

# VILLAGE OF SLOATSBURG

INCORPORATED OCTOBER 7, 1929

96 Orange Turnpike

Sloatsburg, New York 10974

(845) 753-2727

Fax: (845) 753-2730

[www.sloatsburgny.com](http://www.sloatsburgny.com)

January 25, 2013

To All Residents of Sloatsburg:

## GREAT NEWS!!!

Funds have been awarded to The Village of Sloatsburg to assist income eligible residents with the expenses involved in connecting to the sewer lines. The funds for the Sloatsburg Sewer Connection Program have been provided by the County of Rockland Office of Community Development through the office of the County Executive.

Pursuant to 24CFR Part 92, individual grants will not exceed **\$1,500 per income-eligible household**. The Sloatsburg Community Development Committee urges everyone who feels that they may be eligible to explore this extraordinary opportunity.

To be considered for this program, you must own your primary residence in Sloatsburg and have a total resident (household) income equal to or below HUD low / moderate income guidelines. Additionally, your primary residence must meet HUD inspection guidelines. In the event that you are required to make certain repairs to your primary residence in order to become eligible for a grant through the Sloatsburg Sewer Connection Program, **additional grant funds may be available**.

The following are the 2013 HUD guidelines for income eligibility:

1 Person	\$48,100.00	Family of 5	\$74,200.00
Family of 2	\$55,000.00	Family of 6	\$79,700.00
Family of 3	\$61,850.00	Family of 7	\$85,200.00
Family of 4	\$67,700.00	Family of 8	\$90,700.00

An informational meeting will be held on February 13, 2013 at 7:30 PM at the Sloatsburg Municipal Building at which time you can determine if you qualify and obtain an application. Applications for the Sloatsburg Sewer Connection Grant can also be obtained by contacting the Sloatsburg Village office at 845-753-2727. Grant packets will also be available at the Sloatsburg Library, Senior Citizen Center, St. Joan of Arc Church, Sloatsburg United Methodist Church or downloaded from the Sloatsburg Village website at [www.sloatsburgny.com](http://www.sloatsburgny.com).

**IMPORTANT: Please request your grant packet prior to connecting to the sewers.**

All application information will remain confidential and will be reviewed and judged on a case-by-case basis. Grants will be awarded based on need.

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**The Sloatsburg Community Development Committee**

## Sloatsburg Sewer Connection Grant Program

96 Orange Turnpike  
Sloatsburg, NY 10974  
845-753-2727

Thank you for your interest in participating in the Sloatsburg Sewer Connection Grant Program. Enclosed you will find an application and certification forms. Please fill out these forms completely and accurately and return them to:

Sloatsburg Village Office  
Orange Turnpike  
Sloatsburg, NY 10974

In order to best serve you, below you will find a list of items that are required. Applicable documents for all persons over the age of 21 living in the residence must be supplied. Please submit copies of all documents with the application so that we may begin processing your application. If you have any questions, please feel free to call us so we can assist you. It is important to supply all items on the list. Missing items will delay the processing of your application. All information will be kept confidential.

If the sewer lines have not yet been installed in your street and you are pre-qualifying, enter all information as of the date that you are submitting the application. Do not include the financial documentation at this time. Keep in mind that your financial situation may change by the time that you are able to connect to the sewer lines. You will be asked to update this information and supply all required documents to determine eligibility once the installation begins on your street. **PRE-QUALIFICATION IS NOT A GUARANTEE THAT YOU WILL BE AWARDED A GRANT.** But it will help up determine how many residents are interested in requesting a grant.

### Financial Information

- Signed Federal Income Tax Return Form in full, Schedules and W-2 forms for the past two years
- General Consent Form signed by all adult members of household.
- Verification of current Social Security, SSI, disability, pensions, etc.
- Copies of last three (3) consecutive salary stubs for all members of household.
- All asset account information for the last three (3) consecutive months (copies of checking and/or savings account statements in full.)
- Monthly mortgage payment schedule.
- Current town and School Tax Statements.
- Completed Internal Revenue Service Form 4506 Request for Copy of Tax Form for all adult members of household.
- All other household income from all sources, including unemployment benefits, Worker's Compensation, education grants, Public Assistance, etc.

### Home Information

- Copy of Deed - If you cannot find the original, a copy is available at the County Clerk's Office in New City.
- Copy of current fire insurance or homeowner's policy.
- Copy of Certificate of Occupancy.

Thank you for being prompt in submitting your documents.

We look forward to serving you.

Sloatsburg Sewer Connection Grant Program  
Orange Turnpike  
Sloatsburg, NY 10974  
845-753-2727

**SEWER CONNECTION GRANT APPLICATION**

**Application must be filled out completely.** You must provide the name, direct date, social security number and employment information for all persons over 21 years of age living in the residence. Income tax return for the previous 2 years must be provided as well as the current total household income for all residents living at the address.

**All information will be kept confidential.**

Homeowner/Applicant Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employer Name and Address: \_\_\_\_\_  
\_\_\_\_\_

Spouse Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Employer Name and Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Address of Mortgagee: \_\_\_\_\_  
\_\_\_\_\_

**Required Attachments/Documents**

- Copy of last year's Federal Income Tax Return – Form 1040
- Copy of Deed for Respective Property (If you cannot find the original, a copy is available at the County Clerk's Office in New City.)

Applications must be filled out completely. You must provide the name, birth date, social security number and employment information for all persons over 21 years of age living in the residence. Income tax return for the previous two years must be provided as well as the current total household income for all residents living at the address.

**All information will be kept confidential.**

Name:	Date of Birth:	
Social Security #:	F/T Student:	P/T Student:
Employer Name & Address:		
Signature:		

Name:	Date of Birth:	
Social Security #:	F/T Student:	P/T Student:
Employer Name & Address:		
Signature:		

Name:	Date of Birth:	
Social Security #:	F/T Student:	P/T Student:
Employer Name & Address:		
Signature:		

Name:	Date of Birth:	
Social Security #:	F/T Student:	P/T Student:
Employer Name & Address:		
Signature:		

Name:	Date of Birth:	
Social Security #:	F/T Student:	P/T Student:
Employer Name & Address:		
Signature:		

Name:	Date of Birth:	
Social Security #:	F/T Student:	P/T Student:
Employer Name & Address:		
Signature:		

Name:	Date of Birth:	
Social Security #:	F/T Student:	P/T Student:
Employer Name & Address:		
Signature:		

Name:	Date of Birth:	
Social Security #:	F/T Student:	P/T Student:
Employer Name & Address:		
Signature:		

# Sloatsburg Sewer Connection Grant Program

All information will be kept confidential.

## Income Information

Total Household Employment Income (include all persons over 21 years of age living at residence)	\$
Total Monthly Social Security Income (include all persons over 21 years of age living at residence)	\$
Total Monthly Pension Income (include all persons over 21 years of age living at residence)	\$
Income from Rental Properties (include all persons over 21 years of age living at residence)	\$
Other Income (include all persons over 21 years of age living at residence)	\$
Total Income	\$

## Asset Information

Savings Accounts (include all persons over 21 years of age living at residence)	\$
Checking Accounts Balance (include all persons over 21 years of age living at residence)	\$
Value of Stocks and Bonds Owned (include all persons over 21 years of age living at residence)	\$
Value of other Property Owned (include all persons over 21 years of age living at residence)	\$
Total Assets	\$

Savings Accounts (include all persons over 21 years of age living at residence)	\$
Checking Accounts Balance (include all persons over 21 years of age living at residence)	\$
Value of Stocks and Bonds Owned (include all persons over 21 years of age living at residence)	\$
Value of other Property Owned (include all persons over 21 years of age living at residence)	\$
Total Asset	

Mortgage Payment	\$
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# Request for Copy of Tax Return

► Request may be rejected if the form is incomplete or illegible.

**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](http://IRS.gov) and click on "Order a Transcript" or call 1-800-908-9946.

<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 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.	

**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.

<b>a</b> Cost for each return . . . . .	\$ <b>57.00</b>
<b>b</b> Number of returns requested on line 7 . . . . .	
<b>c</b> Total cost. Multiply line 8a by line 8b . . . . .	\$

**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

**Sign Here**

Signature (see instructions)	Date
Title (if line 1a above is a corporation, partnership, estate, or trust)	
Spouse's signature	Date

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

## What's New

The IRS has created a page on [IRS.gov](http://IRS.gov) for information about Form 4506 and its instructions, at [www.irs.gov/form4506](http://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 60 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](http://IRS.gov) and click on "Order a Transcript" or call 1-800-908-9946.

**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 based on the address of your most recent return.

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

If you filed an individual return and lived in:	Mail to the "Internal Revenue Service" at:
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	RAIVS Team Stop 6705 P-6 Kansas City, MO 64999

### Chart for all other returns

If you lived in or your business was in:	Mail to the "Internal Revenue Service" at:
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	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409
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	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250

### 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) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

**Line 3.** Enter your current address. If you use a P.O. box, please include it on this 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 process 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.

If 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 law 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:CAR:MP:T:M:S  
111 Constitution Ave. NW, IR-6526  
Washington, DC 20224.

Do not send the form to this address. Instead, see *Where to file* on this page.

Sloatsburg Sewer Connection Grant Program

Orange Turnpike  
Sloatsburg, NY 10974  
845-753-2727

I, (We) certify that I (we) have answered all the information contained in this application truly and correctly to the best of my/our knowledge. I, (We) authorize investigation of all statements contained herein and the references listed to give you any and all information concerning my/our employment, income, credit and residence for the purpose of evaluating this request. I (we) agree to indemnify and hold the Sloatsburg Sewer Connection Grant Program harmless against any and all claims, liabilities and expenses in connection with this program.

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Homeowner Signature

Date

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Homeowner Signature

Date

**All information will be kept confidential.**



# Sloatsburg Sewer Connection Grant Program

96 Orange Turnpike  
Sloatsburg, NY 10974  
845-753-2727

Name of Applicant: \_\_\_\_\_

Date Application was received: \_\_\_\_\_

Received by: \_\_\_\_\_

## Required Documentation

### Financial Information

- Signed Federal Income Tax Return Form in full, Schedules and W-2 forms for the past two years.
- General Consent Form signed by all adult members of household.
- Verification of current Social Security, SSI, disability, pensions, etc.
- Copies of last three (3) consecutive salary stubs for all members of household.
- All asset account information for the last three (3) consecutive months (copies of checking and/or savings account statements in full).
- Monthly mortgage payment schedule.
- Current town and School Tax Statements.
- Completed Internal Revenue Service Form 4506 Request for Copy of Tax Form for all adult members of household.
- All other household income from all sources, including unemployment benefits, Worker's Compensation, education grants, Public Assistance, etc.

### Home Information

- Copy of Deed - If you cannot find the original, a copy is available at the County Clerk's Office in New City.
- Copy of current fire insurance or homeowner's policy.
- Copy of Certificate of Occupancy.

Notes: \_\_\_\_\_

\_\_\_\_\_

Sloatsburg Sewer Connection Grant Program

96 Orange Turnpike  
Sloatsburg, NY 10974  
845-753-2727

Name of Applicant: \_\_\_\_\_

Date Application was received: \_\_\_\_\_

Date Application was reviewed: \_\_\_\_\_

Committee determination:

- Approved
- Not approved
- Preliminarily approved
- Preliminarily not approved

Resident was notified of the Committee's decision on: \_\_\_\_\_

Additional documentation required – List documents

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of inspection: \_\_\_\_\_

Inspection completed: \_\_\_\_\_

Additional work required: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date work was completed: \_\_\_\_\_

Check-presented to contractor: \_\_\_\_\_