



COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

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## Redevelopment Application Contact Sheet

Date Received: \_\_\_\_\_

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

I, \_\_\_\_\_, have received the Redevelopment Application and will complete and return it to the Redevelopment Officer within **7 business days** of the date stated above. I understand that if this application is not submitted within the designated time frame normal code compliance abatement measures will be followed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Redevelopment Officer's Name

\_\_\_\_\_  
Date



COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

REDEVELOPMENT PROGRAM APPLICATION

The information collected below will only be used to determine whether you qualify for the Redevelopment Program. It will not be disclosed outside this Agency without your consent except for verification of information and as required and permitted by law. You do not have to provide the information but if you do not your application may be delayed or rejected.

PLEASE PRINT ALL INFORMATION

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Co-Applicant: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Demographic information is for statistical purposes only; it is not used to determine eligibility for the program.

Ethnic Composition

Head of Household

- White
Black/African Am.
Hispanic
Asian
American Indian/Alaskan Native
Native Hawaiian/Other Pacific Islander
American Indian/Alaskan Native & White
Asian & White
Black/African Am & White
Am. Indian/Alaskan Native & Black/African Am.
Other Multi-racial: \_\_\_\_\_

- Single/non-elderly
Elderly/62 or over
Related single parent
Related two parent
Other: \_\_\_\_\_

Is anyone in the home disabled?

Yes No

If so, who? \_\_\_\_\_

Sex of Head of Household

Male Female

HOUSEHOLD COMPOSITION: Yourself and anyone living with you whether related or not.

Table with 4 columns: Relationship, Full Name, Date of Birth, Social Security #. Rows 1-4.



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INCOME: Include the gross income (before deductions) of all household members over the age of 18. Income includes wages, salaries, overtime, retirement, pensions, child support, unemployment, alimony, commissions, interest and trust income, royalties, income from assets, Social Security, Veteran's and Disability benefits.

Family Member Source of Income Gross Amount WK/MO/YR Overtime Bonuses

Table with 6 columns: Family Member, Source of Income, Gross Amount, WK/MO/YR, Overtime, Bonuses. Three empty rows for data entry.

The information provided is true and complete to the best of my/our knowledge and belief. I/We consent to the disclosure of such information for purposes of eligibility and income verification of my/our application for financial assistance. I/We understand that any willful misstatement of material fact will be grounds for disqualification.

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_

If you have any questions contact the Redevelopment Officer at 575-8240

TO BE COMPLETED BY THE CITY OF FAYETTEVILLE

Date Application Received: \_\_\_\_\_

SSB Verification Date \_\_\_\_\_ Employer Verification Date \_\_\_\_\_

IRS Verification Date \_\_\_\_\_ Veteran's Benefit Verification Date \_\_\_\_\_

Total Income: \_\_\_\_\_ Income limit: \_\_\_\_\_ Date: \_\_\_\_\_

"HELPING TO BUILD A BETTER COMMUNITY"
COMMUNITY SERVICES DIVISION



COMMUNITY DEVELOPMENT BLOCK GRANT

**SOCIAL SECURITY BENEFITS VERIFICATION REQUEST**

Social Security Administration  
2153 E Joyce Blvd., Suite 101  
Fayetteville, AR 72703

Dear Sir/Madam:

The person identified below has requested assistance from the City of Fayetteville’s Community Services Division. Because eligibility for assistance is based on income, we need current information on benefits that the applicant receives from your agency. Thank you for your assistance.

Applicant’s Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Social Security Number \_\_\_\_\_

I authorize the release of information regarding my Social Security Benefits to the City of Fayetteville Community Services Division.

Signature of Recipient \_\_\_\_\_ Date \_\_\_\_\_

**SOCIAL SECURITY ADMINISTRATION USE ONLY**

Type of Benefit \_\_\_\_\_ Monthly Amount \_\_\_\_\_

By \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

**WHEN COMPLETED PLEASE RETURN TO:**

City of Fayetteville - Community Services  
c/o Brent Johnson  
113 W Mountain  
Fayetteville, AR 72701





**REQUEST FOR VERIFICATION OF VETERAN’S BENEFITS**

Veterans Administration  
Regional Office  
P O Box 1280  
North Little Rock, AR 72115

Dear Sir/Madam:

The person identified below has requested assistance from the City of Fayetteville Community Services Division. Eligibility for assistance is based on income; therefore, we need to verify current benefit information the applicant receives from your agency.

Applicant Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Social Security Number or Claim Number \_\_\_\_\_

I authorize the release of information regarding my Veteran’s Benefits be released to the City of Fayetteville Community Services Division.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Please send documentation to certify the current level of paid benefits for the applicant listed above to:

City of Fayetteville  
Community Services Division  
c/o Brent Johnson  
113 W Mountain Street  
Fayetteville AR 72701

If you have questions please call (479) 575-8240.

Your prompt reply is greatly appreciated. Thank you for your assistance.



**EMPLOYMENT VERIFICATION REQUEST**

Dear Sir/Madam:

The person identified below has requested assistance from the City of Fayetteville Community Services Division. Since eligibility for assistance is based on income, we need current information on the applicant's income. Your verification of the applicant's employment will be kept confidential and will be used solely for the purpose of establishing the applicant's eligibility.

Name \_\_\_\_\_ Date of Request \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip Code \_\_\_\_\_

I authorize the release of the information requested below.

Applicant's Signature \_\_\_\_\_

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**This section to be completed by EMPLOYER**

Position Held \_\_\_\_\_

Dates of Employment From \_\_\_\_\_ to \_\_\_\_\_

Amount of pay Weekly \$ \_\_\_\_\_ Twice a Month \$ \_\_\_\_\_ Monthly \$ \_\_\_\_\_

Other \$ \_\_\_\_\_ Additional Compensation/Bonus \_\_\_\_\_

Employer Name \_\_\_\_\_

Address/City/State/Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_

I certify that the above information is true and correct.

\_\_\_\_\_  
Name and Title of Employer (Please Print)

\_\_\_\_\_  
Signature of Employer

\_\_\_\_\_  
Date

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**Please Return This Form to:**  
City of Fayetteville – Community Services Division  
c/o Brent Johnson  
113 W Mountain  
Fayetteville, AR 72701

Form **4506-T**

**Request for Transcript of Tax Return**

(Rev. January 2008)

Department of the Treasury  
Internal Revenue Service

- ▶ Do not sign this form unless all applicable lines have been completed. Read the instructions on page 2.
- ▶ Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.

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 also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use **Form 4506**, Request for Copy of Tax Return. There is a fee to get a copy of your return.

<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 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 if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
<b>4</b> Previous address shown on the last return filed if different from line 3	
<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. The IRS has no control over what the third party does with the tax information.	

**Caution: DO NOT SIGN** this form if a third party requires you to complete Form 4506-T, and lines 6 and 9 are blank.

**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. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . .
- b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days . . . . .
- c Record of Account**, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days . . . . .
- 7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. 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 2006, filed in 2007, will not be available from the IRS until 2008. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days . . . . .

**Caution:** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

**9 Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_     
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_     
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_     
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer.

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