



# **Emergency Rent Assistance**

## PROGRAM GUIDELINES November 25, 2024



## EMERGENCY RENT ASSISTANCE PROGRAM APPLICATION

#### WHAT IS THE EMERGENCY RENT ASSISTANCE (ERA) PROGRAM?

On November 8, 2022, Ontario residents voted in favor of Measure Q, a one percent (1%) retail transactions and use (sales) tax within the City of Ontario. ERA has been established with Measure Q revenue and provides emergency grants to assist Ontario renters with rental arrears due to an unexpected financial hardship. This program provides assistance for up to three months of rent, with a maximum financial benefit of \$10,000, which can include deferred, current, or future rent payments. Payments will be made directly to the landlord.

To qualify for this program, participants must have a gross annual household income that does not exceed 120% of Area Median Income.

This chart below will show you the maximum gross household annual income qualifications:

| 2024 Income Limits*                           |          |          |           |           |           |           |           |           |
|---|----------|----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Family Size                                   | 1        | 2        | 3         | 4         | 5         | 6         | 7         | 8         |
| Max. Income                                   | \$81,900 | \$93,600 | \$105,300 | \$117,000 | \$126,350 | \$135,700 | \$145,100 | \$154,450 |
| *Income limits are subject to change annually |          |          |           |           |           |           |           |           |

#### HOW DO I APPLY?

Incomplete applications that do not have all required documentation will not be accepted. Funding is limited and completed applications will be reviewed on a first come-first served basis.

Complete the attached application and submit along with the checklist shown on the following page with copies of the required information to the Housing Services Department.

<u>Email applications will not be accepted</u>. Applications may be submitted by mail or in person at the following address:

#### CITY OF ONTARIO HOUSING SERVICES DEPARTMENT 208 W. EMPORIA STREET ONTARIO, CA 91762

Appointments for an intake review and to submit an application may be scheduled online at <a href="https://booknow.appointment-plus.com/b8gbr1me">https://booknow.appointment-plus.com/b8gbr1me</a>.

The City of Ontario is not responsible for applications submitted by U.S. Mail and strongly encourages applicants who submit applications via U.S. Mail to contact the Housing Services Department to verify receipt of application. Applications submitted by mail that are incomplete will be returned via U.S. Mail to the applicant.

For further information, please call (909) 395-2006 or email Rentalutility@ontarioca.gov.



#### APPLICATION AND SUPPORTING DOCUMENTATION CHECKLIST

Incomplete applications that do not have all required supporting documentation will not be accepted.

- □ Completed and signed Application Form
- Government issued identification cards for all adult household members
- □ Statement of Unexpected Financial Hardship and supporting documentation
- □ Copy of the current lease agreement must be current, signed by all required parties, cover the time period for which assistance is sought, and has not yet expired or has a provision that the lease converts to a month-to-month term upon expiration
- Income Verification Each occupant over 18 years old and all parties over 18 years old shown on the lease agreement must complete a Declaration of Income. Income verification documentation consists of a minimum of two consecutive current paystubs, documenting a minimum of 60 days, or documentation of all sources of income for at least two months (i.e., Social Security, Supplemental Security Income, pension or retirement fund payments, child support/alimony, etc.)
- □ Bank Statements Each occupant over 18 years old and all parties over 18 years old shown on the lease agreement must complete a Declaration of Bank Accounts Copies of last two months bank account statements for all bank accounts held by each occupant over 18 years old and all parties over 18 years old shown on the lease agreement
- □ Landlord Certification of Rent Amounts Due Form *to be completed by landlord and submitted with application*
- □ W9 Form completed by the landlord for payment *to be completed by landlord and submitted with application (may be submitted via e-mail at rentalutility@ontarioca.gov).*
- □ Release of Information Authorization Forms
  - □ Income Release of Information Authorization Form for each adult income earner and each source of income
  - Landlord Release of Information Authorization Form (if rental assistance is requested)



| APPLICANT AND HOUSEHOLD INFORMATION         Applicant's First Name         Applicant's Last Name         Street Address         City, State, and Zip Code         Daytime Telephone Number         E-Mail Address         Applicant's Gender         O Male O Female         Please check any that apply         O Veteran       O Female Head of Household         O Physical Disability O Developmental Disability         Applicant's Age       Applicant's Date of Birth         Applicant's Race Code       Hispanic? O Yes       O No         Use the appropriate code listed below to indicate your race in the space provided above:       11 White       16 American Indian/Alaskan         11 White       16 American Indian/Alaskan       19 American Indian/Alaskan Native and         12 Black/African American       17 Asian and White       20 Other Multi-Racial         14 American Indian/Alaskan Native       18 Black/African American and   |                                       |  |
|---|---------------------------------------|--|
| Applicant's Last Name         Street Address         City, State, and Zip Code         Daytime Telephone Number         E-Mail Address         Applicant's Gender         O Male O Female         Please check any that apply         O Veteran       O Female Head of Household         O Physical Disability         Applicant's Age         Applicant's Race Code         (use the codes below for race)         Use the appropriate code listed below to indicate your race in the space provided above:         11 White       16 American Indian/Alaskan         12 Black/African American       Native and White         13 Asian       17 Asian and White         14 American Indian/Alaskan Native       18 Black/African American and   | APPLICANT AND HOUSEHOLD IN            | NFORMATION   |
| Street Address         City, State, and Zip Code         Daytime Telephone Number         E-Mail Address         Applicant's Gender         O Male O Female         O Veteran         O Female Head of Household         O Physical Disability         O Developmental Disability         Applicant's Age         Applicant's Race Code         (use the codes below for race)         Use the appropriate code listed below to indicate your race in the space provided above:         11 White       16 American Indian/Alaskan         12 Black/African American       17 Asian and White       20 Other Multi-Racial         14 American Indian/Alaskan Native       18 Black/African American and  | Applicant's First Name                |  |
| City, State, and Zip Code Daytime Telephone Number E-Mail Address Applicant's Gender Please check any that apply Applicant's Age Applicant's Age Applicant's Code (use the codes below for race) Use the appropriate code listed below to indicate your race in the space provided above: 11 White 16 American Indian/Alaskan 19 American Indian/Alaskan 19 American Indian/Alaskan 10 American Indian/Alaskan 117 Asian and White 10 American and  | Applicant's Last Name                 |  |
| Daytime Telephone Number         E-Mail Address         Applicant's Gender       O Male O Female         Please check any that apply       O Veteran O Female Head of Household         O Physical Disability O Developmental Disability         Applicant's Age       Applicant's Date of Birth         Applicant's Race Code       Hispanic? O Yes O No         Use the codes below for race)       Hispanic? O Yes O No         Use the appropriate code listed below to indicate your race in the space provided above:       19 American Indian/Alaskan Native and         11 White       16 American Indian/Alaskan       19 American Indian/Alaskan Native and         12 Black/African American       Native and White       Black/African American         13 Asian       17 Asian and White       20 Other Multi-Racial         14 American Indian/Alaskan Native       18 Black/African American and   | Street Address                        |  |
| E-Mail Address<br>Applicant's Gender O Male O Female<br>Please check any that apply O Veteran O Female Head of Household<br>O Veteran O Female Head of Household<br>O Physical Disability O Developmental Disability<br>Applicant's Age Applicant's Date of Birth<br>Applicant's Race Code<br>(use the codes below for race)<br>Use the appropriate code listed below to indicate your race in the space provided above:<br>11 White 16 American Indian/Alaskan 19 American Indian/Alaskan Native and<br>Native and White Black/African American<br>13 Asian 17 Asian and White 20 Other Multi-Racial<br>14 American Indian/Alaskan Native 18 Black/African American and  | City, State, and Zip Code             |  |
| Applicant's Gender       O Male O Female         Please check any that apply       O Veteran O Female Head of Household         O Physical Disability O Developmental Disability       O Physical Disability O Developmental Disability         Applicant's Age       Applicant's Date of Birth         Applicant's Race Code       Hispanic? O Yes O No         (use the codes below for race)       Hispanic? O Yes O No         Use the appropriate code listed below to indicate your race in the space provided above:       19 American Indian/Alaskan Native and         11 White       16 American Indian/Alaskan       19 American Indian/Alaskan Native and         12 Black/African American       Native and White       Black/African American         13 Asian       17 Asian and White       20 Other Multi-Racial         14 American Indian/Alaskan Native       18 Black/African American and   | Daytime Telephone Number              |  |
| Please check any that apply       O       Veteran       O       Female Head of Household         O       Physical Disability       O       Developmental Disability         Applicant's Age       Applicant's Date of Birth         Applicant's Race Code<br>(use the codes below for race)       Hispanic?       O       Yes       O       No         Use the appropriate code listed below to indicate your race in the space provided above:       16       American Indian/Alaskan       19       American Indian/Alaskan Native and         11       White       16       American Indian/Alaskan       19       American Indian/Alaskan Native and         12       Black/African American       Native and White       Black/African American       Black/African American         13       Asian       17       Asian and White       20       O ther Multi-Racial         14       American Indian/Alaskan Native       18       Black/African American and       American and   | E-Mail Address                        |  |
| Please check any that apply       O       Physical Disability       O       Developmental Disability         Applicant's Age       Applicant's Date of Birth       Applicant's Race Code       Hispanic?       O       Yes       O       No         Use the codes below for race)       Image: Code Code       Hispanic?       O       Yes       O       No         Use the appropriate code listed below to indicate your race in the space provided above:       16       American Indian/Alaskan       19       American Indian/Alaskan Native and         11       White       16       American Indian/Alaskan       19       American Indian/Alaskan Native and         12       Black/African American       Native and White       Black/African American       19       American Indian/Alaskan Native and         13       Asian       17       Asian and White       20       Other Multi-Racial         14       American Indian/Alaskan Native       18       Black/African American and       Image: Code Code Code Code Code Code Code Code  | Applicant's Gender                    | O Male O Female  |
| Applicant's Race Code<br>(use the codes below for race)       Hispanic?       O       Yes       O       No         Use the appropriate code listed below to indicate your race in the space provided above:       16       American Indian/Alaskan       19       American Indian/Alaskan Native and<br>Black/African American         12       Black/African American       16       American Indian/Alaskan       19       American Indian/Alaskan Native and<br>Black/African American         13       Asian       17       Asian and White       20       Other Multi-Racial         14       American Indian/Alaskan Native       18       Black/African American and       Image: State Stat | Please check any that apply           |  |
| Hispanic?OYesONoUse the appropriate code listed below to indicate your race in the space provided above:10American Indian/Alaskan19American Indian/Alaskan Native and11White16American Indian/Alaskan19American Indian/Alaskan Native and12Black/African American17Asian and White20Other Multi-Racial13American Indian/Alaskan Native18Black/African American and14  | Applicant's Age                       | Applicant's Date of Birth  |
| 11White16American Indian/Alaskan19American Indian/Alaskan Native and12Black/African AmericanNative and WhiteBlack/African AmericanBlack/African American13Asian17Asian and White20Other Multi-Racial14American Indian/Alaskan Native18Black/African American and14  | ••                                    | Hispanic? O Yes O No   |
| 12Black/African AmericanNative and WhiteBlack/African American13Asian17Asian and White20Other Multi-Racial14American Indian/Alaskan Native18Black/African American and14  | Use the appropriate code listed below | to indicate your race in the space provided above:               |
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| 14 American Indian/Alaskan Native 18 Black/African American and   | 12 Black/African American             |  |
|   |                                       |  |
|   | -                                     | -  |
| 15 Native Hawaiian/Other Pacific White<br>Islander  |                                       | White  |

Number of people in Household

Number of bedrooms in housing unit

Using the table below, please list information for each member of your household, **not including yourself** (if additional space is needed, please attach a separate sheet). Use the codes above to indicate race for each member of your household.

| Name | Gender   | Age | Race<br>Code | Hispanic | Veteran | Disabled        |
|------|----------|-----|--------------|----------|---------|-----------------|
|      | O Male   |     |              | O Yes    | O Yes   | O Physical      |
|      | O Female |     |              | O No     | O No    | O Developmental |
|      | O Male   |     |              | O Yes    | O Yes   | O Physical      |
|      | O Female |     |              | O No     | O No    | O Developmental |
|      | O Male   |     |              | O Yes    | O Yes   | O Physical      |
|      | O Female |     |              | O No     | O No    | O Developmental |
|      | O Male   |     |              | O Yes    | O Yes   | O Physical      |
|      | O Female |     |              | O No     | O No    | O Developmental |
|      | O Male   |     |              | O Yes    | O Yes   | O Physical      |
|      | O Female |     |              | O No     | O No    | O Developmental |
|      | O Male   |     |              | O Yes    | O Yes   | O Physical      |
|      | O Female |     |              | O No     | O No    | O Developmental |
|      | O Male   |     |              | O Yes    | O Yes   | O Physical      |
|      | O Female |     |              | O No     | O No    | O Developmental |



| Please provide a summary of rent an<br>to support this information, includin<br>rent deferral. Base rent and late fees | g a copy of the current lease, pa | ayment agreements or requests for |
|--|-----------------------------------|-----------------------------------|
| Month  | Rent Amount                       | Late Fee                          |
|  |                                   |                                   |
|  |                                   |                                   |
|  |                                   |                                   |
|  |                                   |                                   |
|  |                                   |                                   |
| Please provide a summary of the re<br>impacted your ability to pay rent, ind   |                                   |                                   |
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#### CERTIFICATIONS

By marking the boxes below and signing this application, the applicant hereby certifies the following statements to be true and correct:

- Applicant's household has rent payments they are unable to pay;
- Applicant's household income is below 120% of the area median income adjusted for family size;
- Applicant has provided complete household and income information to support this application;
- □ Applicant has experienced a recent economic hardship; and
- □ Applicant has not received or applied for assistance for the same period and payment amounts as requested in this application.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT U.S.C. TITLE 18, SECTION 1001, PROVIDES: "WHOEVER, IN ANY MATTER WITHIN THE JURISDICTION OF ANY DEPARTMENT OR AGENCY OF THE UNITED STATES KNOWINGLY AND WILLFULLY FALSIFIES...OR MAKE ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENT OR ENTRY, SHALL BE FINED UP TO \$10,000, OR IMPRISONED UP TO 5 YEARS OR BOTH."

#### I DECLARE UNDER PENALTY OF PERJURY THAT ALL INFORMATION PROVIDED IN THIS APPLICATION AND ATTACHMENTS IS TRUE AND CORRECT

Note: This application is signed by the head of household on behalf of all household members.

Signature

Date

Print Name



## EMERGENCY RENT ASSISTANCE PROGRAM DECLARATION OF INCOME

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

Applicant Address: \_\_\_\_\_

Household Member completing this declaration: \_\_\_\_\_

Please complete one form for every adult (over age 18) household member and all adults (over age 18) shown on the lease agreement.

□ I do not have any income from any source at this time and I do not anticipate receiving any income or public benefits within the next 12 months; **OR** 

□ I have income from the following sources (attach verification documentation (i.e., paystubs, notice of award, notice of public benefits, etc.) behind this form):

| Source of Income   | Frequency of Payment<br>(annually, quarterly, monthly, bi-weekly (every<br>two weeks), bi-monthly (twice a month), or<br>weekly) | Amount per Period |
|--|--|-------------------|
| Gross wages from employment before taxes and deductions  |  |                   |
| Net income from self-employment  |  |                   |
| Payment from Social Security, annuities,<br>retirement funds, pensions, disability, and<br>other periodic payments |  |                   |
| Payments in lieu of earnings such as unemployment  |  |                   |
| Income from public benefits such as<br>CalWorks, General Relief, or TANF<br>(excluding food stamps and WIC)        |  |                   |
| Alimony, child support, and foster care payments   |  |                   |
| Regular periodic payments from persons no residing in the dwelling   |  |                   |

PENALTY FOR FALSE OR FRAUDULENT STATEMENT U.S.C. TITLE 18, SECTION 1001, PROVIDES: "WHOEVER, IN ANY MATTER WITHIN THE JURISDICTION OF ANY DEPARTMENT OR AGENCY OF THE UNITED STATES KNOWINGLY AND WILLFULLY FALSIFIES...OR MAKE ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENT OR ENTRY, SHALL BE FINED UP TO \$10,000, OR IMPRISONED UP TO 5 YEARS OR BOTH."

I DECLARE UNDER PENALTY OF PERJURY THAT ALL INFORMATION PROVIDED IN THIS APPLICATION AND ATTACHMENTS IS TRUE AND CORRECT

| Signature of househol | d member cor | mpleting this form |
|-----------------------|--------------|--------------------|
|-----------------------|--------------|--------------------|



## EMERGENCY RENT ASSISTANCE PROGRAM SELF-DECLARATION OF BANK ACCOUNT(S)

Head of Household Name: \_\_\_\_\_

Household Member completing this declaration:

Please complete one form for every adult (over age 18) household member and all adults (over age 18) shown on the application.

**BANK ACCOUNTS** Please provide a minimum of the most recent two months of bank statements for all bank accounts

□ I have a <u>CHECKING</u> account(s)

□ I have a <u>SAVINGS</u> account(s)

□ I do not have a bank account and do not receive income.

□ I do not have a bank account and receive my income in an alternate way (please describe):

PENALTY FOR FALSE OR FRAUDULENT STATEMENT U.S.C. TITLE 18, SECTION 1001, PROVIDES: "WHOEVER, IN ANY MATTER WITHIN THE JURISDICTION OF ANY DEPARTMENT OR AGENCY OF THE UNITED STATES KNOWINGLY AND WILLFULLY FALSIFIES...OR MAKE ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENT OR ENTRY, SHALL BE FINED UP TO \$10,000, OR IMPRISONED UP TO 5 YEARS OR BOTH."

I DECLARE UNDER PENALTY OF PERJURY THAT ALL INFORMATION PROVIDED IN THIS APPLICATION AND ATTACHMENTS IS TRUE AND CORRECT

Signature of household member completing this form



## EMERGENCY RENT ASSISTANCE PROGRAM INCOME RELEASE OF INFORMATION AUTHORIZATION

**Instructions to Applicant:** Please complete release of information authorization forms as necessary based on assistance being requested. For all applications, complete the Income Release of Authorization for each household income source, then complete the Landlord Release of Information Authorization.

#### Applicant Name: \_\_\_\_\_

#### Applicant Address: \_\_\_\_\_

#### Employee/Income Earner Name: \_\_\_\_\_

I understand that submitting an application for assistance, does not guarantee assistance. I understand that at any time it may be necessary for the City of Ontario to share information or request information from other entities, including, but not limited to, the landlord, employer, other government agencies, etc. to verify the information provided in this application. I hereby authorize the City of Ontario, and/or its partners or funding agencies for this program, to seek and/or share information relevant to my request for assistance from the City of Ontario. I further certify that under the penalty of perjury that all information I have provided is true and correct, and I have given my permission for verification and understand that the discovery of any false information is ground for denial.

Employer/Source of Income: Please complete one form for each source of household income.

| Name:             |  |
|-------------------|--|
| Address:          |  |
| City, State, Zip: |  |

Phone Number: \_\_\_\_\_\_ E-mail: \_\_\_\_\_

NOTE: This form is signed by the head of household on behalf of all household members and by the employee/income earner for the above employer/source of income.

| Applicant Signature              | Date |
|----------------------------------|------|
| Employee/Income Earner Signature | Date |

# 

## EMERGENCY RENT ASSISTANCE PROGRAM LANDLORD RELEASE OF INFORMATION AUTHORIZATION

**Instructions to Applicant:** Please complete release of information authorization forms as necessary based on assistance being requested. For all applications, complete the Income Release of Authorization for each household income source. If only requesting rent assistance, then complete the Landlord Release of Information Authorization.

#### Applicant Name: \_\_\_\_\_

#### Applicant Address: \_\_\_\_\_

I understand that submitting an application for assistance, does not guarantee assistance. I understand that at any time it may be necessary for the City of Ontario to share information or request information from other entities, including, but not limited to, the landlord, employer, other government agencies, etc. to verify the information provided in this application. I hereby authorize the City of Ontario, and/or its partners or funding agencies for this program, to seek and/or share information relevant to my request for assistance from the City of Ontario. I further certify that under the penalty of perjury that all information I have provided is true and correct, and I have given my permission for verification and understand that the discovery of any false information is ground for denial.

Landlord:

| Name:             |         |
|-------------------|---------|
|                   |         |
|                   |         |
|                   | E-mail: |
| Property Manager: |         |
| Name:             |         |
| Address:          |         |
|                   |         |
| Phone Number:     | E-mail: |
|                   |         |

NOTE: This form is signed by the head of household on behalf of all household members.

Applicant Signature

## 

## EMERGENCY RENT ASSISTANCE PROGRAM LANDLORD CERTIFICATION OF RENT AMOUNTS DUE

The applicant named below is submitting an application for the City of Ontario's Emergency Rent Assistance Program. This program will provide an assistance payment directly to the landlord for base rent amounts and associated late fees due at the time of application for up to three months of deferred payments requested by the applicant. The maximum total number of months eligible for assistance is three months with a maximum financial benefit of \$10,000, including rent arrears and future rent payments. Please review this certification form, complete the form, and return it to the applicant to submit to the City.

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

Total Number of Persons Living in Unit: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

Rental Amounts currently due by month (Can include up to a maximum of three months of deferred, current, or future rent due):

| Month | Base Rent<br>per Lease | Late Fee | Amount Paid for<br>this Month | Total Outstanding<br>for this Month |
|-------|------------------------|----------|-------------------------------|-------------------------------------|
|       |                        |          |                               |                                     |
|       |                        |          |                               |                                     |
|       |                        |          |                               |                                     |

Payment information (make sure this information matches the information on the W9 form):

Make check payable to: \_\_\_\_\_

Mailing address:

I understand the payments will be made directly to landlord on behalf of the above-named tenant. I certify that the information provided is true and correct to the best of my knowledge.

Landlord Signature

#### Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

| Befor                          | e yo   | bu begin. For guidance related to the purpose of Form W-9, see Purpose of Form, below.  |                     |   |
|--------------------------------|--|---|---------------------|---|
|                                | 1  | Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the or entity's name on line 2.)   | wner's name on line | 1, and enter the business/disregarded   |
|                                | 2  | Business name/disregarded entity name, if different from above.   |                     |   |
| t on page 3.                   | 3a   | Check the appropriate box for federal tax classification of the entity/individual whose name is entered only <b>one</b> of the following seven boxes.   | on line 1. Check    | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):                     |
| Print or type.<br>Instructions | <ul> <li>LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)</li> <li>Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate code (C, S, or P) for the tax classification of its owner.</li> <li>Other (see instructions)</li> </ul> |   |                     | Exempt payee code (if any)<br>Exemption from Foreign Account Tax<br>Compliance Act (FATCA) reporting<br>code (if any) |
| P<br>Specific                  | 3b   | If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax<br>and you are providing this form to a partnership, trust, or estate in which you have an ownership in<br>this box if you have any foreign partners, owners, or beneficiaries. See instructions | ,                   | (Applies to accounts maintained outside the United States.)   |
| See                            | 5  | Address (number, street, and apt. or suite no.). See instructions.  | Requester's name a  | and address (optional)  |
|                                | 6  | City, state, and ZIP code   |                     |   |
|                                | 7  | List account number(s) here (optional)  |                     |   |
| Par                            | : 1  | Taxpayer Identification Number (TIN)  |                     |   |
|                                |  | r TIN in the appropriate box. The TIN provided must match the name given on line 1 to av  | oid Social see      | curity number   |

| backup withholding. For individuals, this is generally your social security number (SSN). However, for a  |                                | = |
|---|--------------------------------|---|
| resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i> | or                             |   |
| TIN, later.   | Employer identification number |   |
| <b>Note:</b> If the account is in more than one name, see the instructions for line 1. See also <i>What Name and</i>  |                                |   |

#### Part II Certification

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- 2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- 3. I am a U.S. citizen or other U.S. person (defined below); and
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

| Sign Signature of U.S. person |  |
|-------------------------------|--|
|-------------------------------|--|

## **General Instructions**

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

**Future developments**. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

#### What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification. New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners way be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

#### **Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they