** Shop for a lender and compare costs. Be suspicious if anyone tries to steer you to just one lender.
- 6** Do **NOT** let anyone persuade you to make a false statement on your loan application, such as overstating your income, the source of your down payment, failing to disclose the nature and amount of your debts, or even how long you have been employed. When you apply for a mortgage loan, every piece of information that you submit must be accurate and complete. Lying on a mortgage application is fraud and may result in criminal penalties.
- 7** Do **NOT** let anyone convince you to borrow more money than you know you can afford to repay. If you get behind on your payments, you risk losing your house and all of the money you put into your property.
- 8** Never sign a blank document or a document containing blanks. If information is inserted by someone else after you have signed, you may still be bound to the terms of the contract. Insert "N/A" (i.e., not applicable) or cross through any blanks.
- 9** Read everything carefully and ask questions. Do not sign anything that you don't understand. Before signing, have your contract and loan agreement reviewed by an attorney skilled in real estate law, consult with a trusted real estate professional or ask for help from a housing counselor with a HUD-approved agency. If you cannot afford an attorney, take your documents to the HUD-approved agency near you to find out if they will review the documents or can refer you to an attorney who will help you for free or at low cost.
- 10** Be suspicious when the cost of a home improvement goes up if you don't accept the contractor's financing.
- 11** Be honest about your intention to occupy the house. Stating that you plan to live there when, in fact, you are not (because you intend to rent the house to someone else or fix it up and resell it) violates federal law and is a crime.



# What is **PREDATORY LENDING?**

In communities across America, people are losing their homes and their investments because of predatory lenders, appraisers, mortgage brokers and home improvement contractors who:

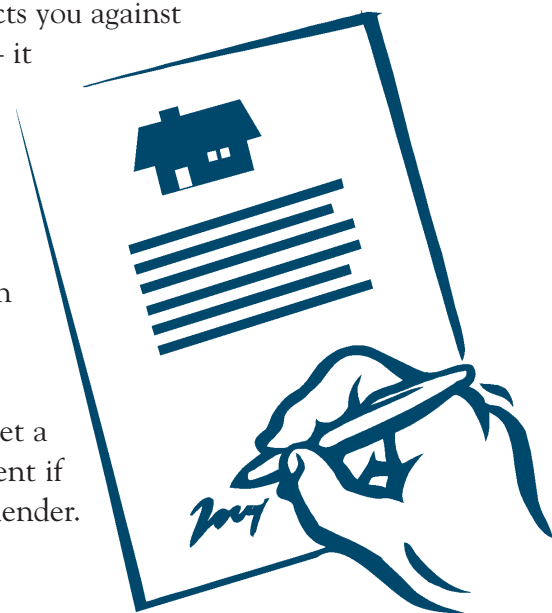
- Sell properties for much more than they are worth using false appraisals.
- Encourage borrowers to lie about their income, expenses, or cash available for down payments in order to get a loan.
- Knowingly lend more money than a borrower can afford to repay.
- Charge high interest rates to borrowers based on their race or national origin and not on their credit history.
- Charge fees for unnecessary or nonexistent products and services.
- Pressure borrowers to accept higher-risk loans such as balloon loans, interest-only payments and steep pre-payment penalties.
- Target vulnerable borrowers for cash-out refinance offers when they know borrowers are in need of cash due to medical, unemployment or debt problems.
- “Strip” homeowners’ equity from their homes by convincing them to refinance again and again when there is no benefit to the borrower.
- Use high pressure sales tactics to sell home improvements and then finance them at high interest rates.



Housing counselors with a HUD-approved agency can help you be a smart consumer. To find a counselor near you, call 1-800-569-4287 or go to HUD’s web site [www.hud.gov](http://www.hud.gov).

## **WHAT TACTICS DO PREDATORS USE?**

- A lender or investor tells you that they are your only chance of getting a loan or owning a home. You should be able to take your time to shop around and compare prices and houses.
- The house you are buying costs a lot more than other homes in the neighborhood, but isn’t any bigger or better.
- You are asked to sign a sales contract or loan documents that are blank or contain information that is not true.
- You are told that the Federal Housing Administration insurance protects you against property defects or loan fraud — it does not.
- The costs or loan terms at closing are not what you agreed to.
- You are told that refinancing can solve your credit or money problems.
- You are told that you can only get a good deal on a home improvement if you finance it with a particular lender.



### **REMEMBER**

*If a deal to buy, repair or refinance a house sounds too good to be true, it usually is!*



# Community Resource Guide

## CRISIS CENTER OF TAMPA BAY SERVICES

- **2-1-1 Tampa Bay** – Information & Referral and Crisis Counseling – 2-1-1; TTY 969-4944
- **Trauma Recovery Services** – Trauma Counseling Services for Children & Adults – 264-9955
- **Telephone Reassurance** – Daily Reassurance & Safety Checks – 964-1577; TTY 969-4992
- **Family Stabilization/Travelers Aid** – Case Management/Financial Assistance – 264-9949
- **Sexual Assault Services** – Sexual Assault Forensic Medical Unit – 2-1-1
- **Tampa Learning Connections** - Training & Community Education - 969-4958
- **TransCare** – Emergency Medical and/or Mental Health Transportation - 681-4422
- **Volunteer Services** - 969-4997

Search our community resources online at:

**[www.211atyourfingertips.org](http://www.211atyourfingertips.org)**

Service providers add or update your  
program information here.

Interpreters available for 150 Languages

Interpretes disponibles en 150 Idiomas

**Suicidal Callers..... 1-800-273-TALK (8255)**  
Poison Information Center..... 1-800-222-1222

### ABANDONED BABY PROGRAM

For Help or Information Call..... 2-1-1

### ABUSE - CHILD & ADULT

Abuse Reporting Hotline..... 1-800-96-ABUSE  
Child Abuse Council..... 673-4646  
Child Protection Team..... 250-6670  
Family Justice Center of Hillsborough County..... 935-2015  
Hillsborough Kids, Inc. .... 225-1105  
Joshua House..... 263-3469  
The Spring of Tampa Bay..... 247-7233

### ADDICTION & SUBSTANCE ABUSE

ACTS..... 367-2315  
Al-Anon / Alateen..... 881-9372  
Alcoholics Anonymous (24hrs)..... 933-9123  
The Centre..... 251-8437  
DACC..... 984-1818  
Florida Substance Abuse Hotline..... 1-800-662-4357  
Gambler's Anonymous..... 811-0969  
Narcotics Anonymous..... 879-4357  
Operation PAR..... 1-888-727-6398  
Phoenix Houses of Florida – Adult Residential..... 352-595-5000  
Phoenix Houses of Florida – Teen & Adult Outpatient..... 881-1000  
Salvation Army Adult Rehabilitation Center..... 972-0471  
Tampa Crossroads (Offender Services)..... 238-8557  
Turning Point of Tampa..... 1-800-397-3006  
Windmoor Healthcare..... 1-888-834-2946

### CHILD CARE & YOUTH SERVICES INFORMATION

Big Brothers & Big Sisters..... 769-3600  
Boy Scouts, Gulf Ridge Council..... 872-2691  
Boys Initiative..... 514-9555  
Boys & Girls Club..... 875-5771  
Child Care Resource & Referral ..... 744-8942  
Girl Scouts Suncoast Council..... 281-4475  
Haven Poe Runaway Center..... 264-3807  
Healthy Start..... 301-8016  
Hills. County Child & Family Counseling ext. 136..... 264-3807  
Hillsborough County Head Start/Early Head Start..... 272-5140  
Hillsborough County Parks & Recreation..... 635-3500  
Hillsborough County Public Schools Head Start..... 744-8941  
Kid Connection Network..... 837-7714  
Ophelia Project..... 514-9555  
PACE Center for Girls..... 739-0410  
Phone-Friend Program- Reassurance & Homework Help..... 681-6543  
TeenLink Information Helpline..... 236-8336  
Youth Advocate Programs..... 248-3980  
YMCA..... 224-9622

## COUNSELING & MENTAL HEALTH

Adult Emergency Services..... 272-2958  
Camelot Community Mental Health..... 635-9765  
Catholic Charities..... 631-4370  
Children's Crisis Center..... 272-2882  
Life Center of the Suncoast..... 237-3114  
Northside Mental Health Center..... 977-8700  
Tampa Jewish Family Services..... 960-1848  
Veterans Counseling Program..... 238-8557

## EDUCATION

Adult & Community Education..... 740-7750  
Hillsborough Community College..... 253-7000  
Hillsborough County Public Schools..... 272-4000  
Hispanic Services Council..... 936-7700  
Public Library Cooperative..... 273-3652

## EMPLOYMENT

AARP Senior Community Service Employment Program..... 962-4600  
The Centre..... 251-8437  
Career Resource Center- CDC of Tampa..... 231-4362 ext. 301  
City of Tampa Employment Services..... 274-8911  
Employment Opportunity Program..... 272-5040  
Goodwill Industries..... 727-523-1512  
Hillsborough County Civil Service Job News Line Recordings..... 272-6975  
Vocational Rehabilitation..... 233-3600  
Tampa Bay Workforce Alliance..... 930-7400

## FINANCIAL ASSISTANCE

ACCESS Florida Information Line/DCF..... 1-866-762-2237  
Lee Davis Neighborhood Service Center..... 272-5220  
Plant City Neighborhood Service Center..... 757-3871  
Ruskin Neighborhood Service Center..... 671-7647  
University Area Neighborhood Service Center..... 975-2153  
West Tampa Neighborhood Service Center..... 272-5074  
Salvation Army Family Services Program ext. 300..... 226-0055  
Social Security Administration..... 1-800-772-1213  
Women, Infants, & Children - WIC..... 307-8074

## FIRE DEPARTMENTS

Hillsborough County Fire Department..... 272-6600  
Plant City Fire Department..... 757-9199  
Tampa Fire Department..... 274-7011  
Temple Terrace Fire Department..... 506-6700

## FOOD

Community Food Bank..... 960-1848  
Cook's Hat..... 236-6237  
ECHO Emergency Care Help- Brandon..... 685-0935  
Food Stamps..... 1-866-762-2237  
Meals on Wheels -Tampa..... 238-8410  
Meals on Wheels - Plant City..... 754-9932  
Metropolitan Ministries - Outreach & Prevention..... 209-1044  
United Food Bank & Services of Plant City..... 764-0625

## HOMELESS / TRANSITIONAL SERVICES

Abe Brown Ministries.....	247-3285
Alpha House.....	875-2024
Homeless Recovery Program.....	276-2976
Homeless Veterans Program.....	979-3552
Mary & Martha House (Women & Children).....	641-7027
Metropolitan Ministries.....	209-1200
Salvation Army	
Hope House - Men's Transitional ext. 264.....	226-0055
Hospitality House - Women & Children ext. 297.....	226-0055
Red Shield Lodge - Men & Women.....	221-4440

## HOUSING / HOUSING COUNSELING

City of Tampa Department of Code Enforcement.....	274-5545
Consumer Credit Counseling Services.....	1-800-251-2227
Hillsborough County Dept. of Code Enforcement.....	274-6600
Housing Authority of the City of Tampa.....	253-0551
Housing Management Services - CFM.....	248-6259
www.FloridaHousingSearch.org.....	1-877-428-8844
Volunteers of America.....	282-1525

## LAW ENFORCEMENT

Florida Highway Patrol.....	632-6859
Hillsborough County Sheriff's Office.....	247-8000
Plant City Police Department.....	757-9200
Tampa Police Department.....	231-6130
Temple Terrace Police Department.....	989-7110
University of South Florida Police.....	974-2628

## LEGAL ASSISTANCE

Bay Area Legal Services.....	232-1343
Baker Act / Marchman Act – Courthouse.....	276-8100
Children's Justice Center.....	272-7179
Child Support Enforcement.....	1-800-622-5437
Consumer Protection & Professional Responsibility Agency.....	903-3430
Guardian Ad Litem.....	272-5110
Hillsborough County Victim's Assistance.....	272-6472
Lawyer Referral Service.....	221-7780
Mediation & Diversion Services.....	272-5642
Public Defender.....	272-5980
State Attorney's Office.....	272-5400

## MEDICAL & DENTAL SERVICES

All Children's Hospital.....	727-898-7451
Brandon Outreach Clinic.....	654-1388
Children's Medical Services.....	396-9743
Consult - A – Nurse.....	1-800-257-0944
Dover Health Center.....	349-7710
Florida KidCare.....	863-660-3047
Healthcare for Homeless Veterans.....	979-3552
Hillsborough County Health Department.....	307-8000
Joyce Ely Health Center.....	307-8056
Floyd Kelton Health Center.....	307-8055
North Hillsborough Health Center.....	307-8053
Plant City Health Center.....	307-8057
Sulphur Springs Health Center.....	307-8054
University Area Community Health Center.....	307-8058
Hillsborough Healthcare.....	272-5040
James A. Haley Veteran's Hospital.....	972-2000
Judeo Christian Health Clinic.....	870-0395
LifePath Hospice.....	877-2200
Medicaid Area 6 Field Office.....	350-4800
Moffitt Cancer Center.....	745-4673
MomCare Hillsborough.....	233-2800
Plant City Family Care.....	349-7610
Pregnancy Care Center.....	978-9737
Pregnancy Care Center of Plant City.....	759-0886
Ruskin Health Center.....	349-7800
SunCoast Health Center Pediatrics.....	341-7450
Shriner's Hospital for Children.....	972-2250
Tampa Family Health Center.....	490-1957
West Tampa Health Center.....	490-1426

## PARENTING SERVICES

abcProgram.....	226-2301
Brandon Family Support & Resource Center.....	740-4634
Central Tampa Family Support & Resource Center.....	204-1741
Fathers Resource & Networking Center - FRANC.....	356-1293
Federation of Families for Children's Mental Health.....	974-7930
North Tampa Family Support & Resource Center.....	558-1877
ParentLink Information Helpline.....	272-7368
Parent Resource Center.....	272-0673
Parent Services Project/Child Abuse Council.....	673-4646
South County Family Support & Resource Center.....	641-5600
Town & Country Family Support & Resource Center.....	356-1703

## PERSONS WITH DISABILITIES

Service Source of Florida.....	727-538-7370
United Cerebral Palsy of Tampa Bay.....	239-1179 ext. 272
Agency for Persons with Disabilities.....	233-4300
Clearinghouse on Disability Information.....	1-877-232-4968
Community Care for Disabled Adults.....	727-479-1800
Deaf Service Bureau.....	490-9440
Disability Determinations- Department of Health.....	806-8950
Division of Vocational Rehabilitation- Dept. of Education.....	233-3600
Florida Division of Blind Services.....	871-7190
Florida Relay Service.....	Dial 7-1-1 or 1-800-222-3448
TTY.....	1-800-955-8771
Hillsborough Achievement and Resource Centers – HARC.....	931-9100
Hillsborough County Health & Social Services.....	272-5040
MacDonald Training Center.....	870-1300
Self Reliance.....	375-3965
TTY.....	375-3972
Tampa Lighthouse for the Blind.....	251-2407

## SENIOR SERVICES

ElderNet- Reassurance & Safety Checks.....	964-1577
TTY.....	969-4992
United Cerebral Palsy of Tampa Bay- Respite.....	305-325-1080
Area Agency on Aging Elder Helpline.....	1-800-963-5387
Alzheimer's Association.....	684-1296
Community Care for the Elderly.....	272-5250
Crimes Against the Elderly Unit.....	247-0548
Elder Care Locator.....	1-800-677-1116
Elder Justice Center.....	276-2726
Life Enrichment Senior Center.....	932-0241
Lutheran Services -Guardianship & Case Management.....	800-651-1853
Senior Citizens Nutrition & Activities Program - SCNAP.....	273-3695
Senior Home Improvement Program - SHIP.....	232-3200
Serving Health Insurance Needs of Elders- SHINE.....	740-3888
Tampa Jewish Family Services.....	960-1848

## TRANSPORTATION

HARTLINE.....	254-4278
Sunshine Line.....	272-7272

## VOLUNTEER OPPORTUNITIES

Crisis Center of Tampa Bay.....	969-4997
Retired & Senior Volunteer Program.....	276-2292
Volunteer Center - United Way of Tampa Bay.....	274-0932

## VETERAN & MILITARY SERVICES

Office of Veteran's Affairs.....	975-2181
Military OneSource.....	1-800-342-9647

For more information about this guide call the  
Crisis Center of Tampa Bay.....964-1964

Revised January 2012