

VETERANS ASSISTANCE COMMISSION OF LAKE COUNTY



Financial Assistance Packet

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- Death Notification Checklist
- National Cemetery Administration
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- CHAMPVA Healthcare
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USEFUL CONTACT INFORMATION

- ❖ **VA Hotline – Claim Status**
 - 800-827-1000
- ❖ **North Chicago VA Medical Center**
 - Main: 847-688-1900
 - Enrollment: 224-610-1463
 - Billing: 877-874-2273
- ❖ **Lake County Assessors Office**
 - 847-377-2050
- ❖ **Defense Finance Accounting Services**
 - 888-332-7411
- ❖ **Illinois Department of Veterans Affairs**
 - 800-437-9824
- ❖ **Lake County Veterans and Family Services**
 - 847-986-4622
- ❖ **Illinois Armed Forces Legal Aid Network**
 - 855-452-3526
- ❖ **Veterans Crisis Hotline**
 - 988

CONTACT US AT:



847-377-3344



847-984-5750



veterans@lakecountyil.gov



www.vacl.org



1790 Nations Drive
Suite 221
Gurnee, IL 60031

WELCOME TO THE VACLC

Thank you reaching out to us in request of Financial Assistance. The VACLC is committed to helping Veterans with an Honorable Discharge and their families in their time of need. Emergency Financial Assistance is available only once in a 12-month period and is to be used for emergency assistance with shelter, food, utilities, etc.

Please complete the packet and return to the VACLC in its entirety. Please follow the checklist to ensure all required documentation is included. Failure to submit required documentation could result in a delay in receiving a decision and may result in denial. If you have questions or concerns please contact us.



LAST REVISION
12/08/2023



SIGNATURE PAGE

PLEASE SIGN LEGIBLY INSIDE THE BOX BELOW

With your consent, this signature will be scanned and used as a digital signature for future claim forms or documents that need to be submitted to the VA.

PRINT NAME: _____

PLEASE KEEP SIGNATURE WITHIN THE BOX

HOW DID YOU HEAR ABOUT US?

- | | |
|---|---|
| <input type="checkbox"/> Referral | <input type="checkbox"/> VA Hospital |
| <input type="checkbox"/> Lake County Referral | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> VACLK Website | <input type="checkbox"/> Other Veteran Service Organization |
| <input type="checkbox"/> Other _____ | |



Financial Assistance

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Please verify you have contacted the agencies below. We will need a caseworker's signature and phone number for verification purposes. If only a phone call was made, we will need the name and number of the person you spoke to and the date of your conversation.



Volunteers of America
312-564-2334

_____ Date
 _____ Caseworkers Signature
 _____ Caseworkers printed name _____ Caseworkers Direct Number

Eligible for Assistance? YES or NO
 If yes, how much? _____

Catholic Charities
671 S. Lewis
Waukegan, IL 60085
847-782-4000

_____ Date
 _____ Caseworkers Signature
 _____ Caseworkers Printed Name _____ Caseworkers Direct Number

Eligible for Assistance? YES or NO
 If yes, how much? _____

Veterans Path to Hope
805 S McHenry Ave
Crystal Lake, IL 60014
815-321-4673

_____ Date
 _____ Caseworkers Signature
 _____ Caseworkers Printed Name _____ Caseworkers Direct Number

Eligible for Assistance? YES or NO
 If yes, how much? _____

Salvation Army
850 S. Greenbay Rd
Waukegan, IL 60085
847-336-1880

_____ Date
 _____ Caseworkers Signature
 _____ Caseworkers Printed Name _____ Date

Eligible for Assistance? YES or NO
 If yes, how much? _____

Local Township

_____ Date
 _____ Caseworkers Signature
 _____ Caseworkers Printed Name _____ Date

 NAME OF TOWNSHIP (please print)

Eligible for Assistance? YES or NO
 If yes, how much? _____

FOOD PANTRIES IN LAKE COUNTY



Avon Cares Food Pantry

433 E Washington St
Round Lake Park, IL 60073
847-546-1476
Mon – 1pm – 3:30pm
Tue – 1pm – 3:30pm
Fri – 9am – 11:30am
Sat/Sun – Closed

Catholic Charities

4624 W Diversey Ave
Chicago, IL 60639
312-951-9659
Call for location of grocery centers for food pickup

Christian Assembly of God

2929 Bethel Blvd
Zion, IL 60099
847-872-3541
1st visit you will need a picture ID and utility bill with your current address. All visits after the first will only require ID Hours of operation – 10am – 1pm, closed 5th Wed of each month. Lunch is available until 12:30pm

Christian Faith Fellowship

1727 27th St
Zion, IL 60099
847-731-0700

Christian Faith Fellowship Church

1730 Washington Ave
Waukegan, IL 60085
847-244-2332

Christian Fellowship Church

621 Belvidere Street
Waukegan, Illinois 60085
(847) 336-1815
Some holiday meals may be administered to local residents of this part of Lake County.

Christian Valley Missionary Baptist Church

2690 Argonne Drive
North Chicago, IL 60064
Call (847) 473-3567

Connect Family Service

777 Central Avenue
Highland Park, IL 60035
For referrals, dial (847) 432- 4981 x102
Specialists can refer clients to SNAP intake sites, USDA commodities, disability, and other hunger prevention resources.

COOL Food Pantry, East

800 W. Glen Flora Ave
Waukegan, IL 0085
847-662-1230
M-F – 10am – 2pm
One Saturday per month – 10am – noon (call for details) must arrive 15 minutes early.

Emmanuel Faith Bible Christian Center

1840 Lincoln Street
North Chicago, IL 60064
(847) 473-4854
Students can get snacks from Summer Food Service, there is clothing and Easter food baskets, gifts, and other programs run by the charity food bank.

Gracepointe Church

1221 West Maple Avenue
Mundelein, IL 60060
Telephone: (847) 566-6650

Greater Faith Church

565 Powell Ave
Waukegan, IL 60085
847-244-4400

Holy Family Food Pantry

912 8th St
Waukegan, IL 60085
847-623-2112

Liberty Temple Full Gospel Church

711 Eighth Street
Waukegan, Illinois 60085
(847) 662-3182

Midwest Veterans Closet

2323 Green Bay Rd
North Chicago, IL 60064
847-354-2108

North Point Community Christian Church

900 Lewis Ave
Winthrop Harbor 60096
847-746-5522

Our Lady of Humility

10655 Wadsworth Road
Zion, IL 60099
847-872-8778

Saint Mary of Vernon - Sharing Hands

236 U.S. Highway 45
Vernon Hills, Illinois 60061
For hours, call (847) 362-1069
Programs include a clothing closet, food pantry, household items, and holiday meals.

Santa Maria Del Popolo Parish Office

116 N. Lake St
Mundelein, IL 60060
847-949-8300

St. Anastasia Church

624 Douglas Ave
Waukegan, IL 60085
847-623-2875

UMMA Center

221 Washington St
Waukegan, IL 60085
847-336-6136

United Way of Lake County

330 S Greenleaf St
Gurnee, IL 60031
847-775-1000

Wauconda-Island Lake Food Pantry

505 E Bonner Road
Wauconda, IL 60084
847-526-8684



CONTACT NUMBERS FOR LAKE COUNTY TOWNSHIPS

Antioch Township
1625 N Deep Lake Road
Lake Villa, IL 60046
Phone: 847-395-3378

Avon Township
433 E Washington Street
Round Lake Park,
IL 60073
Phone: 847-546-1446

Benton Township
40020 N Green Bay Road
Beach Park, IL 60099
Phone: 847-746-2100

Cuba Township
28000 W Cuba Road
Bannington, IL 60010
Phone: 847-381-1924

Ela Township
1155 E Route 22
Lake Zurich, IL 60047
Phone: 847-438-7823

Fremont Township
22376 W Erhart Road
Mundelein, IL 60060
Phone: 847-223-2847

Grant Township
26725 W Molidor Road
Ingleside, IL 60041
Phone: 847-740-2233

Lake Villa Township
37908 N Fairfield Road
Lake Villa, IL 60046
Phone: 847-356-2116

Libertyville Township
359 Merrill Court
Libertyville, IL 60048
Phone: 847-816-6800

Moraine Township
777 Central Avenue
Highland Park, IL 60035
Phone: 847-432-3240

Newport Township
40870 Hunt Club Road
Old Mill Creek, IL 60083
Phone: 847-838-6869

Shields Township
906 Muir Avenue
Lake Bluff, IL 60044
Phone: 847-234-0802

Vernon Township
3050 N Main Street
Buffalo Grove, IL 60089
Phone: 847-634-4600

Warren Township
17801 \Washington St
Gurnee, IL 60031
Phone: 847-244-1101

Wauconda Township
505 W Bonner Road
Wauconda, IL 60084
Phone: 847-526-2631

Waukegan Township
149 S Genesee Street
Waukegan, IL 60085
Phone: 847-244-4900

West Deerfield Township
601 Deerfield Rd
Deerfield, IL 60015
Phone: 847-945-0614

Zion Township
1015 2J¹⁷Street
Zion, IL 60099
Phone: 847-872-2811

ITEMS REQUIRED FOR FINANCIAL ASSISTANCE



- DD214 (Member 4 Copy):** Must reflect honorable or general discharge without misconduct. DD214's reflecting less than 24 months of peacetime service or any other discharges other than the two listed above, are not eligible for financial assistance through our office.
- Photo ID:** Must be included in initial application.
- Marriage License:** Must be included in initial application.
- Birth Certificates for Dependent Children:** Must be included in initial application.
- Lease/Mortgage:** Must be current
- Most Current Utility Bills:** Bills must be dated within the past 30 days.
- Last Two Months of Bank Checking/Savings Statements:** If you tell us you do not have a bank account and we verify that you do have a bank account in which you did not disclose, it will be an **automatic denial** and you will not be eligible to apply again for one year from the date of application. **BANK ACCOUNT INFORMATION IS REQUIRED FOR FINANCIAL ASSISTANCE FOR ALL ACCOUNTS, CHECKING AND SAVINGS.**
- Proof of Income for Entire Household:** This includes anyone over the age of 18 that is living with you and contributing to the household income. Proof of income includes: Pay stubs for the past 60 days, direct deposit on bank statement, Social Security, child support, VA benefits, etc.
 - All items listed above are required when returning the completed financial assistance packet. If the documents listed above are not included, **it will result in an automatic denial and you will not be eligible to apply again for one year from the date of application.**
 - Failure to disclose all income, including VA compensation/pension **will result in an automatic denial and you will not be eligible to apply again for one year from the date of application.**
 - Any false information may be turned over to the State's Attorney for review, which may result in possible prosecution.

Please sign below that you have read and acknowledged the items listed above.

Signature

Date



Andrew Tangen, Superintendent
John Murray, Assistant Superintendent
Veterans Assistance Commission of Lake County
1790 Nations Drive, Suite 221
Gurnee, IL 60031 www.facebook.com/lakecountyvac

**FRAUD DISCLAIMER FORM
MEMORANDUM OF UNDERSTANDING**

Note: Before signing this form, please understand that the Veterans Assistance Commission of Lake County (VACLC) provides a valuable service to the Veterans, widows, and specific dependents of this county. Abuse of any services provided by this office will not be tolerated.

I (we) fully understand that failure to report to disclose all necessary documentation pertaining to proof of Veterans status, sources of income, expenses, and other data requested by this County office, or as required by Illinois or Federal law, or the requirements of the U.S. Department of Veterans Affairs can delay a VA claim and may result in the denial of a VACLC General Assistance claim. I (we) fully understand that it is unlawful to impersonate a Veteran for personal gain. **Fraudulent claims: impersonating a Veteran, widow, or dependent and providing false information on your application to obtain monetary benefits, will result in prosecution proceedings being filed by this office with the States Attorney, which may result in possible prosecution.**

Therefore, I (we) certify that all of the documentation and information provided **is true and correct**. By signing this form, I (we) authorize the Veterans Assistance Commission of Lake County to complete a verification process in order to confirm the accuracy of the information and /or documentation presented. If a claim is dismissed due to false information or fraudulent documentation, I (we) agree to hold the Veterans Assistance Commission of Lake County free of all liabilities for this claim. Additionally, it is understood that a copy of this claim application and/or any information resulting from the verification process shall be furnished to the States Attorney, and upon review, may result in possible prosecution.

Signature of Application/Claimant

Date

Signature of Spouse (if applicable)

Date

(VACLC EMPLOYEE USE ONLY)

I attempted to obtain concurrence on behalf of the VACLC, but, due to the one of the following, I was unable to obtain the claimants consent:

_____ Individual(s) refused to sign this consent form

_____ Other (specify) _____

VACLC Employee _____
(printed name and title)

Date: _____



Andrew Tangen, Superintendent
John Murray, Assistant Superintendent
Veterans Assistance Commission of Lake County
1790 Nations Drive, Suite 221
Gurnee, IL 60031
www.facebook.com/lakecountyvac

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I hereby authorize any person, Bank, company, Corporation, Organizations, Federal or State agency or Institution to furnish to the Veterans Assistance Commission any request for information, relative to my accounts, deposits, investments, securities, wages, Social Security income, employment verification or Business of any kind whatsoever.

Release to: VETERANS ASSISTANCE COMMISSION OF LAKE COUNTY
1790 NATIONS DRIVE, SUITE 221
GURNEE, IL 60031
PHONE: 847-377-3344
FAX: 847-984-5750
EMAIL: VETERANS@LAKECOUNTYIL.GOV

Signature

SSN

Address

City, State, Zipcode

Date

Township Supervisors of Illinois Emergency Assistance Handbook

NOTICE OF BENEFITS AVAILABLE UNDER THE EMERGENCY ASSISTANCE PROGRAM

Emergency assistance provides financial aid for two (2) purposes and two (2) purposes only. (1) to help alleviate a life-threatening circumstance, or (2) to help pay a work-related expense necessary to obtain or maintain employment. A life-threatening circumstance is a condition which poses an imminent peril to health and safety because of a lack of or the jeopardizing of the availability of shelter, food, utility service, medication, transportation or other basic necessity. You may also receive Emergency assistance to help pay for a work-related expense, but only if payment of the expense is necessary for you to get to or keep a job. In order to help you pay such expenses, the General Assistance office may also refer you to other agencies or programs or for other services.

You may receive Emergency assistance only once in any twelve (12) month period. Assistance up to the amount of Payment Level is disbursed by means of disbursing orders (requests to a vendor to provide goods and services in return for payment by the General Assistance office) or by payment directly to a provider of goods and services. You will not receive cash. The personnel of the General Assistance Office will tell you what the appropriate payment level is for the size of your household.

You may receive Emergency assistance even though you have applied for and been approved to receive monthly welfare assistance (such as Temporary Assistance to Needy Families (TANF), Aid to the Aged, Blind and Disabled (AABD), Refugee and Repatriate Assistance (RRA) or Supplemental Security Income (SSI) as long as you have not yet begun to receive monthly payments of such assistance; however, if you have already begun receiving monthly payments of cash or other welfare assistance, you cannot receive Emergency assistance.

If you have any questions about Emergency Assistance or the program requirements or particulars, you should ask the personnel of the General Assistance Office. In addition, you may inspect the General Assistance Office's Emergency Assistance Handbook during regular office hours.

I acknowledge receipt of a copy of the foregoing Notice of Benefits Available under the
Emergency
Assistance Program this _____ day of _____, 2_____

Applicant

Notice of Benefits (revised 10/2009)



Notice of Rights and Responsibilities of Emergency Assistance Applicants and Recipients

As an applicant for or recipient of Emergency Assistance you have certain rights and responsibilities.

RIGHTS

You have the following RIGHTS:

1. You have a right to file a written application for Emergency Assistance and to be assisted in completing an application. You may obtain an application at the General Assistance Office or request one by telephone or mail.
2. You have a right to voluntarily withdraw any application for Emergency Assistance you file.
3. You have a right to read the Emergency Assistance Handbook and ask questions about it.
4. You have a right not to be discriminated against because of race, religion, color, sex, sexual preference, national origin, age, handicap status or political affiliation.
5. You have a right to have the information you provide kept confidential unless disclosure is required to determine your eligibility or is otherwise required or permitted by law.
6. You have a right to written notice of the benefits available under the Emergency Assistance Program.
7. You have a right to be treated with respect and in a courteous and considerate manner. If you have not been treated this way, you have a right to complain to the Supervisor. Nothing can be done to you because you complain.
8. You have a right to freedom of choice as to where you obtain the goods and services for which the General Assistance Office will pay; however, if the General Assistance Office has an arrangement with a specific vendor to provide goods and services the General Assistance Office may refuse to pay other vendors for such goods and services. In addition, the General Assistance Office has no control over whether any vendor will furnish you with goods and services in exchange for payment by the General Assistance Office.
9. You have a right to ask questions about your application and inspect, in the presence of personnel of the General Assistance Office, your case file during regular office hours. You also have a right to request copies of what is contained in your case file. However, certain information may have been provided to the General Assistance Office on the condition that the information or its source would not be revealed to you or is privileged from such disclosure. In such cases, the General Assistance Office has a right to remove such information from your case file before you see it; however, if that happens you will be told that information has been removed.
10. You have a right to be referred to other agencies for benefits and for other programs which may assist you.
11. A decision must be made on your application for Emergency Assistance within 30 days. You have a right to written notice of this decision. If your income or assets result in a denial of your application, you have a right to a written notice indicating how your income or assets make you ineligible for Emergency Assistance.
12. You have a right to appeal any action, inaction, or decision of the General Assistance Office to the Public Aid Committee and to be assisted in filing an appeal.
13. You have a right to voluntarily repay any Emergency Assistance provided to you.

RESPONSIBILITIES

You have the following RESPONSIBILITIES:

1. You must fill out a written application for Emergency Assistance which must contain, at the very least, your name, mailing address, and signature. An application containing your name, mailing address and signature requires the General Assistance Office to make a decision on your application; however, an application with only this information would not provide sufficient information to approve your application.
2. You must keep all scheduled appointments at the General Assistance Office.
3. You must provide information needed for a determination of your eligibility for Emergency Assistance.
4. You must assist the General Assistance Office in securing and verifying information needed for a determination of your eligibility for Emergency Assistance.
5. You must consent to the release by other agencies and persons of information to the General Assistance Office necessary for a determination of your eligibility for Emergency Assistance. You must sign any consent required by the General Assistance Office to obtain necessary information.
6. You must report to the General Assistance Office within 5 calendar days of occurrence any change in your circumstances, such as a change in income or the acquisition of property, which might affect your eligibility for Emergency Assistance.
7. You must utilize all resources (e.g., relatives, food pantries, community, and charitable organizations) which might help alleviate your present needs.
8. You must apply for any benefit (e.g., unemployment compensation, worker's compensation, Supplemental Nutrition Assistance Program (**SNAP**) which might help alleviate your present needs.
9. You must accept and follow-up in good faith any referral by the General Assistance Office to any other agency.

IF YOU FAIL OR REFUSE TO SATISFY ANY OF THESE RESPONSIBILITIES, YOUR APPLICATION FOR EMERGENCY ASSISTANCE MAY BE DENIED.

I acknowledge receipt of a copy of the foregoing Notice of Rights and Responsibilities of Emergency Assistance Applicants and Recipients consisting of two (2) pages this ____ day of _____, 20__.

Signature of Applicant



VETERANS ASSISTANCE COMMISSION OF LAKE COUNTY FINANCIAL ASSISTANCE APPLICATION

Date: _____

Township: _____

Veteran must provide service discharge paper (DD-214 [Member 4]). Upon request, you must be able to furnish verification of home ownership or verification from a landlord that you are residing at the address given on this application. Also, marriage license and birth certificates of dependent children, and Photo ID must be presented for initial application. All items in this application must be completely and legibly filled out and answered by the veteran (if unable to, by a member of the immediate family), as truth and information which can be verified by this office.

SECTION I: Veteran Information

Name: _____

Address: _____

City/State/Zip: _____

Place of Birth: _____

SSN: _____

Telephone Number: _____

Email Address: _____

How many people live in your household? _____

Spouse Information

Name & Maiden Name: _____

Address: _____

City/State/Zip: _____

Place of Birth: _____

SSN: _____

Telephone Number: _____

Email Address: _____

SECTION II: Marital Status

Single: _____ Never Married: _____

Married: _____ Date and Place: _____

Divorced: _____ Date and Place: _____

Separated: _____ Date and Place: _____

Widowed: _____ Date and Place: _____

Are you paying child support? _____ If yes, weekly amount? _____

Are you receiving child support/maintenance? _____ If yes, weekly amount? _____

SECTION III: Dependent Children

NAME	DOB	PLACE OF BIRTH	SSN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do the live with you? Yes _____ No _____

SECTION IV - Other Income/Benefits (VA Benefits, Township assistance, Retirement)

Have you recently applied for or are you receiving any of the following, and if so, what amount?

(Please circle your answer)

Township Asst: Yes or No Amount \$ _____ \v1len did it start: _____

Retirement: Yes or No Amount\$ _____ When did it start: _____

VA Benefits: Compensation or Pension If receiving either, how much:\$ _____

Have you applied for assistance at any other agency with these or any other bills in the last 180 days? Yes or No

If yes, what agency? _____ Agency phone number _____

SECTION V - Bank Information

Bank Name:

Checking: Yes or No Balance:\$ _____ Savings: Yes or No Balance: S _____

Do you have a car? Yes or No If yes, Make, Model, and Year: _____

Do you have the title? Yes or No What are your monthly payments: S _____

SECTION VI - Employment-Income

Currently Working? Yes_ No_ If yes: **Attach proof for the last months earnings**

Name of Current Employer _____ Dale of Hire _ _ / _ _

Employers address _____ City _____ State _ _

Number of hours worked weekly How often paid _____

Net weekly pay (before taxes)\$ _____ **Attach proof of last month's earnings**

Receiving unemployment benefits? Yes or No Amount\$ _____ If yes: **Attach proof for last month's earnings**

Are you receiving SSI or SSDI? Yes or No Amount\$ _____ If yes: **Attach proof for the last month's earnings**

Are you receiving Public Aid Food Stamps? Yes or No Amount\$ _____

Spouse's Employment-Income

Currently Working? Yes or No If yes: **Attach proof for the last months earnings**

Name of Current Employer _____ Date of Hire

Employers address _____ City _____ State _____

Number of hours worked weekly _____ How often paid _____

Net weekly pay (before taxes)\$ _____ **Attach proof of last month's earnings**

Receiving unemployment benefits? Yes or No Amount S If yes: **Attach proof for last month's earnings**

Are you receiving SSI or SSDI? Y or N Amount\$ If yes: **Attach proof for the last month's earnings**

Are you receiving Public Aid Food Stamps? Yes or No Amount\$ _____

SECTION VII - Residency Verification

Do you: Rent or Own _____ Amount of Rent or Mortgage: \$ _____
When was the last time you paid? _____ Amount of payment: \$ _____
How far behind are you? _____ Did you get a 5-day notice: Yes or No
Did you get an eviction notice: Yes or No
Landlords Information: Name: _____
Address: _____
Phone Number: _____
How long have you lived at this address? Years: _____ Months: _____
Are you receiving Housing Assistance? Yes or No If yes, how much per month \$ _____
Housing Authority name, and contact name & number of caseworker: _____

SECTION VIII - Monthly Household Expenses

Rent/Mortgage \$ _____ Electric/Com Ed \$ _____
Phone - house \$ _____ Phone-cell \$ _____
Water bill \$ _____ North Shore Gas \$ _____
Child Support \$ _____ (Child support order is provided)

SECTION DC-Assistance

What kind of assistance are you requesting from this office? **Please be specific:** (Please print so it is legible)

Have you experienced an unexpected loss of income? Have you had an unexpected expense? **Please explain in detail what caused your Emergency Financial need. You MUST provide copies of bills, invoices, or receipts to back up the hardship that occurred;** (Please print so its legible)

SECTION X - Additional Dependent Children

Name	Birthdate	Place of birth	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do they live with you? Yes _____ No _____

EXPLANATION OF THE FOLLOWING VA FORM 21-22

Completing the following form will allow the VACLC to verify your VA Compensation or Pension benefits.

Failure to comply/fill out the 21-22 will result in an automatic denial of financial assistance.

VACLC will generate this form for you with your consent.

SAMPLE ONLY

OMB Control No. 2900-0321
Respondent Burden: 5 minutes
Expiration Date: 02/28/2022

Department of Veterans Affairs	VA DATE STAMP (DO NOT WRITE IN THIS SPACE)																	
APPOINTMENT OF VETERANS SERVICE ORGANIZATION AS CLAIMANT'S REPRESENTATIVE																		
IMPORTANT: Please read the Privacy Act and Respondent Burden Information on Page 3 before completing the form.																		
NOTE: If you prefer to have an individual assist you with your claim instead of a veterans service organization, please complete VA Form 21-22a, <i>Appointment of Individual as Claimant's Representative</i> . See Page 4 for information on how to submit the completed form, either by mail, in person at a VA regional office or electronically. VA forms are available at www.va.gov/vaforms .																		
SECTION I: VETERAN'S INFORMATION																		
NOTE: You can <i>either</i> complete the form online or by hand. If completed by hand, print the information requested in ink, neatly, and legibly to expedite processing of the form.																		
1. VETERAN'S NAME (First, Middle Initial, Last) <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 40%;"><input style="width: 95%;" type="text"/></td> <td style="border: none; width: 5%; text-align: center;">-</td> <td style="border: none; width: 55%;"><input style="width: 95%;" type="text"/></td> </tr> </table>		<input style="width: 95%;" type="text"/>	-	<input style="width: 95%;" type="text"/>														
<input style="width: 95%;" type="text"/>	-	<input style="width: 95%;" type="text"/>																
2. VETERAN'S SOCIAL SECURITY NUMBER (SSN) <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 33%;"><input style="width: 95%;" type="text"/></td> <td style="border: none; width: 3%; text-align: center;">-</td> <td style="border: none; width: 33%;"><input style="width: 95%;" type="text"/></td> <td style="border: none; width: 3%; text-align: center;">-</td> <td style="border: none; width: 28%;"><input style="width: 95%;" type="text"/></td> </tr> </table>	<input style="width: 95%;" type="text"/>	-	<input style="width: 95%;" type="text"/>	-	<input style="width: 95%;" type="text"/>	3. VA FILE NUMBER (If applicable) <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input style="width: 95%;" type="text"/></td> </tr> </table>	<input style="width: 95%;" type="text"/>	4. VETERAN'S DATE OF BIRTH <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 33%; text-align: center;">Month</td> <td style="border: none; width: 3%; text-align: center;">-</td> <td style="border: none; width: 33%; text-align: center;">Day</td> <td style="border: none; width: 3%; text-align: center;">-</td> <td style="border: none; width: 28%; text-align: center;">Year</td> </tr> <tr> <td style="border: none;"><input style="width: 95%;" type="text"/></td> <td style="border: none;"></td> <td style="border: none;"><input style="width: 95%;" type="text"/></td> <td style="border: none;"></td> <td style="border: none;"><input style="width: 95%;" type="text"/></td> </tr> </table>	Month	-	Day	-	Year	<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>
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5. VETERAN'S SERVICE NUMBER (If applicable) <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input style="width: 95%;" type="text"/></td> </tr> </table>	<input style="width: 95%;" type="text"/>	6. INSURANCE NUMBER(S) (If applicable) (Include letter prefix) <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input style="width: 95%;" type="text"/></td> </tr> </table>		<input style="width: 95%;" type="text"/>														
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7. VETERAN'S MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)																		
No. & Street <input style="width: 95%;" type="text"/>																		
Apt./Unit Number <input style="width: 20%;" type="text"/> City <input style="width: 60%;" type="text"/>																		
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8. VETERAN'S TELEPHONE NUMBER (Include Area Code) <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input style="width: 95%;" type="text"/></td> </tr> </table>	<input style="width: 95%;" type="text"/>	9. VETERAN'S EMAIL ADDRESS (Optional) <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input style="width: 95%;" type="text"/></td> </tr> </table>		<input style="width: 95%;" type="text"/>														
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SECTION II: CLAIMANT'S INFORMATION (If other than veteran)																		
10. CLAIMANT'S NAME (First, Middle Initial, Last) <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 40%;"><input style="width: 95%;" type="text"/></td> <td style="border: none; width: 5%; text-align: center;">-</td> <td style="border: none; width: 55%;"><input style="width: 95%;" type="text"/></td> </tr> </table>			<input style="width: 95%;" type="text"/>	-	<input style="width: 95%;" type="text"/>													
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12. CLAIMANT'S TELEPHONE NUMBER (Include Area Code) <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input style="width: 95%;" type="text"/></td> </tr> </table>	<input style="width: 95%;" type="text"/>	13. CLAIMANT'S EMAIL ADDRESS (Optional) <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input style="width: 95%;" type="text"/></td> </tr> </table>	<input style="width: 95%;" type="text"/>	14. RELATIONSHIP TO VETERAN <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input style="width: 95%;" type="text"/></td> </tr> </table>	<input style="width: 95%;" type="text"/>													
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SECTION III: SERVICE ORGANIZATION INFORMATION																		
15. NAME OF SERVICE ORGANIZATION RECOGNIZED BY THE DEPARTMENT OF VETERANS AFFAIRS (See list on Page 3 before selecting organization) <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input style="width: 95%; height: 30px;" type="text"/></td> </tr> </table>			<input style="width: 95%; height: 30px;" type="text"/>															
<input style="width: 95%; height: 30px;" type="text"/>																		
16A. NAME OF OFFICIAL REPRESENTATIVE ACTING ON BEHALF OF THE ORGANIZATION NAMED IN ITEM 15 (This is an appointment of the entire organization and does not indicate the designation of only this specific individual to act on behalf of the organization) <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input style="width: 95%; height: 30px;" type="text"/></td> </tr> </table>	<input style="width: 95%; height: 30px;" type="text"/>	16B. JOB TITLE OF PERSON NAMED IN ITEM 16A <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input style="width: 95%; height: 30px;" type="text"/></td> </tr> </table>		<input style="width: 95%; height: 30px;" type="text"/>														
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17. EMAIL ADDRESS OF THE ORGANIZATION NAMED IN ITEM 15 <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input style="width: 95%; height: 30px;" type="text"/></td> </tr> </table>	<input style="width: 95%; height: 30px;" type="text"/>	18. DATE OF THIS APPOINTMENT (MM/DD/YYYY) <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input style="width: 95%; height: 30px;" type="text"/></td> </tr> </table>		<input style="width: 95%; height: 30px;" type="text"/>														
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<input style="width: 95%; height: 30px;" type="text"/>																		

SAMPLE ONLY

VETERAN'S SOCIAL SECURITY NUMBER - -

SECTION IV: AUTHORIZATION INFORMATION

19. AUTHORIZATION FOR REPRESENTATIVE'S ACCESS TO RECORDS PROTECTED BY SECTION 7332, TITLE 38, U.S.C. - By checking the box below I authorize VA to disclose to the service organization named on this appointment form any records that may be in my file relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia.

I **authorize** the VA facility having custody of my VA claimant records to disclose to the service organization named in Item 15 all treatment records relating to drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia. Rediscovery of these records by my service organization representative, other than to VA or the Court of Appeals for Veterans Claims, is not authorized without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I revoke this authorization by filing a written revocation with VA; or (2) I revoke the appointment of the service organization named in Item 15, either by explicit revocation or the appointment of another representative.

20. LIMITATION OF CONSENT- I authorize disclosure of records related to treatment for all conditions listed in Item 19 except:

- | | |
|--|--|
| <input type="checkbox"/> DRUG ABUSE | <input type="checkbox"/> INFECTION WITH THE HUMAN IMMUNODEFICIENCY VIRUS (HIV) |
| <input type="checkbox"/> ALCOHOLISM OR ALCOHOL ABUSE | <input type="checkbox"/> SICKLE CELL ANEMIA |

21. AUTHORIZATION TO CHANGE CLAIMANT'S ADDRESS - By checking the box below, I authorize the organization named in Item 15 to act on my behalf to change my address in my VA records.

I **authorize** any official representative of the organization named in Item 15 to act on my behalf to change my address in my VA records. This authorization does not extend to any other organization without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I file a written revocation with VA; or (2) I appoint another representative, or (3) I have been determined unable to manage my financial affairs and the individual or organization named in Item 16A is not my appointed fiduciary.

I, the claimant named in Items 1 *or* 10, hereby **appoint** the service organization named in Item 15 as my representative to prepare, present and prosecute my claim(s) for any and all benefits from the Department of Veterans Affairs (VA) based on the service of the veteran named in Item 1. I authorize VA to release any and all of my records, to include disclosure of my Federal tax information (other than as provided in Items 19 and 20), to my appointed service organization. I understand that my appointed representative will not charge any fee or compensation for service rendered pursuant to this appointment. I understand that the service organization I have appointed as my representative may revoke this appointment at any time, subject to 38 CFR 20.6. *Additionally, in some cases a veteran's income is developed because a match with the Internal Revenue Service necessitated income verification. In such cases, the assignment of the service organization as the veteran's representative is valid for only five years from the date the claimant signs this form for purposes restricted to the verification match.* Signed and accepted subject to the foregoing conditions.

SECTION V: SIGNATURES

NOTE: THIS POWER OF ATTORNEY DOES NOT REQUIRE EXECUTION BEFORE A NOTARY PUBLIC

22A. SIGNATURE OF VETERAN OR CLAIMANT <i>(Do Not Print)</i>	22B. DATE SIGNED <i>(MM/DD/YYYY)</i>
	<input style="width: 100%;" type="text"/>
23A. SIGNATURE OF VETERANS SERVICE ORGANIZATION REPRESENTATIVE NAMED IN ITEM 16A <i>(Do Not Print)</i>	23B. DATE SIGNED <i>(MM/DD/YYYY)</i>
	<input style="width: 100%;" type="text"/>

NOTE: As long as this appointment is in effect, the organization named herein will be recognized as the sole representative for preparation, presentation and prosecution of your claim before the Department of Veterans Affairs in connection with your claim or any portion thereof.

VA USE ONLY	COPY OF VA FORM 21-22 SENT TO:	DATE SENT	ACKNOWLEDGED <i>(Date)</i>	REVOKED <i>(Reason and date)</i>
	<input type="checkbox"/> VR&E FILE <input type="checkbox"/> EDU FILE <input type="checkbox"/> LG FILE <input type="checkbox"/> INSURANCE FILE	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement of a material fact, knowing it to be false or for the fraudulent acceptance of any payment to which you are not entitled.

Request for Transcript of Tax Return

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Request may be rejected if the form is incomplete or illegible.
- ▶ For more information about Form 4506-T, visit www.irs.gov/form4506t.

OMB No. 1545-1872

Tip: Get faster service: Online at www.irs.gov, **Get Your Tax Record** (Get Transcript) or by calling **1-800-908-9946** for specialized assistance. We have teams available to assist. **Note:** Taxpayers may register to use [Get Transcript](#) to view, print, or download the following transcript types: **Tax Return Transcript** (shows most line items including Adjusted Gross Income (AGI) from your original Form 1040-series tax return as filed, along with any forms and schedules), **Tax Account Transcript** (shows basic data such as return type, marital status, AGI, taxable income and all payment types), **Record of Account Transcript** (combines the tax return and tax account transcripts into one complete transcript), **Wage and Income Transcript** (shows data from information returns we receive such as Forms W-2, 1099, 1098 and Form 5498), and **Verification of Non-filing Letter** (provides proof that the IRS has no record of a filed Form 1040-series tax return for the year you request).

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 Customer file number (if applicable) (see instructions)	

Note: Effective July 2019, the IRS will mail tax transcript requests only to your address of record. See **What's New** under **Future Developments** on Page 2 for additional information.

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 1120-A, Form 1120-H, Form 1120-L, 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 10 business days

c Record of Account, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business 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 2016, filed in 2017, will likely not be available from the IRS until 2018. 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 10 business 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 end date of the tax year or period requested in mm/dd/yyyy format. This may be a calendar year, fiscal year or quarter. Enter each quarter requested for quarterly returns. Example: Enter 12/31/2018 for a calendar year 2018 Form 1040 transcript.

____ / ____ / ____ ____ / ____ / ____ ____ / ____ / ____ ____ / ____ / ____

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 information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, 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:** This form must be received by IRS within 120 days of the signature date.

Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.

Phone number of taxpayer on line 1a or 2a

Sign Here		Date	
	Signature (see instructions)		
	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.

Future Developments

For the latest information about Form 4506-T and its instructions, go to www.irs.gov/form4506t. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

The filing location for the Form 4506-T has changed. **Please see Chart for individual transcripts or Chart for all other transcripts** for the correct mailing location.

What's New. As part of its ongoing efforts to protect taxpayer data, the Internal Revenue Service announced that in July 2019, it will stop all third-party mailings of requested transcripts. After this date masked Tax Transcripts will only be mailed to the taxpayer's address of record.

If a third-party is unable to accept a Tax Transcript mailed to the taxpayer, they may either contract with an existing IVES participant or become an IVES participant themselves. For additional information about the IVES program, go to www.irs.gov and search IVES.

General Instructions

Caution: Do not sign this form unless all applicable lines have been completed.

Purpose of form. Use Form 4506-T to request tax return information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note: If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Customer File Number. The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, are shown on the transcript.

An optional Customer File Number field is available to use when requesting a transcript. This number will print on the transcript. See Line 5 instructions for specific requirements. The customer file number is an optional field and not required.

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

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 "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

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 shows two different addresses, send your request to the address based on the address of your most recent return.

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 addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party – Business.

Line 5. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number **should not** contain an SSN. Completion of this line is not required.

Note. If you use an SSN, name or combination of both, we will not input the information and the customer file number will reflect a generic entry of "999999999" on the transcript.

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. The IRS must receive Form 4506-T 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. 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. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

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 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.

Note: If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

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-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

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:

Internal Revenue Service
Tax Forms and Publications Division
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.

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:	Mail or fax to:
Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, North Carolina, Oklahoma, South Carolina, 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	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301
Delaware, Illinois, Indiana, Iowa, Kentucky, Maine, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Vermont, Virginia, Wisconsin	855-587-9604
Alaska, Arizona, California, Colorado, Connecticut, District of Columbia, Hawaii, Idaho, Kansas, Maryland, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Dakota, Utah, Washington, West Virginia, Wyoming	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409
	855-298-1145

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to:
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, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, A.P.O. or F.P.O. address	Internal Revenue Service 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	855-298-1145
	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999
	855-821-0094



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

Consent for Release of Information

Instructions for Using this Form

Complete this form only if you want us to give information or records about you, a minor, or a legally incompetent adult, to an individual or group (for example, a doctor or an insurance company). You may complete this form to release only the minor's non-medical records, if you are the natural or adoptive parent or legal guardian, acting on behalf of a minor child. We require proof of relationship, if you are not the subject of the record. We may charge a fee for providing the information, if you are requesting the information for a purpose unrelated to the administration of a program under the Social Security Act. If you are requesting information, such as a Social Security Statement or benefit verification letter, you can also access this information by creating an account at <https://www.ssa.gov/myaccount/>.

NOTE: Do NOT use this form to request:

- **The release of a minor child's medical records. Instead, visit your local Social Security office or call our toll-free number, 1-800-772-1213 (TTY-1-800-325-0778), or**
 - **Detailed information about your earnings or employment history. Instead, complete and mail form SSA-7050-F4. You can obtain form SSA-7050-F4 from your local Social Security office or online at www.ssa.gov/online/ssa-7050.pdf.**
-

How to Complete this Form

We will not honor this form unless all required fields are completed. An asterisk (*) indicates a required field. Also, we will not honor blanket requests for "any and all records" or the "entire file." You must specify the information you are requesting and you must sign and date this form.

- Fill in the name, date of birth, and social security number of the subject of the record.
- Fill in the name and address of the person or organization of where you want us to send the requested information.
- Specify the reason you want us to release the information (e.g., litigation, investigation, determining eligibility for benefits). If you are the natural or adoptive parent or legal guardian, acting on behalf of a minor child or legally incompetent adult, you must state how the release of information is in the best interest of the minor child or legally incompetent adult.
- Check the box next to the type(s) of information you want us to release including specific date ranges, where applicable.

NOTE: Unless otherwise specified, the consent form is valid for one-time use only. Also, it is valid for one year from the date of signature, unless you are requesting medical records. A consent form that includes a request for medical records is valid for 90 days from the date of signature.

Send or bring the completed form to the subject of the record's local servicing office. To locate the appropriate servicing office, visit <https://secure.ssa.gov/ICON/main.jsp>, and input the subject of the record's ZIP code.

Consent for Release of Information

You must complete all required fields. We will not honor your request unless all required fields are completed. (*Signifies a required field. **These are not mandatory fields for the consent form to be acceptable. Please complete these fields in case we need to contact you about the consent form).

TO: Social Security Administration

*Full Name	*Date of Birth (MM/DD/YYYY)	*Full Social Security Number
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I authorize the Social Security Administration to release information or records about me to:

***NAME OF PERSON OR ORGANIZATION:**

***ADDRESS OF PERSON OR ORGANIZATION:**

**** PHONE NUMBER OF PERSON OR ORGANIZATION:**

Veterans Assistance Commission of Lake County

1790 Nations Drive

Suite 221

Gurnee, IL 60031

***I want this information released because:**

We may charge a fee to release information for non-program purposes.

To determine eligibility for county benefits.

***Please release the following information selected from the list below:**

Check at least one box. If requesting medical records, do not check both boxes 7 and 8. We will not disclose records unless you include specific date ranges where applicable.

1. Verification of Social Security Number
2. Current monthly Social Security benefit amount
3. Current monthly Supplemental Security Income payment amount
4. Social Security benefit amounts from date _____ to date _____
5. Supplemental Security Income payment amounts from date _____ to date _____
6. Medicare entitlement from date _____ to date _____
7. Medical records from date _____ to date _____
8. Complete medical records
9. Other Social Security record(s) (We will not honor a request for "any and all records" or "the entire file." You must specify which records you are seeking. For example, award/denial notices, benefit applications, appeals)

The current address for the beneficiary.

I am the individual, to whom the requested information or record applies, or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare under penalty of perjury (28 CFR § 1746) that I have examined all the information on this form and it is true and correct to the best of my knowledge. I understand that anyone who knowingly or willfully seeks or obtains access to records about another person under false pretenses is punishable by a fine of up to \$5,000.

***Signature:** _____ ***Date:** _____

****Address:** _____ ****Daytime Phone:** _____

****Relationship (if not the subject of the record):** _____ ****Daytime Phone:** _____

Witnesses must sign this form ONLY if the above signature is by mark (X). If signed by mark (X), two witnesses to the signing who know the signee must sign below and provide their full addresses. Please print the signee's name next to the mark (X) on the signature line above.

1. Signature of witness	2. Signature of witness
Address (Number and street, City, State, and ZIP Code)	Address (Number and street, City, State, and ZIP Code)

Privacy Act Statement
Collection and Use of Personal Information

The Privacy Act (5 U.S.C. 552a) and Section 205(a) of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from honoring the request to release information or records about you. We will use the information you provide to respond to the request for Social Security Administration (SSA) records. We may share the information for the following purposes, called routine uses:

- To contractors and other Federal agencies, as necessary, for the purpose of assisting SSA in the efficient administration of its programs.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0089, entitled Claims Folders System, as published in the Federal Register (FR) on April 1, 2003, at 68 FR 15784; 60-0320, entitled Electronic Disability Claim File, as published in the FR on December 22, 2003, at 68 FR 71210; and 60-0340, entitled FOIA and Privacy Act Record Request and Appeal System, as published in the FR on July 13, 2016, at 81 FR 45352. Additional information, and a full listing of all our SORNs, is available on our website at www.ssa.gov/privacy.

Paperwork Reduction Act Statement

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 5 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. ***Send only comments relating to our time estimate to this address, not the completed form.***

Request for Social Security Statement

Within four to six weeks after you return this form, we will send you:

- a record of your earning history;
- an estimate of how much you have paid in Social Security taxes; and
- estimates of benefits you (and your family) may be eligible for now and in the future.

NOTE: You can receive an immediate Social Security Statement online by using a free my Social Security account. Log in or sign up today at www.socialsecurity.gov/myaccount.

Please note: If you have received periodic Social Security Statements in the mail, this request may stop your next scheduled mailing.

We hope you will find the *Statement* useful in planning your financial future. Remember, Social Security is more than a program for retired people. Social Security is with you throughout life's journey. For example, it can help support your family when you die and pay you benefits if you become severely disabled.

If you have questions about Social Security or this form, please call our toll-free number, **1-800-772-1213 (TTY 1-800-325-0778)**

Please check this box if you want to get your *Statement* in Spanish instead of English.

Please print or type your answers. The form should be printed double-sided. When you have completed the form, mail it to:

**Social Security Administration
Wilkes Barre Direct Operations Center
P.O. Box 7004
Wilkes Barre, PA 18767-7004**

1. Name shown on your Social Security card:

First Name: Middle Initial:

Last Name only:

2. Your Social Security number as shown on your card: - -

3. Your date of birth / /

4. Other Social Security numbers you have used:

- -

- -

For items 5 and 7, show only earnings covered by Social Security. Do NOT include wages from state, local, or federal government employment that are NOT covered by Social Security or that are covered ONLY by Medicare.

5. Show your actual earnings (wages and/or net self-employment income) for last year and your estimated earnings for this year.

A. Last year's actual earnings: \$. 0 0 (Dollars Only)

B. This year's estimated earnings: \$. 0 0 (Dollars Only)

6. Show the age at which you plan to stop working: (Show only one age)

7. Below, show the average yearly amount (not your total future lifetime earnings) that you think you will earn between now and when you plan to stop working. Include performance or scheduled pay increases or bonuses, but not cost-of-living increases.

If you expect to earn significantly more or less in the future due to promotions, job changes, part-time work or an absence from the work force, enter the amount that most closely reflects your future average yearly earnings.

If you don't expect any significant changes, show the same amount you are earning now (the amount in 6B).

Future average yearly earnings: \$. 0 0 (Dollars Only)

8. Do you want us to send the *Statement*:

- To you? Enter your name and mailing address.
- To someone else (your accountant, pension plan, etc.)? Enter your name with "c/o" and the name and address of that person or organization.

C / O V e t e r a n s A s s i s t a n c e C o m m i s s i o n

"C/O" or Street Address (Include Apt. No., P.O. Box, Rural Route)

1 7 9 0 N a t i o n s D r i v e

Street Address

S u i t e 2 2 1

Street Address (If Foreign Address, enter City, Province, Postal code)

G u r n e e I L 6 0 0 3 1

U.S. City, State, ZIP code (If Foreign Address, enter Name of Country only)

NOTICE:

I am asking for information about my own Social Security record or the record of a person I am authorized to represent. I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I authorize you to use a contractor to send the *Social Security Statement* to the person and address in item 9.

Please sign your name (Do Not Print)

(Area Code) Daytime Telephone Number

Date

Privacy Act Statement Collection and Use of Personal Information

Sections 205 (a), 205 (c)(2)(A) and 1143 (a)(2) of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent the issuance of a Social Security statement.

We will use the information to accurately identify your Social Security earnings record, extract the recorded earnings history, and to produce the requested statement. We may also share your information for the following purposes, called routine uses:

1. To Federal, State, or local agencies for the purpose of validating Social Security numbers used in administering cash or non-cash income maintenance or health maintenance programs; and
2. To Federal, State, or local agencies for determining alien applicants' eligibility for benefit programs.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notices (SORNs) 60-0059, entitled Earnings Recording and Self-Employment Income System, and 60-0224, entitled SSA-Initiated Personal Earnings and Benefit Estimate Statement. Additional information and a full listing of all our SORNs are available on our website at www.socialsecurity.gov/foia/bluebook.

Paperwork Reduction Act Statement

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. We estimate that it will take about 5 minutes to read the instructions, gather the facts, and answer the questions. **Send only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.**