



CITY OF TUCSON  
HOUSING & COMMUNITY DEVELOPMENT DEPARTMENT  
HOUSING ASSISTANCE DIVISION

Request for Tenancy Approval Checklist

Family Name: \_\_\_\_\_ Date Received: \_\_\_\_\_ Tenant Code: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Voucher Expiration Date: \_\_\_\_\_

- \_\_\_\_\_ Request for Tenancy Approval (signed by Owner and Family)
- \_\_\_\_\_ Property Listing Form
- \_\_\_\_\_ Lease Addendum Violence Against Women Act (signed by \_\_\_\_\_)
- \_\_\_\_\_ Lead Base Paint Disclosure (signed by Owner and Family)
- \_\_\_\_\_ W-9
- \_\_\_\_\_ Authorization for Direct Deposit (with attached Voided Check or Deposit Slip)
- \_\_\_\_\_ Landlord Information Form
- \_\_\_\_\_ Sample Lease Agreement
- \_\_\_\_\_ Warranty Deed
- \_\_\_\_\_ Management Agreement for Property
- \_\_\_\_\_ Proof of current payment of property taxes
- \_\_\_\_\_ Tenancy Addendum

Use this checklist to ensure you have included everything before submitting a Request for Tenancy Approval.

A blank sample lease agreement must be submitted.

Proof of Ownership and Insurance not required for complexes already on the participating in the Housing Choice Voucher Program. A new apartment complex will be required to attach these forms.

***This form will be placed on top of the RFTA packet when submitted***

***This packet must be submitted prior to the expiration date listed on the voucher, no will be accepted if incomplete or missing one of the items listed above***



310 N. Commerce Park Loop - P. O. Box 27210, Tucson, AZ 85726-7210  
PHONE (520) 791-4739 FAX (520) 791-2506 TDD (520) 791-2639  
tucsonaz.gov/hcd [Sec8\\_Landlords@tucsonaz.gov](mailto:Sec8_Landlords@tucsonaz.gov)



If you should require an accommodation or alternative arrangements due to a disability, please call (520) 791-4739.  
If you require an oral interpretation in a language other than English, please call (520) 791-4739.  
Si requiere una interpretación oral en un idioma que no sea inglés, por favor llame al (520) 791-4739

# Request for Tenancy Approval Housing Choice Voucher Program

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

OMB Approval No. 2577-0169  
(exp. 09/30/2017)

Public reporting burden for this collection of information is estimated to average .08 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. The Department of Housing and Urban Development (HUD) is authorized to collect information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the data on the family's selected unit is mandatory. The information is used to determine if the unit is eligible for rental assistance. HUD may disclose this information to Federal, State, and local agencies when relevant civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family voucher assistance.

1. Name of Public Housing Agency (PHA)			2. Address of Unit (street address, apartment number, city, State & zip code)				
3. Requested Beginning Date of Lease	4. Number of Bedrooms	5. Year Constructed	6. Proposed Rent	7. Security Deposit Amt.	8. Date Unit Available for Inspection		
9. Type of House/Apartment							
<input type="checkbox"/> Single Family Detached <input type="checkbox"/> Semi-Detached / Row House <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Garden / Walkup <input type="checkbox"/> Condo / High-Rise							

10. If this unit is subsidized by:

Section 202 (Insured or non-insured)    Section 236 (Insured or non-insured)    Other

Home

Other

If your property is a tax credit property, the lease will end the month prior to lease signing next year. For example, if the lease begins 7/09/2021 it will end 6/30/2021. For non-tax credit property, lease has to end the following year, at the end of the lease start-month (in this example: Non-tax credit property lease will end 7/31/22.)

**Enter the date you will have the unit ready for us to inspect.**

11. Utilities and Appliances

The owner shall provide the following utilities and appliances provided by the owner. The tenant shall provide the following utilities and appliances provided by the owner.

Item	Provided by	Paid by
Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other	
Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other	
Water Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other	
Other Electric		
Water		
Sewer		
Trash Collection		
Air Conditioning		
Refrigerator		
Range/Microwave		
Other (specify)		

O = Owner, T = Tenant  
If the tenant is providing their own appliances, mark provided by "T", otherwise mark "O" as shown.

This should be marked "O" and "O" (provided by Owner, paid by Owner) unless the tenant is providing their own appliance, in which it would be marked "T."

12. Owner's Certifications.

a. The program regulation requires the PHA to certify that the rent charged to the housing choice voucher tenant is not more than the rent charged for other unassisted comparable units. **Owners of projects with more than 4 units must complete the following section for most recently leased comparable unassisted units within the premises.**

	Address and unit number	Date Rented	Rental Amount
1.			
2.			
3.			

b. The owner (including a principal or other interested party) is not the parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving leasing of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

c. Check one of the following:

\_\_\_\_ Lead-based paint disclosure requirements do not apply because this property was built on or after January 1, 1978.

\_\_\_\_ The unit, common areas servicing the unit, and exterior painted surfaces associated with such unit or common areas have been found to be lead-based paint free by a lead-based paint inspector certified under the Federal certification program or under a federally accredited State certification program.

\_\_\_\_ A completed statement is attached containing disclosure of known information on lead-based paint and/or lead-based paint hazards in the unit, common areas or exterior painted surfaces, including a statement that the owner has provided the lead hazard information pamphlet to the family.

13. **The PHA has not screened the family's behavior or suitability for tenancy. Such screening is the owner's own responsibility.**

14. The owner's lease must include word-for-word all provisions of the HUD tenancy addendum.

15. The PHA will arrange for inspection of the unit and will notify the owner and family as to whether or not the unit will be approved.

Print or Type Name of Owner/Owner Representative		Print or Type Name of Household Head	
Signature		Signature (Household Head)	
Business Address		Present Address of Family (street address, apartment no., city, State, & zip code)	
Telephone Number	Date (mm/dd/yyyy)	Telephone Number	Date (mm/dd/yyyy)

**PROPERTY LISTING FORM**

By Faxing this form to (561) 416-9848 your 30 day free listing will appear online at **GoSection8.com** and on your local housing authority website within 1-3 business days. To advertise your property immediately, go to **GoSection8.com**. Fields with an \* are required. **PLEASE PRINT CLEARLY**

**LANDLORD CONTACT INFORMATION**

**PROPERTY LOCATION (STEP 1)**

\*First Name: \_\_\_\_\_ \*Address: \_\_\_\_\_  
 \*Last Name: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 \*Email: \_\_\_\_\_ \*State: \_\_\_\_\_  
 \*Primary Telephone Number: (\_\_\_\_\_) \_\_\_\_\_  
 Alternate Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

Fill out top portion (**Landlord Contact Information and Property Location**) completely. Check all that apply. If not applicable, leave blank.

**PROPERTY INFORMATION (STEP 2)**

\*Rent Amount: \$ \_\_\_\_\_ \*Security Deposit: \$ \_\_\_\_\_  
 \*Square Footage: \_\_\_\_\_ Pets Allowed:  Yes  No  
 Negotiable \*Baths: \_\_\_\_\_ \*Yr Built: \_\_\_\_\_ Lot Size: \_\_\_\_\_  
 \*Property Type:  House  Townhouse/Villa  Apartment  Condo  Mobile Home  Row House  Duplex  Triplex  4Plex  
 (Check one)

**AMENITIES AND ACCESSIBILITY (STEP 3)**

**Indoor:**  Ceiling Fans  Furnished  Fireplace  Cable Included  Security System  
**Laundry Type:**  W/D Hook-ups  Washer  Dryer  Onsite Laundry  Washer/Dryer  
**Heat Type:**  Baseboard  Space Heating  
**Kitchen:**  Dishwasher  Stove  Garbage Disposal  Refrigerator  Microwave  
**Outdoor:**  Swimming Pool  Gated Community  Lawn Care Included  Trash Removal Included  Fenced Yard

**Parking:**  1 Car Carport  2 Car Carport  1 Car Garage  2 Car Garage  3 Car Garage  Unassigned  Assigned  Driveway  Street  None  
**Heating Fuel:**  Gas  Electric  Propane  
**Heating Fuel Paid By:**  Tenant  Owner

**Water Type:**  Well Water  City Water **Water Paid By:**  Tenant  Owner  
**Hot Water Fuel Type:**  Gas  Electric  Propane **Hot Water Paid By:**  Tenant  Owner  
**Cooking Fuel Type:**  Gas  Electric  Propane **Cooking Paid By:**  Tenant  Owner

**Sewer Type:**  Septic Tank  Public Sewer **Sewer Paid By:**  Tenant  Owner  
**Cooling Type:**  Central  None  Window/Wall **Cooling Paid By:**  Tenant  Owner  
 Accessibility:  Yes  No  
**Description:** \_\_\_\_\_

**LEASE ADDENDUM**

**VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005**

TENANT	LANDLORD	UNIT NO. & ADDRESS
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This lease addendum adds the following provisions to the above referenced  
Tenant and Landlord.

**Purpose of the Addendum**

The lease for the above referenced unit is subject to the provisions of the  
Violence Against Women Act of 2005 (VAWA).

**Conflicts with Other Provisions**

In case of any conflict between the provisions of this Addendum and other sections of the Lease,  
the provisions of this Addendum shall prevail.

**Term of the Lease Addendum**

The effective date of this Lease Addendum is \_\_\_\_\_. This Lease Addendum shall  
continue to be in effect until the Lease is terminated.

**VAWA Protections**

1. The Landlord may not terminate the lease for cause, including violence, dating violence or stalking as defined in the Act, as a "cause" for termination of assistance, tenancy or occupancy.
2. The Landlord may not terminate the lease for cause, including violence, dating violence or stalking as defined in the Act, if the tenant is a victim of abuse, engaged in by a member of a tenant's household or a person under the tenant's control, cause for termination of assistance.
3. The Landlord may request in writing that the victim, on the victim's behalf, certify that the individual is a victim of abuse as defined in the Act. The certification form, HUD-9032 (Rev. 12/07), "Certification of Violence, Dating Violence or Stalking, Form HUD-9032 (Rev. 12/07)", on the certification form, be completed and submitted to the Landlord upon extension date, to receive protection under the VAWA. The certification or other supporting documentation within the time period in the Act in order to prevent an eviction.

\_\_\_\_\_  
Tenant

\_\_\_\_\_  
Date

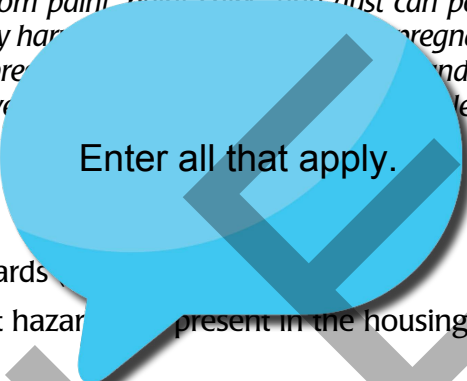
\_\_\_\_\_  
Landlord

\_\_\_\_\_  
Date

**Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards**

**Lead Warning Statement**

*Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive information on lead poisoning prevention.*



**Lessor's Disclosure**

(a) Presence of lead-based paint and/or lead-based paint hazards  
(i)  Known lead-based paint and/or lead-based paint hazards present in the housing (explain).  
\_\_\_\_\_  
\_\_\_\_\_

(ii)  Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the lessor (check (i) or (ii) below):

(i)  Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).  
\_\_\_\_\_  
\_\_\_\_\_

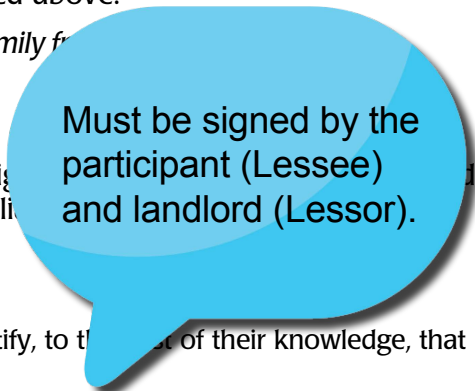
(ii)  Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

**Lessee's Acknowledgment (initial)**

(c)  Lessee has received copies of all information listed above.  
(d)  Lessee has received the pamphlet *Protect Your Family from Lead in Your Home*.

**Agent's Acknowledgment (initial)**

(e)  Agent has informed the lessor of the lessor's obligations and the agent is aware of his/her responsibility to ensure compliance with the law.



**Certification of Accuracy**

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

_____ Lessor	_____ Date	_____ Lessor	_____ Date
_____ Lessee	_____ Date	_____ Lessee	_____ Date
_____ Agent	_____ Date	_____ Agent	_____ Date

LANDLORD SUPPLEMENTAL INFORMATION

- 1. Address of the unit and apartment #
2. Owner is employed by the City of Tucson or Pima County: Yes No
If the answer is yes, a Disclosure of Interest Form must be filled out with the City of Tucson, City Clerk's Office and a copy of the form submitted to the Section 8 Office.

- 3. Complaint History:
a. Are you or the company that you are affiliated with currently or, within the past five years, prohibited from participating in a HUD sponsored program by either HUD, another Pubic Housing Authority (PHA) or, this PHA? NO: Yes:
if yes explain:

- b. Are you or the company that you are affiliated with currently or, with in the past five years, have/had a Fair Housing Complaint or other discrimination suit filed against you with a federal, state or local agency? No: Yes: If yes explain:

- 4. Property Owner: (name on deed)
Address:
Street City State Zip Code
Telephone #:

- 5. Agent/Representative:
Address:
Street State Zip Code
Telephone #:

- 6. Monthly rent shall be Payable to:
Address:
Street Zip Code
Telephone #:

- 7. Tax I.D. Number or Social Security Number
(Must belong to #6, reported to IRS for Income Tax Purposes)

Print or Type Name of Owner or Other Party Authorized to Execute

Signature

Business Address

Telephone Number

Date

E-mail address

Your tax ID or SSN must be entered in its entirety.

Be sure to enter an email address.





**CITY OF TUCSON  
HOUSING VENDOR  
ACH/EFT APPLICATION**

**SECTION A: TO BE COMPLETED BY SUBMITTING VENDOR - INSTRUCTIONS ON REVERSE SIDE**

DESCRIPTION		
NEW	CHANGE	CANCEL
TAXPAYER ID TYPE (CHECK ONE) 1 = FEIN      2 = SSN		TAXPAYER ID NUMBER
VENDOR/PAYEE NAME		VENDOR NUMBER
LEGAL NAME OF ENTITY OR INDIVIDUAL		
VENDOR ADDRESS		TELEPHONE NUMBER WITH AREA CODE
CITY	STATE	ZIP CODE
E-MAIL ADDRESS		
VENDOR CONTACT NAME 1:		FAX NUMBER
VENDOR CONTACT NAME 2:		FAX NUMBER



**SECTION B: TO BE COMPLETED BY S**

FINANCIAL INSTITUTION NAME	PREVIOUS FINANCIAL INSTITUTION NAME
FINANCIAL INSTITUTION ADDRESS	FINANCIAL INSTITUTION TELEPHONE NUMBER
CITY	ZIP CODE
DEPOSITOR ABA ROUTING NUMBER	IF CHANGE PLEASE INDICATE PREVIOUS ABA ROUTING NUMBER
DEPOSITOR ACCOUNT NUMBER	IF CHANGE PLEASE INDICATE PREVIOUS ACCOUNT NUMBER
DEPOSITOR ACCOUNT TYPE (CHECK ONE) SAVINGS      CHECKING	INCLUDED WITH APPLICATION (CHECK ONE) VOIDED CHECK      BANK LETTER

**SECTION C: VENDOR AUTHORIZATION**

I hereby authorize the City of Tucson, Finance Department and the above named financial institution to initiate electronic funds transfers (EFT) into the savings/checking account listed above.

I hereby cancel my ACH/EFT authorization.

AUTHORIZED VENDOR/REPRESENTATIVE (Signature)	DATE
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**SECTION D: VENDOR PAYMENT LOCATION**

Vendor payment information may be viewed by going to [www.tucsonaz.gov/vendorpay](http://www.tucsonaz.gov/vendorpay). You must have your City of Tucson vendor number to access payment information.

**SECTION E: MAILING INSTRUCTIONS**

Three ways to return completed form:  
 Mail to: Community Services Department, Section 8 Division, PO Box 27210, Tucson, AZ 85726-7210  
 Fax to: (520) 791-5201, ATTN: Section 8 Division  
 Email to: [Sec8\\_Landlords@tucsonaz.gov](mailto:Sec8_Landlords@tucsonaz.gov)  
 The EFT authorization process may take 6-8 weeks before deposits begin. Please see reverse side for details.

**SECTION F: ACCOUNTING USE ONLY**

AUTHORIZED SIGNATURE FOR EFT SET UP: \_\_\_\_\_ DATE: \_\_\_\_\_

EFT ACTIVATION DATE: \_\_\_\_\_

BANK TEST DATE: \_\_\_\_\_



## HOUSING VENDOR ACH/EFT APPLICATION INSTRUCTIONS

Fill in the appropriate boxes as described below

### SECTION A: TO BE COMPLETED BY SUBMITTING VENDOR

#### DESCRIPTION

Check the appropriate box for this submission

#### TAXPAYER ID TYPE

Check 1 if your taxpayer ID is a Federal Employers Identification number (FEIN) or 2 if your taxpayer ID is a Social Security Number (SSN)

#### TAXPAYER ID NUMBER

Enter the FEIN or SSN associated with the legal name of the entity or individual

#### VENDOR NUMBER

If known, enter the vendor number assigned to your business by the City of Tucson

#### VENDOR NAME

Enter the name of the entity or individual:

**Individual** - Enter your name (Last Name, First Name and Middle Initial)

**Sole Proprietor** - Enter name of Business

**Corporation** - Enter your Doing Business As (DBA)

**Other** - Enter your entity's name

#### LEGAL ENTITY NAME

Enter Legal Name of Entity or Individual as filed with the IRS

**Individual** - Enter your name (Last Name, First Name and Middle Initial)

**Sole Proprietor** - Enter owner's name (Last Name, First Name and Middle Initial)

**Corporation** - Enter your name as it appears on the IRS Form 990

**Other** - Enter your entity's name as filed with the IRS

#### ADDRESS

Enter your mailing address

#### TELEPHONE NUMBER

Enter your telephone number with area code

#### CITY, STATE, ZIP CODE

Enter your city, state and zip code for the mailing address

Be sure to fill out completely.

### SECTION B: TO BE COMPLETED BY SUBMITTING VENDOR

#### FINANCIAL INSTITUTION NAME, ADDRESS, CITY, STATE, ZIP CODE, PHONE NUMBER

Enter information provided by your bank

NOTE: If this is a request for a "CHANGE" please provide your previous financial institution name in the space provided

#### DEPOSITOR ABA ROUTING NUMBER

Enter your financial institution's routing number

NOTE: If this is a request for a "CHANGE" please provide your previous routing number in the space provided

#### DEPOSITOR ACCOUNT NUMBER

Enter your account number

NOTE: If this is a request for a "CHANGE" please provide your previous account number in the space provided

#### DEPOSITOR ACCOUNT TYPE

Please select type of account (savings or checking)

#### SUPPORTING DOCUMENTATION

Voided check or bank letter is required to be attached with your application

### SECTION C: VENDOR AUTHORIZATION

#### VENDOR AUTHORIZATION

Must be signed by the vendor or an authorized representative before application can be processed.

### SECTION D: VENDOR PAYMENT LOCATION

Vendor Payment information may be viewed by going to [www.tucsonaz.gov/vendorpay](http://www.tucsonaz.gov/vendorpay). You must have your City of Tucson vendor number to access payment information.

### SECTION E: MAILING INSTRUCTIONS

Three ways to return completed form:

Mail to: Community Services Department, Section 8 Division, PO Box 27210, Tucson, AZ 85726-7210

Fax to: (520) 791-5201, ATTN: Section 8 Division

Email to: [Sec8\\_Landlords@tucsonaz.gov](mailto:Sec8_Landlords@tucsonaz.gov)

The EFT authorization process may take 6-8 weeks before deposits begin.

### GENERAL INSTRUCTIONS

If all the necessary sections on this form are not completed, the application will not be processed.

ACH transactions will be effective approximately 6-8 weeks after the application is approved.

Changing Financial Institution or Depositor Account (within the same Financial Institution)

All deposits will continue to be deposited into your present account, unless notification of the change by submission of a new application with the "CHANGE" box checked at the top of the form is received. Current banking information must be included.

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

**1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

---

**2** Business name/disregarded entity name, if different from above

---

**3** Check appropriate box for federal tax classification; check only **one** of the following seven boxes:

Individual/sole proprietor or single-member LLC     C Corporation     S Corporation     Partnership     Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ \_\_\_\_\_

**Note.** For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

Other (see instructions) ▶ \_\_\_\_\_

**4** Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

*(Applies to accounts maintained outside the U.S.)*

**5** Address (number, street, and apt. or suite no.) \_\_\_\_\_

Requester's name and address (optional) \_\_\_\_\_

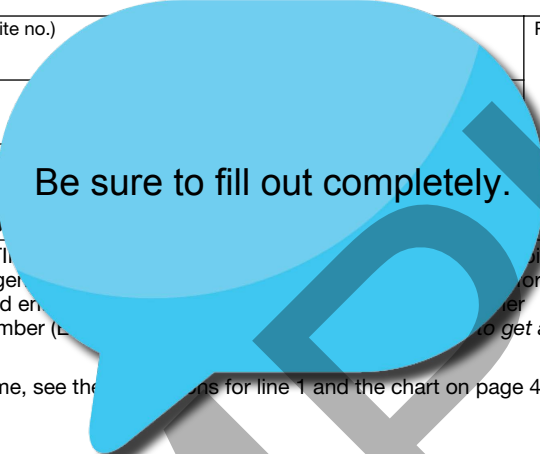
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**6** City, state, and ZIP code \_\_\_\_\_

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**7** List account number(s) here (optional) \_\_\_\_\_

Print or type  
See Specific Instructions on page 2.



**Part I Taxpayer Identification**

Enter your TIN in the appropriate box. The TIN provided should be used for backup withholding. For individuals, this is generally the TIN shown on your most recent tax return. For a resident alien, sole proprietor, or disregarded entity, it is your employer identification number (EIN). For other entities, it is your employer identification number (EIN) or TIN on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%; height: 20px;"></td> </tr> </table>										
<b>or</b>										
<b>Employer identification number</b>										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> </tr> </table>										

**Part II Certification**

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 on page 3.

**Sign Here**      Signature of U.S. person ▶ \_\_\_\_\_      Date ▶ \_\_\_\_\_

**General Instructions**

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

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.