OTOE-MISSOURIA TRIBE
BLUE RIVER MEADOWS OPTION TO PURCHASE PROGRAM

SUMMARY

This program is an Option to Purchase Program and will be referred to as the “Purchase Option Program” hereafter. At least one of the applicants must be an enrolled member of the Otoe-Missouria Tribe (“Participants”). Participants are renting until a specified time by which they will exercise the option to purchase or otherwise terminate their Use & Occupancy Agreement. Participants during the term of this program do not have and will not accumulate any equity in the property until such time that the option to purchase is exercised. No Participant shall have any right to a refund of rents upon termination by expiration of the term of the Use and Occupancy Agreement or termination for any other reason. All applicants must be able to pay the minimum rent of $550.00 per month and achieve mortgage readiness within five (5) years from the date the Use and Occupancy Agreement is first entered into between the parties.

ELIGIBILITY

The following eligibility requirements must be met at a minimum prior to persons being considered for the Purchase Option Program.

A. Only those who are eligible under the laws and customs of the Otoe-Missouria Tribe to lease tribally owned land for residential purposes or who otherwise obtain the specific approval of the Otoe-Missouria Tribal Council shall be eligible. Non-Indian and non-member spouse may join in the application process and have their income and credit considered. Likewise during the rental phase of the program if the Otoe-Missouria Tribal member dies or relinquishes Otoe-Missouria membership, the non-Indian or non-member spouse can not be the beneficiary or remain in possession of the rental unit; nor may the parties or the Courts allow the non-Indian or non-member spouse to remain in possession of the rental unit in the event of divorce.

B. The applicant must use the home as their principal residence.

C. The applicant family must have sufficient income to meet and maintain the minimum payment. A Homebuyer applicant’s family income must be high enough to afford the minimum monthly house payment and the applicant’s family income must demonstrate, through a detailed client action plan, that the family will be able to achieve mortgage readiness within an established time frame not to exceed 5 years. Mortgage readiness qualifying ratios as set forth by the OMHA, the specific lending institution, or the specific program will be applied.
D. Employment Stability: For an applicant to be financially eligible for the Purchase Option Program, they must have at least two years stable income and also demonstrate the ability to maintain at least their present level of income. This will be verified by staff and may be satisfied by a written statement from the applicant’s employer. If it is not feasible to determine income potential from an employer, this verification may come from copies of the applicant’s income tax returns for the last three years prior to the application date. The applicant must sign an IRS Form 4056, authorizing the IRS to release the information to the OMHA. These income tax returns will be kept on file and new ones will be submitted each year thereafter until the option is exercised.

E. Ability to Enter Into an Agreement: For a family to be eligible for admission to the Purchase Option Program, the applicant must be at least 21 years of age and have the legal capacity to enter into a Use & Occupancy Agreement and be willing and able to meet all obligations of the Use & Occupancy Agreement. The applicant family must be willing to commit the time required to comply with all of the housing counseling and education requirements.

F. Credit, Use & Maintenance History: All applicants must have a satisfactory credit, use, and maintenance history. The following will be required at a minimum.

1. Credit history will be verified by a credit report and any or all of these sources or other means as determined by the OMHA:

   a. Two or more landlord or lender references detailing previous house payment history.

   b. Non-traditional means.

2. Use and maintenance history will be documented by one or both of these sources:

   a. Landlord references from the previous 5 years.

   b. Police/Court record check.

G. Habits & Practices: An applicant must be of good character and possess habits and practices that promote safe, clean and healthy homes, property and communities. This also applies to applicant’s household members as they appear on the application or as they are requested to be added to the occupancy agreement.
H. **Social Security Numbers:** To be eligible, the families must disclose and verify social security number for all family members.

I. **Privacy Act Statement:** Participants must sign the Privacy Act Statement initially and each year thereafter until the option to purchase is exercised. Eligibility for admission or continued occupancy will be denied for failure to comply with the Privacy Act requirement.

J. **Previous Assistance from Other Housing Authority:** Participants in other housing authority programs may apply for housing and be placed on the waiting list. Verification that the applicant has terminated the other assisted unit agreement and terminated in good standing must be obtained before the applicant will be allowed to participate in the Purchase Option Program.

K. **Previously Assisted OMHA Resident:** No applicant or applicant’s household member who has an outstanding debt to the OMHA or whose participation was terminated by the OMHA will be eligible for assistance until the following conditions are satisfied:

1. **Voluntary Terminations:** Any outstanding debt from an applicant or an applicant’s household member must be paid in full prior to consideration.

2. **Involuntary Terminations:** Any applicant whose assistance was terminated by the OMHA or who was evicted for nonpayment will not be considered eligible for a period of one (1) year from date of full payment and verification from a landlord who verifies that the applicant had a satisfactory payment history.
Application must be completely filled with a response in order to be considered complete. If a question is not applicable, please write N/A or none in the blank space.

APPLICANT/HOUSEHOLD INFORMATION

Applicant Name ___________________________________________ SSN __________________

Otoe-Missouria Roll Number: ____________________________ Date of Birth ______________

Home Telephone: ___________________________ Work Telephone: __________________

Cell Phone: ___________________________ Email: ___________________________

Co-Applicant Name ______________________________________ SSN __________________

Co-Applicant Tribal Affiliation: __________________________ Date of Birth: ____________

Dependent Children and Other Household Residents:

Name: ___________________________ SSN __________________ DOB ____________

Name: ___________________________ SSN __________________ DOB ____________

Name: ___________________________ SSN __________________ DOB ____________

Name: ___________________________ SSN __________________ DOB ____________

Present Address: __________________________________________

Mailing Address, if different: __________________________________

City, State, Zip: ____________________________________________

Owner/Manager: ___________________________ Phone: ________________

Owner/Manager Address: __________________________________

Owner/Manager City, State, Zip: _______________________________

How many years and months have you lived at your current address? ________________

If you have lived at your present address for less than five (5) years please provide all former addresses (street, city, state, zip) and the number of years resided on a separate sheet of paper. Please include the same information for Owner/Manager information if applicable.
HOUSEHOLD EMPLOYMENT INFORMATION
If you or co-applicant have worked at your present employment for less than two (2) years please provide the following information for all employers for the previous five (5) years.

**Applicant**
Employer’s Name/Address: ____________________________________________
Employer’s Phone: ______________________ Title: ______________________
How long employed? ________ Employed: Full-time Part-time
Gross monthly income: $ ________________ (Before taxes or benefits deducted)
Paid Period: Hourly Weekly Bi-Weekly Monthly
If paid hourly, hourly rate? ___________
Average hours worked per week ____________

**Co-Applicant**
Employer’s Name/Address: ____________________________________________
Employer’s Phone: ______________________ Title: ______________________
How long employed? ________ Employed: Full-time Part-time
Gross monthly income: $ ________________ (Before taxes or benefits deducted)
Paid Period: Hourly Weekly Bi-Weekly Monthly
If paid hourly, hourly rate? ___________
Average hours worked per week ____________

**Other Household Member (Over 18)**
(Use additional sheet if needed for more household members)
Employer’s Name/Address: ____________________________________________
Employer’s Phone: ______________________ Title: ______________________
How long employed? ________ Employed: Full-time Part-time
Gross monthly income: $ ________________ (Before taxes or benefits deducted)
Paid Period: Hourly Weekly Bi-Weekly Monthly
If paid hourly, hourly rate? ___________
Average hours worked per week ____________
OTHER CURRENT INCOME (Add additional sheet if needed.)
(Examples include per capita payments, SSI, pension, rental, child support, etc.)
Recipient: ___________________ Source: ______________ Monthly Amount: $________
Recipient: ___________________ Source: ______________ Monthly Amount: $________
Recipient: ___________________ Source: ______________ Monthly Amount: $________

ASSET INFORMATION (Add additional sheet if needed.)
Bank Name: ________________________________________________
Checking Account Balance: $__________ Savings Account Balance: $__________
Other Assets: ______________________________________________
(Examples include retirement accounts, investments, IIM accounts, etc.)

GENERAL INFORMATION
Do you currently own a home or property? YES NO
Have you filed for bankruptcy before? YES NO
If so, what year __________
Have you attended Homebuyer Education? YES NO
Have you attended Credit Counseling? YES NO
Have you ever had a mortgage? YES NO
Have you or your spouse ever received any Housing assistance from the Otoe-Missouria Tribe or Housing Authority? YES NO
Have you or your spouse ever received any Home Repair assistance from the Otoe-Missouria Tribe? YES NO
Do you have/owe any debts to the Otoe-Missouria Tribe or any HUD assisted home at this or any other Housing Authority? YES NO
ACKNOWLEDGEMENT
I/We attest by my/our signature that all information provided in this application is true to
the best of my/our knowledge, and that I/we will occupy the purchased property as my/our
principal residence. I/we acknowledge that I/we have read the Blue River Meadows Option
to Purchase Program Guidelines, Policies & Qualifications and understand the policy
requirements. The following required documents are attached:

- Copy of the most recent 60 days employment income (pay stubs) for each household
  member over the age of 18 years.
- Other proof of current income for each household member.
- Copies of government or tribal issued identification card (i.e., driver’s license, military
  ID, CDIB, etc.) for all household members over the age of 18 years.
- Copies of dependent(s) social security cards or birth certificates.
- Signed attached Form 4506, Consumer Report Disclosure & Release, Budget Worksheet.
- Other documents as required.

RELEASE
I/We hereby authorize the Otoe-Missouria tribe to obtain information concerning
verification of employment and income, or any other information deemed necessary to
process my application and request for the deferred loan program participation.

Applicant’s Signature ___________________________ Date __________

Co-Applicant’s Signature ___________________________ Date __________

Household Member (over 18) Signature ___________________________ Date __________

Household Member (over 18) Signature ___________________________ Date __________

SUBMIT Complete Application and copies of all required documentation to:
Otoe-Missouria Housing
405 Wendell Drive
Red Rock, OK 74651

INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED
ORIGINAL APPLICATIONS ONLY
NO COPIES OR FACSIMILES WILL BE ACCEPTED
BUDGET WORKSHEET

Please complete only the monthly budget amount column during the application process. For expenses incurred more or less often than monthly, convert the payment to a monthly amount when calculating the monthly budget. For instance, convert car insurance that's billed every six months to a monthly amount by dividing the six-month premium by six. This money should be kept separate from your other money so it's available when the bill becomes due. If a category is not applicable, please place a zero (0) in the column space.

<table>
<thead>
<tr>
<th>CATEGORIES</th>
<th>MONTHLY BUDGET AMOUNT</th>
<th>MONTHLY ACTUAL AMOUNT</th>
<th>DIFFERENCE</th>
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<tr>
<td><strong>INCOME:</strong></td>
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<td>Wages and Bonuses</td>
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<td>Interest Income</td>
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<td>Investment Income</td>
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<td>Miscellaneous Income</td>
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<td><strong>Income Subtotal</strong></td>
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<td><strong>EXPENSES:</strong></td>
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<td><strong>HOME:</strong></td>
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<tr>
<td>Mortgage or Rent</td>
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<td>Homeowners/Renters Insurance</td>
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<td>Property Taxes</td>
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<td>Home Maintenance/Dues</td>
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<td>Home Improvements</td>
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<td><strong>UTILITIES:</strong></td>
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<td>Electricity</td>
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<td>Water and Sewer</td>
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<td>Natural Gas or Oil</td>
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<td>Telephone (Land Line, Cell)</td>
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<td><strong>FOOD:</strong></td>
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<td>Groceries</td>
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<td>Eating Out, Lunches</td>
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<td><strong>FAMILY OBLIGATIONS:</strong></td>
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<td>Child Support</td>
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<td>Alimony</td>
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<td>Day Care, Babysitting</td>
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<tr>
<td>CATEGORIES</td>
<td>MONTHLY BUDGET AMOUNT</td>
<td>MONTHLY ACTUAL AMOUNT</td>
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<td><strong>HEALTH AND MEDICAL:</strong></td>
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<td>Insurance (medical,dental,vision)</td>
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<td>Unreimbursed Medical Expenses, Copays</td>
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<td><strong>TRANSPORTATION:</strong></td>
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<td>Car Payments</td>
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<td>Gasoline/Oil</td>
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<td>Auto Maintenance</td>
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<td>Auto Insurance</td>
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<td>Other Transportation (tolls, etc.)</td>
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<td><strong>DEBT PAYMENTS:</strong></td>
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<td>Credit Cards</td>
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<td>Student Loans</td>
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<td>Other Loans</td>
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<td><strong>ENTERTAINMENT/RECREATION:</strong></td>
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<td>Cable TV/Videos/Movies</td>
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<td>Computer Expense</td>
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<td>Hobbies</td>
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<td>Vacations</td>
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<td><strong>INVESTMENTS/SAVINGS:</strong></td>
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<td>401(K)or IRA</td>
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<td>Stocks/Bonds/Mutual Funds</td>
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<td>College Fund</td>
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<td>Savings</td>
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<td>Emergency Fund</td>
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<td><strong>MISCELLANEOUS:</strong></td>
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<td>Toiletries, Household Products</td>
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<td>Gifts/Donations</td>
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<td>Grooming (Hair, Make-up, Other)</td>
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<td>Miscellaneous Expense</td>
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<td><strong>Total Investments and Expenses</strong></td>
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<tr>
<td>Surplus or Shortage (Spendable income minus total expenses and investments)</td>
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Request for Copy of Tax Return

Tip. You may be able to get your tax return or return information from other sources. If you had your tax return completed by a paid preparer, they should be able to provide you a copy of the return. The IRS can provide a Tax Return Transcript for many returns free of charge. The transcript provides most of the line entries from the original tax return and usually contains the information that a third party (such as a mortgage company) requires. See Form 4506-T, Request for Transcript of Tax Return, or you can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-808-9946.

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 tax return is to be mailed to a third party (such as a mortgage company), enter the third party’s name, address, and telephone number.

OTOE-MISSOURIA HOUSING AUTHORITY, 405 WENDELL DR., RED ROCK, OK 74851 580-723-4400

Caution. If the tax return is being mailed to a third party, ensure that you have filled in lines 6 and 7 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 IRS return 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 return information, you can specify this limitation in your written agreement with the third party.

6 Tax return requested. Form 1040, 1120, 941, etc. and all attachments as originally submitted to the IRS, including Form(s) W-2, schedules, or amended returns. Copies of Forms 1040, 1040A, and 1040EZ are generally available for 7 years from filing before they are destroyed by law. Other returns may be available for a longer period of time. Enter only one return number. If you need more than one type of return, you must complete another Form 4506.

Note. If the copies must be certified for court or administrative proceedings, check here

7 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 eight years or periods, you must attach another Form 4506.

8 Fee. There is a $57 fee for each return requested. Full payment must be included with your request or it will be rejected. Make your check or money order payable to “United States Treasury.” Enter your SSN or EIN and “Form 4506 request” on your check or money order.

   a Cost for each return
   b Number of returns requested on line 7
   c Total cost. Multiply line 8a by line 8b

   $57.00

9 If we cannot find the tax return, we will refund the fee. If the refund should go to the third party listed on line 5, check here

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 return requested. If the request applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506 on behalf of the taxpayer. Note. For tax returns 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

For Privacy Act and Paperwork Reduction Act Notice, see page 2.
Section references are to the Internal Revenue Code unless otherwise noted.

**What's New**
The IRS has created a page on IRS.gov for information about Form 4506 and its instructions, at www.irs.gov/form4506. Information about any recent developments affecting Form 4506, Form 4506T and Form 4506T-EZ 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 to request a copy of your tax return. You can also designate (on line 5) a third party to receive the tax return.

**How long will it take?** It may take up to 20 calendar days for us to process your request.

Tip. Use Form 4506-T, Request for Transcript of Tax Return, to request tax return transcripts, tax account information, W-2 information, 1099 information, verification of non-filing, and record of account.

**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 "Order a Transcript" or call 1-800-986-9946.

**Where to file.** Attach payment and mail Form 4506 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 returns (Form 1040 series) and one for all other returns. If you are requesting a return for more than one year and the chart below shows two different addresses, send your request to the address listed on the address of your most recent return.

**Chart for individual returns** (Form 1040 series)

<table>
<thead>
<tr>
<th>State</th>
<th>Mail to the &quot;Internal Revenue Service&quot; at:</th>
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</thead>
<tbody>
<tr>
<td>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</td>
<td>RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409</td>
</tr>
<tr>
<td>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</td>
<td>RAIVS Team P.O. Box 145500 Stop 2820 F Cincinnati, OH 45250</td>
</tr>
</tbody>
</table>

**Specific Instructions**

**Line 1b.** Enter your employer identification number (EIN) if you are requesting a copy of a business return. Otherwise, enter the first social security number (SSN) of your individual taxpayer identification number (TIN) 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, please include it on line 3.

**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.

**Signature and date.** Form 4506 must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the return be sent to a third party, the IRS must receive Form 4506 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.** Copies of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506 exactly as your name appeared on the original return. If you changed your name, also sign your current name.

**Corporations.** Generally, Form 4506 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 can be signed by any person who was a member of the partnership during any part of the tax period requested on line 7.

**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 for a taxpayer only if this authority has been specifically delegated to the representative on Form 2848, line 5. Form 2848 showing the delegation must be attached to Form 4506.

**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 return(s) under the Internal Revenue Code. We need this information to properly identify the return(s) and respond to your request. If you request a copy of a tax return, sections 6103 and 6109 require you to provide this information, including your SSN or EIN, to get your request. 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 will vary depending on individual circumstances. The estimated average time is Learning about the workload or the form, 10 min.; Preparing the form, 16 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 simpler, we would be happy to hear from you. You can write to:

**Internal Revenue Service**
Tax Products Coordinating Committee
SE-W-DM-P-1-T-M-S
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.
Consumer Report Disclosure & Release

In connection with my employment/volunteerism or application for employment (including contract for services and volunteer work)/tenancy, an investigative consumer report and consumer reports, which may contain public record information, may be requested from AMERICANCHECKED, INC. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, drugs/alcohol use, information relating to your character, general reputation, personal characteristics, mode of living, educational background, or any other information about you which may reflect upon your potential for employment/tenancy gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information. Such reports may contain public record information concerning your driving record, workers’ compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records.

I authorize AMERICANCHECKED, INC. to prepare a consumer report or investigative consumer report about me and disclose such to the requesting company. Further purpose of determining my eligibility for employment retention, promotion or suitability as a volunteer or tenancy. If the requesting company is placing me with another entity, I consent to the report being provided to such other entity. If hired, contracted or accepted as a volunteer or tenant, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of consumer reports at any time during my employment/volunteerism/tenancy or contract period. I have been provided a copy of the summary of the rights of the consumer pursuant to the Fair Credit Reporting Act (FCRA).

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired, my employment/volunteerism, or my eligibility for promotion or tenancy.

Today’s Date________________ Signature____________________________________

Print your full name ______________________________________________________

For purposes of gathering this information, I agree to supply the following information, which may be required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purpose.

Print other last names you have used _______________________________________

Current Address __________________________________________________________ How long? __________
City __________________________________________ State __________ Zip

Social Security No. ____________________________ Date of Birth ________________

Driver’s License No. __________________________ State Issuing License__________

☐ California, Minnesota and Oklahoma Applicants Only: I request a free copy of any consumer report ordered on me.
Notice To All Applicants

You have the right to receive, upon your written request within a reasonable period of time, (not to exceed 30 days) a complete and accurate disclosure of the nature and scope of the investigation requested. You have the right to make a request to AMERICANCHECKED, INC., upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information, and the recipients of any reports on you that AMERICANCHECKED, INC. has previously furnished within the two-year period preceding your request. You may view AmericanChecked’s Privacy Policy at www.americanchecked.com. AMERICANCHECKED, INC. may be contacted by mail at 4870 S. Lewis Ave., Ste. 120, Tulsa, Oklahoma, 74105, or by phone at (800) 975-9876.

Notice to California Applicants

Under California law, the consumer reports we order on you for employment purposes within the State of California are defined as investigative consumer reports. These reports may contain information on your character, general reputation, personal characteristics and mode of living. Under section 1786.22 of the California Civil Code, you may view the file maintained on you by AMERICANCHECKED, INC. during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at AMERICANCHECKED, INC. in person, by mail, or by telephone. AMERICANCHECKED, INC. may be contacted by mail at 4870 S. Lewis Ave., Ste. 120, Tulsa, Oklahoma, 74105, or by phone at (800) 975-9876. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

Consumer Signature

Company Name: Location No.: ___________

Attached to this disclosure is a written summary of your rights under the Fair Credit Reporting Act (FCRA) as prepared by the Federal Trade Commission.
A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your creditworthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about
you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).

- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

<table>
<thead>
<tr>
<th>TYPE OF BUSINESS:</th>
<th>CONTACT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consumer reporting agencies, creditors and others not listed below</td>
<td>Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357</td>
</tr>
<tr>
<td>National banks, federal branches/agencies of foreign banks (word &quot;National&quot; or initials &quot;N.A.&quot; appear in or after bank's name)</td>
<td>Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743</td>
</tr>
<tr>
<td>Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)</td>
<td>Federal Reserve Board Division of Consumer &amp; Community Affairs Washington, DC 20551 202-452-3693</td>
</tr>
<tr>
<td>Savings associations and federally chartered savings banks (word &quot;Federal&quot; or initials &quot;F.S.B.&quot; appear in federal institution's name)</td>
<td>Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929</td>
</tr>
<tr>
<td>Federal credit unions (words &quot;Federal Credit Union&quot; appear in institution's name)</td>
<td>National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600</td>
</tr>
<tr>
<td>State-chartered banks that are not members of the Federal Reserve System</td>
<td>Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342</td>
</tr>
<tr>
<td>Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission</td>
<td>Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306</td>
</tr>
<tr>
<td>Activities subject to the Packers and Stockyards Act, 1921</td>
<td>Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051</td>
</tr>
</tbody>
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Abcs4 as of 01-11-2008