

**REQUEST FOR AND CONSENT TO DISCLOSURE OF INCOME  
TRANSCRIPT OF TAX RETURN(S)**

To: Internal Revenue Service

I (We) request that a certified copy of my (our) Tax Return Transcript(s) for the three previous tax years, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, to be forwarded to Hill Development Corporation of New Haven, 649 Howard Avenue, New Haven, CT 06519, Attention: Kerri B. Kelshall-Ward, Deputy Administrator of Housing Counseling.

I (We) consent to the disclosure of my (our) Tax Return Transcript(s) to Hill Development Corporation of New Haven.

**NAME(S) OF TAX PAYER(S):** \_\_\_\_\_  
\_\_\_\_\_

**MAILING ADDRESS OF TAX PAYER(S):** \_\_\_\_\_  
\_\_\_\_\_

**SOCIAL SECURITY NUMBER(S):** \_\_\_\_\_  
\_\_\_\_\_

**HDC EMPLOYER IDENTIFICATION NUMBER:** 06-1039070

\_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF TAX PAYER**

\_\_\_\_\_  
**SIGNATURE OF TAX PAYER**

**You can call 1-800-829-1040 to order your request for Transcript of Tax Return(s).**