

Friends In Need

F O U N D A T I O N

APPLICATION FOR ASSISTANCE

Please complete the following questionnaire for review by the Friends in Need (FIN) Benefits Committee. Also, complete financial information requested in Parts 2 and 3 and IRS form 4506 (FIN will pay the fee). Please mail completed form to the post office box listed at the bottom of the page. **Please type or print.** It is important that all of the information requested is provided with as many details as possible so that the FIN Benefits Committee can review and award in a timely manner. It may be necessary for the Committee to request further/follow-up information.

How would you like us to help: Assist with a Fundraising Event Financial Donation

How were you referred to Friends in Need (include contact phone #) _____

Date of application: _____

Name of individual in medical crisis: _____ Date of birth: _____

Contact person's name: _____

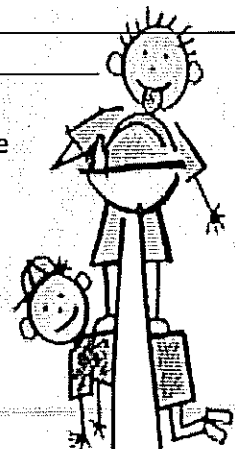
Contact person's phone: cell: _____ other: _____

Contact person's email address: _____

Please describe applicant's medical condition in detail, including dates (attach additional pages if necessary). Include any other documents that may assist FIN in reviewing your application (reports or letters from physicians listing short-term and long-term prognosis are helpful).

List items and amounts for which grant applicant is seeking financial assistance (attach additional pages if necessary). Attach supporting documents.

Friends in Need reserves the right to ask for additional information, or to independently verify the stated above with physicians or other professionals.



FRIENDS IN NEED FOUNDATION, INC.
APPLICATION FOR ASSISTANCE - PART 3
PERSONAL/FAMILY FINANCIAL STATEMENT (attach additional pages if needed)

APPLICANT'S NAME: _____

SECTION 1:

LIST AMOUNTS AS OF DATE OF APPLICATION

ASSETS:

Cash in banks (checking and savings)			
Investments in stocks, bonds			
Estimate of fair market value of home			
Estimate of fair market value of vehicles			
Retirement savings value			
Other assets (list type and amount):			

TOTAL ASSETS

LIABILITIES:

Home loan debt (amount owed on mortgage)			
Vehicle loan debt (amount owed on vehicle loan)			
Credit card debt			
Other liabilities (list type and amount):			

TOTAL LIABILITIES

SECTION 2: ITEMS OF NEED

List costs of anticipated medical-related care over the next twelve months caused by this crisis. If insurance covers these costs, list amount/percentage insurance will cover. Please provide details of the type of care, special medical equipment needed and the expected date of need. Attach additional pages if needed.

Description & Date of Need	Amount of Need	Insurance Coverage Amount

List costs of non-medical-related needs over the next twelve months caused by the change in the applicant's status due to this crisis. Please provide details of these needs and, if appropriate, the expected date of need.

Description & Date of Need	Amount of Need	Insurance Coverage Amount

By signing below applicants certify accuracy of above information:

Applicant: _____ Applicants spouse: _____

**FRIENDS IN NEED FOUNDATION, INC.
APPLICATION FOR ASSISTANCE - PART 2**

The information collected in Parts 2 & 3 and information that may be gathered using IRS Form 4506 will only be viewed by the FIN Benefits Committee and are solely for the purpose of assessing this application. In order for this application to be reviewed in a timely manner, it is extremely important that as many details as possible be provided and those details are accurate and legible.

MONTHLY INCOME AND EXPENSES (attach additional pages with details if needed)

APPLICANT'S NAME: _____

PROVIDE MONETARY DETAILS (WITH NOTES) OF IMPACT CAUSED BY CRISIS (I.E. LOST \$800 IN MONTHLY WAGES DUE TO INABILITY TO WORK)

LIST AMOUNTS AS OF DATE OF APPLICATION

<u>MONTHLY HOUSEHOLD INCOME:</u>		
Wages (after taxes)		
Interest, dividends, & investment income		
Retirement income		
Social security income		
Other income (list type and amount):		
<u>TOTAL MONTHLY INCOME</u>		
<u>MONTHLY HOUSEHOLD EXPENSES:</u>		
Mortgage or rent payments		
Property taxes		
Homeowners/renters insurance		
Utilities, including Electricity, Gas, Telephone, Cable TV, Water		
Cellular phone		
Car payments		
Car insurance		
Other transportation		
Groceries		
Medical/dental/vision insurance premiums		
Personal care (clothing, hair care, etc.)		
Childcare/Tuition expenses		
Credit card payments (in addition to those listed)		
Other expenses (list type and amount):		
<u>TOTAL MONTHLY EXPENSES</u>		

By signing below applicants certify accuracy of above information:

Applicant: _____ Applicants spouse: _____

Request for Copy of Tax Return

(Rev. January 2012)

OMB No. 1545-0429

Department of the Treasury
Internal Revenue Service

► 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 and click on "Order a Transcript" or call 1-800-908-9946.

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.	

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	\$	\$57.00
b Number of returns requested on line 7		
c 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 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 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 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.

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
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.