

**Emergency Homeowner's Loan Program (EHLP)
Application Packet**

NOTICE TO HOMEOWNERS
TIME SENSITIVE MATERIALS ENCLOSED

**PLEASE COMPLETE THE ENCLOSED INFORMATION AND
RETURN TO IDAHO HOUSING AND FINANCE ASSOCIATION
WITHIN 7 DAYS**

In order to expedite your application, please be sure all required documents are attached for our review. The EHLP program is on a first-come, first-serve basis and we will review your application in order of receipt. Once funds are estimated to be expended a waiting list will be made before the program is closed. We will notify you within 14 days of receipt of the completed application and required documentation. If you have questions completing the application please contact our housing counseling line at 1-877-888-3135 or email housingcounseling@ihfa.org

PLEASE RETURN USING ONE OF THE FOLLOWING METHODS:

**MAIL: IDAHO HOUSING AND FINANCE ASSOCIATION
ATTN. JAY
PO BOX 7899
BOISE, ID 83707-1899**

**FAX: ATTN. JAY
(208) 331-4800 *OR* (208) 331-4801**

EMAIL: housingcounseling@ihfa.org

**DELIVERY: ATTN. JAY
565 W. MYRTLE ST.
BOISE, ID 83702**

Date: _____

Case #: _____

Idaho EHP Required Document & Prequalification Check List

Please provide the following: All items need to be copies, not originals.

Homeowner's Name: _____ (First, Middle, Last)

Homeowner's Date of Birth: _____ Homeowner's Social Security#: _____ - _____ - _____

Homeowner's Mailing Address: _____

Homeowner's Primary Phn.: _____ Work Phn. #: _____ Cell Phn. #: _____

Homeowner's Email Address: _____ Homeowner Gender: Male / Female

What is your current gross income: _____ What was your gross income prior to your hardship: _____

The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it. . If you do not wish to furnish the information, please check the box below.

I do not wish to furnish this information:

Hispanic or Latino: Yes / No African Indian or Alaska Native: Yes / No Asian: Yes / No

Black or African American: Yes / No Native Hawaiian or Other Pacific Islander: Yes / No White: Yes / No

Co-Homeowner's Name: _____ (First, Middle, Last)

Co-Homeowner's Date of Birth: _____ Co-Homeowner's Social Security#: _____ - _____ - _____

Co-Homeowner's Mailing Address: _____

Co-Homeowner's Primary Phn.: _____ Work Phn. #: _____ Cell Phn. #: _____

Co-Homeowner's Email Address: _____ Co-Homeowner Gender: Male / Female

What is your current gross income: _____ What was your gross income prior to your hardship: _____

The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it. . If you do not wish to furnish the information, please check the box below.

I do not wish to furnish this information:

Hispanic or Latino: Yes / No African Indian or Alaska Native: Yes / No Asian: Yes / No

Black or African American: Yes / No Native Hawaiian or Other Pacific Islander: Yes / No White: Yes / No

Property Information

Is property principal residence of homeowner: Yes / No Is the property a single-family residence: Yes /No

Household size: _____ Total number of people permanently living at this address: _____

Property Address: _____ City: _____

County: _____ State: _____ Zip: _____

Name of First Mortgage Company/Servicer: _____

First Mortgage Loan Number: _____

Number of months payments due, on first mortgage, as of April 4, 2011: _____ (Payment is due on the 1st of each month.)

Date: _____

Case #: _____

Section I Reasons for Hardship – Must be one of the following, check one.

- _____ **#1** Unemployment – Loss of employment
- _____ **#2** Underemployment – Income is now 85% or less of previous income.
- _____ **#3** Injury or Medical Expense – Income is now 85% or less of previous income.

To qualify for EHLP due to unemployment or underemployment you must provide the following items:

- _____ Letter from employer verifying job loss or change in full time status to less than full time status. (On company letterhead. Signed & dated by employer.)
- _____ Last 2 paystubs prior to income reduction and first 2 paystubs since income reduction. Must have YTD totals. (Needs company name on paystubs)
- _____ *If self-employed:* YTD Profit & Loss Statement (Signed & dated)
- _____ *If self-employed:* Most Recent Business/Corporate Tax Return (Page 2 signed & dated)

To qualify for EHLP due to an injury or medical expense you must provide the following items:

- _____ Provide a signed statement from either your physician or employer indicating that you are either unable to work or that the amount of hours you are able to work has decreased.
- _____ *If self-employed:* Also a letter from you explaining how the injury or medical emergency has directly negatively impacted your income and/or ability to manage your business in the same capacity as prior to the event.

Section II All homeowner(s) must provide the following:

Enclosed in the packet:

- _____ Request for Financial Information
- _____ Dodd-Frank Certification
- _____ IRS Form, 4506-T – Request for Transcript of Tax Return (Question 9 needs the past two years filed. Also, make sure both borrowers sign and date at the bottom.)

You will also need to gather and provide copies of the following:

- _____ Federal Income Tax Return (Page 2 signed & dated by all filers.)
- _____ Most Recent Utility Bill (Must show property address and borrower name.)
- _____ Notice of Intent or Intent to Accelerate from Mortgage Servicer
- _____ Most Recent Mortgage Statement or Recent Notices Showing Amount Due
- _____ Other Income Documentation for Homeowner & Co-Homeowner (Most Recent 60 days, if it applies to you.)
Examples: Unemployment Benefits Letter, Social Security Award Letter, Disability, Government Assistance Documentation, Child Support & Alimony with copy of divorce decree, Rental Income needs a copy of the Rental Agreement.
- _____ Two Months Most Recent Bank Statements (Needed to verify some of the above items.)
- _____ Sales Price &/or Appraised Value from Current Loan (If you have a copy of the appraisal from the closing of your current loan, please provide it.)

SIGNATURE AUTHORIZATION

I hereby authorize Idaho Housing and Finance Association (IHFA), HUD Counselors Jimmy Capell and Kara DeWitt, and other authorized staff to access information regarding my home loan; verify my past, present and anticipated income from employment and other sources.

I further authorize IHFA to order a consumer credit report, as needed, to verify other credit information. It is understood a photocopy of this form will also serve as authorization.

I also give permission for the counselor, fiscal agency, HUD and my mortgage company to contact me via email. (Please circle yes or no.)

Homeowner: Yes / No Homeowner Email: _____

Co-Homeowner: Yes / No Co-Homeowner Email: _____

This confidential information is needed to assist IHFA in determining eligibility for loan counseling purposes.

Print Homeowner Name

Print Co-Homeowner Name

Homeowner Signature Date

Co-Homeowner Signature Date

Homeowner Social Security #

Co-Homeowner Social Security #

Date of Birth

Date of Birth

Property Address: _____

Lender/Service Name: _____

Loan Number: _____

Notice to Borrowers

This is notice to you as required by the Right to Financial Privacy Act of 1978 that HUD/FHA has a right to access financial records held by financial institutions in connection with the consideration of administration of assistance to you. Financial records involving your transaction will be available to HUD/FHA without further notice or authorization, but will not be disclosed or released by this institution to another Government Agency or Department without your consent, except as required or permitted by law.

March 31, 2011

REQUEST FOR FINANCIAL INFORMATION ON MORTGAGE LOAN # _____

Idaho Housing and Finance Association uses this information to help in determining the type of help, if any, that can be provided to assist you in avoiding foreclosure of your mortgage, as per the enclosed pamphlet.

Homeowner: _____

Homeowner Employer/Company Name: _____ Employer Phn: _____

Co-Homeowner: _____

Co-Homeowner Employer/Company Name: _____ Employer Phn: _____

Property Address: _____

City: _____ State: _____ Zip Code: _____

INCOME & BUDGET OF HOUSEHOLD

Homeowner Income	Net Amt.	Gross Amt.	Co-Homeowner Income	Net Amt.	Gross Amt.
Monthly Pay			Monthly Pay		
Rental Income			Rental Income		
Other Income			Other Income		
Other Income			Other Income		
Total Monthly Income			Total Monthly Income		
Budget Items	Payment	Past Due	Debt	Payment	Past Due
Repairs/Mtg. Fees			First Mortgage		
HOA Dues			Second Mortgage		
Electricity			Credit Card 1		
Water/Irrigation			Credit Card 2		
Gas			Credit Card 3		
Phone/Cell			Credit Card 4		
Trash/Sewer			Credit Card 5		
Cable/Net			Credit Card 6		
Food/Groceries			Payday Loans		
Gas/Oil			Car Pmt #1		
Car Repairs/Tires			Car Pmt #2		
Car Ins.			RV Pmt		
Clothing			Motorcycle Pmt		
Personal			Student Loans		
Disability Insurance			Rent		
Health Insurance			Other Debt		
Prescriptions/Medical Co-Pay			Other Debt		
Life Insurance			Total Debt		
Child/Elderly Care					
Gym/Entertainment					
Child Support You Pay					
Medical Expenses					
Restitution					
Giving/Tithing					
Pawn Fees					
Pet/Vet					
Misc.					
Misc.					
Total Budget Items					

Do you have a deduction from your pay which goes into a 401k or retirement account? Yes / No.

If so, how much is deducted per month \$ _____

Do you receive food stamps? Yes / No

If yes, how much do you receive per month? \$ _____

Have you ever filed bankruptcy? Yes / No

If yes, what chapter did you file and when did you file? _____

Is property listed for sale? Yes / No

If yes, name & contact information: _____

Do you own any real estate besides your home? Yes / No

If yes, complete the following: Description of property _____

Value \$ _____	Monthly Payments \$ _____	Monthly Rental Income _____
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Notes: _____

HELP FOR AMERICA'S HOMEOWNERS.



Dodd-Frank Certification

The following information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203). **You are required to furnish this information.** The law provides that no person shall be eligible to begin receiving assistance from the Making Home Affordable Program, authorized under the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 *et seq.*), or any other mortgage assistance program authorized or funded by that Act, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony larceny, theft, fraud, or forgery, (B) money laundering or (C) tax evasion.

I/we certify under penalty of perjury that I/we have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:

- (a) felony larceny, theft, fraud, or forgery,
- (b) money laundering or
- (c) tax evasion.

I/we understand that the servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/we also understand that knowingly submitting false information may violate Federal law.

This Certificate is effective on the earlier of the date listed below or the date received by your servicer.

Borrower Signature

Date

Co-Borrower Signature

Date

Request for Transcript of Tax Return

OMB No. 1545-1872

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

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946. If you need a copy of your return, use Form 4506, Request for Copy of Tax Return. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (See Instructions)	
4 Previous address shown on the last return filed if different from line 3 (See Instructions)	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.	

Caution. If the transcript is being mailed to a third party, ensure that you have filled in line 6 and line 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ►

- a** Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days
- b** Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 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. 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 2007, filed in 2008, will not be available from the IRS until 2009. 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. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of signature date.

Telephone 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

General Instructions

Purpose of form. Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different RAVS teams, send your request to the team based on the address of your most recent return.

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 1-800-908-9946.

Chart for individual transcripts (Form 1040 series and Form W-2)

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
Florida, Georgia (After June 30, 2011, send your transcript requests to Kansas City, MO)	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 770-455-2335
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 512-460-2272
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888 559-456-5876
Connecticut, Delaware, District of Columbia, 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 816-292-6102

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax 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 801-620-6922
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 859-669-3592

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

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

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note. If the address on Lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See Internal Revenue Code 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.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form, 10 min.; Preparing the form, 12 min.; and Copying, assembling, and sending the form to the IRS, 20 min.**

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 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.

Idaho Housing and Finance Association
and
Idaho Partners for Homebuyer Education, Inc.

Services Disclaimer

Every effort is made to provide you with accurate and current information. Idaho Housing and Finance Association ("IHFA") and its partner, Idaho Partners for Homebuyer Education, Inc. ("IPHBE, Inc.") assume no liability for the accuracy, completeness or usefulness of any information, product or process disclosed to you by IHFA or IPHBE, Inc. counselors and presenters. Providers of information do not necessarily speak on behalf of IHFA or IPHBE, Inc. and IHFA and IPHBE, Inc. do not endorse any information such providers may present. Regardless of information provided to you by IHFA or IPHBE, Inc., counselors and presenters, you are entitled to choose whatever lenders, lending products, or resources that best meet your needs.

For a full list of services that IHFA and IPHEBE, Inc. offers, please contact us:

Idaho Housing and Finance Association Programs and Services:



Home Loans: Homeownership Lending	Phone	Email
Existing IHFA Home Loan	208-331-4888 Toll free: 1-800-526-7145	mortgageserv@ihfa.org
Potential Homebuyer	208-424-7066 Toll free: 1-800-432-4066	resloan@ihfa.org
Lenders, Mortgage Brokers and REALTORS®	1-800-219-2285	resloan@ihfa.org

Rental Assistance	Phone	Email
Coeur d'Alene Branch Office 610 W. Hubbard, Bay 219 Coeur d'Alene, ID 83814	208-667-3380 Toll-free: 1-866-621-2994	rentalassistanceccda@ihfa.org
Idaho Falls Branch Office 390 W. Sunnyside Rd. Idaho Falls, ID 83402	208-522-6002 Toll-free: 1-866-684-3756	rentalassistanceif@ihfa.org
Lewiston Branch Office 215 Tenth Street, Suite 101 P.O. Box 342 Lewiston, ID 83501	208-743-0251 Toll-free: 1-866-566-1727	rentalassistancelew@ihfa.org
Twin Falls Branch Office 844 N. Washington, Ste. 300 Twin Falls, ID 83301	208-734-8531 Toll-free: 1-866-234-3435	rentalassistancetf@ihfa.org
Boise Administration	208-331-4886 Toll-free: 1-800-219-2286	rentalassistance@ihfa.org
Family Self-Sufficiency	208-331-4796 Toll-free: 1-800-458-2791	fss@ihfa.org

Capital Markets and Economic Development Finance

208-331-4889	investorinfo@ihfa.org
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Housing Counseling

Toll-free: 1-877-888-3135	housingcounseling@ihfa.org
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Grant Programs

208-331-4881 Toll-free: 1-877-447-2687	grantprograms@ihfa.org
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Multifamily Financing

208-331-4880	multifamily@ihfa.org
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Finally Home!® Homebuyer Education

Toll-free: 1-877-888-3135	finallyhome@ihfa.org
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Housing Information Resource Center

208-331-4877 Toll-free: 1-877-438-4472	hirc@ihfa.org www.housingidaho.com
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Housing Project Oversight and Compliance

208-331-4707	compliance@ihfa.org
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Home Partnership Foundation, Inc.

208-331-4877 Toll-Free: 1-877-438-4472	hirc@ihfa.org
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The Housing Company

208-331-4890 Toll-free: 1-800-361-5181	contact@thehousingcompany.org www.thehousingcompany.org
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Executive Office

208-331-4889	about@ihfa.org
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Media Relations

208-331-4884 After normal business hours: 208- 860-7364	press@ihfa.org
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Hearing and Speech Impaired TDD Toll Free: 1-800-545-1833 ext. 400

Idaho Housing and Finance Association

Emergency Homeowners Loan Program

Privacy Act Statement

Purpose: In signing this document, you are authorizing the Housing and Urban Development, HUD, and the Idaho Housing and Finance Association, IHFA, directly or through their agents, to request income information from such sources necessary to verify your household's income, employment status and such other information necessary to ensure that you are eligible for the federal benefits to be derived under this program and that those benefits are set at the correct level.

Uses of Information to be Obtained: HUD and IHFA are required to protect the income and employment information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a, and IHFA is subject to state privacy laws. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes or unemployment/income verification purposes. Any persons engaging in unauthorized disclosures or improper uses of information obtained for the purposes described above may be subject to penalties.