Are you being evicted?
Are you behind in paying rent?
Apply to see if you Qualify!

If you or someone in your household have experienced a financial hardship due to COVID-19 and are behind on your rent, the Emergency Rental Assistance Program, recently established by the U.S. Treasury, may be able to help.

To Be Eligible

You must be renting in Carroll County.

You must have lost income or experienced a financial hardship due to or indirectly related to COVID-19.

Household income must be at or below 80% of area median income.

Household Size	1	2	3	4	5	6	7	8
80% Median Income	$55, 950	$63,950	$71,950	$79,900	$86,300	$92,700	$99,100	$105,500

Required Documentation**

Copy of your current lease or rental agreement signed by your landlord

Proof of household income

Proof of COVID related hardship

- *Proof of unemployment claim or award letter*
- *Letter from employer(furlough letter, details of reduction in hours etc.)*
- *Proof of reduction in childcare due to COVID from daycare provider or children's school*
- *Proof of positive illness or quarantine or isolation order due to COVID (ex. discharge note from hospital, doctor's confirmation)*
- *Paystubs showing reduction in hours/pay (multiple paystubs required including a pre-COVID paystub)*
- *If you incurred a significant cost related to COVID*

Letter of delinquency or rental ledger which details the month and amounts behind on rent

** Written attestation may be accepted in lieu of documentation.

COVID-19 Emergency Rental Assistance Program (ERAP)

The ERAP program is administered by Human Services Programs of Carroll County. For additional information: 410-386-6620—renthelp@hspinc.org—www.hspinc.org.

Human Services Programs of Carroll County, Inc.

HOUSING SERVICES

Carroll County Emergency Rental Assistance Program (CCERAP) Application for Assistance

WHO CAN APPLY FOR CCERAP FUNDING?

Carroll County residents who were impacted by the COVID-19 pandemic and have a household income below 80% of the Area Median Income (see table).

At least one member of the household qualified for Unemployment Insurance benefits after March 16, 2020 *or* experienced a reduction in income *or* other financial hardship due to the COVID-19 pandemic.

Income Limit	
Number of Household Members	Gross Annual Income
1	$55,950.00
2	$63,950.00
3	$71,950.00
4	$79,990.00
5	$86,300.00
6	$92,700.00
7	$99,100.00
8	$105,500.00

WHAT CAN CCERAP HELP WITH?

- Back Rent Assistance (12 months maximum)
- Rent Assistance (3 months at a time)
- Back Utility Assistance (12 months maximum)
- Utility Assistance (3 months at a time)

Total combined amount of assistance per household cannot exceed 15 months.

CCERAP can only cover past due rent or utility bills that were due April 2020 or later.

WHAT NEEDS TO BE SUBMITTED WITH THE APPLICATION?

- Proof of income for all adults in the household
- Rental/Lease agreement – must be current and signed by Landlord and Applicant
- Unpaid utility bill or utility shut-off notice (only required if applying for utility payment assistance)
- Proof of a COVID related hardship (written attestation/self-certification may be accepted in-lieu of documentation)
    - Proof of unemployment claim or award letter
    - Letter from employer (furlough letter, details of reduction in hours etc.)
    - Proof of reduction in childcare due to COVID-19 from daycare provider or children's school
    - Proof of positive illness or quarantine or isolation order due to COVID-19 (ex. discharge note from hospital, doctor's confirmation)
- Verification of Rental/Utility Arrears and W-9 Tax Form to be completed by the landlord (included in packet)

HOW TO TURN IN YOUR APPLICATION

- Drop off a complete CCERAP Application at HSP at 10 Distillery Drive, Suite G-1, Westminster, MD between the hours of 9 am and 4 pm Monday – Friday.
- Scan in the complete CCERAP Application Packet and email to renthelp@hspinc.org
- Mail the complete CCERAP Application Packet to Human Services Programs of Carroll County, Inc. at P.O. Box 489 Westminster, MD 21158

Universal Data Elements Intake Form

Staff	
Need	
Verified	

Part 1. Client Information

Client Name	First MI Last		
Gender Box A	☐M (1) ☐Transfemale (3) ☐F (2) ☐Transmale (4) ☐Gender Non-conforming (5)	**Marital Status Box B**	☐Married (1) ☐Separated (4) ☐Single (2) ☐Widowed (5) ☐Divorced (3)
Social Security Number		**Date of Birth**	MM / DD / YYYY
Home Address		**City/State/Zip**	
Mailing Address		**City/State/Zip**	
Phone #		**Email**	

Homeless	Disability	Veteran	Pregnant	Due Date if Yes
☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	/ /

Medical Insurance Box C	☐None(1) ☐Medical Assistance(2) ☐Private(3) ☐PAC(4) ☐Medicare(5) ☐VA(6) ☐Indian(7) ☐Other(8) ________	**Transportation Problem**	☐Frequently ☐Sometimes ☐Never ☐Unknown
Ethnicity Box D	Are you Hispanic/Latino? ☐ Yes (Y) ☐ No (N)	**Race(s) Box E**	☐ White (1) ☐ Black or African-American (2) ☐ Asian (3) ☐ American Indian/Alaska Native (4) ☐ Native Hawaiian/Pacific Islander (5)

Part 2. Household Information

Please complete information for all Household Members. Use codes from Boxes A, B, C, D, and E above

Name	First MI Last		**Gender (Box A)** ☐1 ☐2 ☐3 ☐4 ☐5	**Relationship to you**
Date of Birth	MM / DD / YYYY	**SSN**	**Marital Status (Box B)**	☐1 ☐2 ☐3 ☐4 ☐5

Disability	Veteran	Pregnant	Due Date if Yes	Medical Ins. (Box C)	Ethnicity (Box D)	Race(s) (Box E)
☐Y ☐N	☐Y ☐N	☐Y ☐N	/ /	☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8	☐Y ☐N	☐1 ☐2 ☐3 ☐4 ☐5

Name	First MI Last		**Gender (Box A)** ☐1 ☐2 ☐3 ☐4 ☐5	**Relationship to you**
Date of Birth	MM / DD / YYYY	**SSN**	**Marital Status (Box B)**	☐1 ☐2 ☐3 ☐4 ☐5

Disability	Veteran	Pregnant	Due Date if Yes	Medical Ins. (Box C)	Ethnicity (Box D)	Race(s) (Box E)
☐Y ☐N	☐Y ☐N	☐Y ☐N	/ /	☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8	☐Y ☐N	☐1 ☐2 ☐3 ☐4 ☐5

Name	First MI Last		**Gender (Box A)** ☐1 ☐2 ☐3 ☐4 ☐5	**Relationship to you**
Date of Birth	MM / DD / YYYY	**SSN**	**Marital Status (Box B)**	☐1 ☐2 ☐3 ☐4 ☐5

Disability	Veteran	Pregnant	Due Date if Yes	Medical Ins. (Box C)	Ethnicity (Box D)	Race(s) (Box E)
☐Y ☐N	☐Y ☐N	☐Y ☐N	/ /	☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8	☐Y ☐N	☐1 ☐2 ☐3 ☐4 ☐5

Part 2 Continued

Name	First	MI	Last	Gender (Box A)	Relationship to you
				☐1 ☐2 ☐3 ☐4 ☐5	
Date of Birth	MM / DD / YYYY	SSN		Marital Status (Box B)	☐1 ☐2 ☐3 ☐4 ☐5

Disability	Veteran	Pregnant	Due Date if Yes	Medical Ins. (Box C)	Ethnicity (Box D)	Race(s) (Box E)
☐Y ☐N	☐Y ☐N	☐Y ☐N	/ /	☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8	☐Y ☐N	☐1 ☐2 ☐3 ☐4 ☐5

Name	First	MI	Last	Gender (Box A)	Relationship to you
				☐1 ☐2 ☐3 ☐4 ☐5	
Date of Birth	MM / DD / YYYY	SSN		Marital Status (Box B)	☐1 ☐2 ☐3 ☐4 ☐5

Disability	Veteran	Pregnant	Due Date if Yes	Medical Ins. (Box C)	Ethnicity (Box D)	Race(s) (Box E)
☐Y ☐N	☐Y ☐N	☐Y ☐N	/ /	☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8	☐Y ☐N	☐1 ☐2 ☐3 ☐4 ☐5

Name	First	MI	Last	Gender (Box A)	Relationship to you
				☐1 ☐2 ☐3 ☐4 ☐5	
Date of Birth	MM / DD / YYYY	SSN		Marital Status (Box B)	☐1 ☐2 ☐3 ☐4 ☐5

Disability	Veteran	Pregnant	Due Date if Yes	Medical Ins. (Box C)	Ethnicity (Box D)	Race(s) (Box E)
☐Y ☐N	☐Y ☐N	☐Y ☐N	/ /	☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8	☐Y ☐N	☐1 ☐2 ☐3 ☐4 ☐5

Client Acknowledgement of Data Entry into Community ServicePoint System

The Community ServicePoint System (CSP) is used by provider agencies to record information about clients that they serve. This information helps the agencies to plan for and provide services to clients. This information also can be shared among agencies, if you, the client, agree in order to improve the coordination and delivery of your services.

By signing this document you are:

- Acknowledging that demographic information about you and your family will be entered into the Community ServicePoint (CSP)
- Allowing basic demographic information about you / your family to be viewed by our partner providers. (See List)
  This information includes your name and last 4 digits of your social, contact information such as phone number, address, and email address along with, age, race, nationality, disability status, veteran, and medical insurance status. Sharing of this information will allow you to be served by other agencies without repeating basic information about yourself / your family. Other information will not be shared without your written approval. Your approval or disapproval does not affect your eligibility status.

Please select the agencies your information may be shared with:

☐Access Carroll
☐Carroll County Bureau of Aging
☐Carroll County Department of Citizen Services
☐Carroll County Department of Social Services
☐Carroll County Health Department
☐Carroll County Youth Services Bureau
☐Human Services Program
☐Recovery Support Services
☐Westminster Rescue Mission
☐I request my information Not Be Shared

____
Client's Signature

____
Date Signed

____
Effective Date

____
Other Party
(Client is minor or requires guardian)

____
Relationship to Client

____
End Date

FOR HSP OFFICE STAFF ONLY:

Client ID: ________

HSP Staff: _______

Date: ________

Human Services Programs of Carroll County, Inc.

10 Distillery Drive, Westminster, MD 21157
P. O. Box 489, Westminster, MD 21158
www.hspinc.org

410-857-2999
410-876-5407
FAX 410-857-8793

Income Data and Sources for Household

Household Name: _____ **Date:** _____

ALL ADULTS IN HOUSEHOLD OVER THE AGE OF 18 MUST COMPLETE INCOME DATA BELOW

Source of Income (round to nearest dollars)	HoH Name: _____	Adult 2 Name: _____	Adult 3 Name: _____
Earned Income (i.e., employment income)	$_____	$_____	$_____
Unemployment Insurance	$_____	$_____	$_____
Supplemental Security Income (SSI)	$_____	$_____	$_____
Social Security Disability (SSDI)	$_____	$_____	$_____
VA Service-Connected Disability Compensation	$_____	$_____	$_____
VA Non-Service-Connected Disability Pension	$_____	$_____	$_____
Private Disability Insurance	$_____	$_____	$_____
Worker's Compensation	$_____	$_____	$_____
Needy Families (TANF/TCA)	$_____	$_____	$_____
General Assistance (GA)	$_____	$_____	$_____
Retirement Income from Social Security	$_____	$_____	$_____
Pension or Retirement Income from a Former Job	$_____	$_____	$_____
Child Support	$_____	$_____	$_____
Alimony or Other Spousal Support	$_____	$_____	$_____
Other Sources If yes, specify source: _____	$_____	$_____	$_____
Total Monthly Income From All Sources	$_____	$_____	$_____

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410-857-2999
410-876-5407
FAX 410-857-8793

Income Data and Sources for Household

Source of Non-Cash Benefits	HoH Name: _____	Adult 2 Name: _____	Adult 3 Name: _____
Supplemental Nutrition Assistance Program (SNAP)	$_____	$_____	$_____
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	$_____	$_____	$_____
TANF or Other Child Care Services	$_____	$_____	$_____
TANF or Other Transportation Services	$_____	$_____	$_____
Other Sources If yes, specify source: _____	$_____	$_____	$_____

ALL ADULTS OVER THE AGE OF 18 THAT LISTED INCOME AND/OR NON-CASH BENEFITS MUST SIGN

Name	Signature	Date
Name	Signature	Date
Name	Signature	Date

Human Services Programs of Carroll County, Inc.

HOUSING SERVICES

Carroll County Emergency Rental Assistance Program
COVID-19 Financial Hardship & Unemployment Assistance

Participant Name: _____ Date: _____

To determine the eligibility of financial assistance, please assist us by answering the questions below:

1. **What was the primary COVID-19 related financial hardship experienced in your household?**

☐ A member of my household qualifies/qualified for Unemployment Assistance *(see question 3)*

☐ My household experienced a reduction in household income ☐ My household incurred significant costs

☐ Other (Explain)

_____

2. **What was the secondary COVID-19 related financial hardship experienced in your household? (if applicable)**

☐ A member of my household qualifies/qualified for Unemployment Assistance

☐ My household experienced a reduction in household income ☐ My household incurred significant costs

☐ Other (Explain)

_____

If applicable, you must provide supporting documentation that verifies your COVID-19 related financial hardship.

***** Written attestation/Self-Certification may be accepted in lieu of documentation*****

3. **If you indicated above that a member of your household qualifies/qualified for Unemployment Assistance, please answer the following questions:**

When did you apply and/or start receiving unemployment? _____

Are you currently receiving unemployment payments? ☐ Yes ☐ No

If "No," when did you stop receiving unemployment? _____

How much do you receive each week in unemployment? $_____

If applicable, you must provide supporting documentation that verifies you are receiving or had received Unemployment Assistance. Please provide a statement of your unemployment benefits or relevant information obtained from your unemployment account.

My signature below certifies that all information provided above is true and accurate. I understand services are not guaranteed and dependent upon whether documentation/verification requirements are met to determine eligibility.

_____ _____

Signature Date

Human Services Programs of Carroll County, Inc.

HOUSING SERVICES

Carroll County Emergency Rental Assistance Program
Request for Rent and Utility Cost Assistance

Complete the table below with each month's rent and utility costs you are requesting assistance for. You can request assistance with up to 12 months of arrears (debt) and up to 3 months of prospective assistance in each column.

The amounts must be documented with a bill, invoice, or notice to pay

**** Landlord will provide documentation for unpaid rent and/or utilities in their name****

Month	***Rental Assistance***	***Utility Assistance***
March 13-31, 2020		
April 2020		
May 2020		
June 2020		
July 2020		
August 2020		
September 2020		
October 2020		
November 2020		
December 2020		
January 2021		
February 2021		
March 2021		
April 2021		
May 2021		
June 2021		
July 2021		
August 2021		
September 2021		
October 2021		
November 2021		
December 2021		
Total Request		

My signature below certifies that all information provided above, to the best of my knowledge is true and accurate. I understand services are not guaranteed and dependent upon whether documentation/verification requirements are met to determine eligibility.

_____ _____

Signature Date

HOUSING SERVICES

Carroll County Emergency Rental Assistance Program

Assistance Agreement

HSP gives HOPE, inspires CHANGE, and provides OPPORTUNITY by mobilizing our community in the fight against poverty. Housing Services helps participants gain and maintain housing. Housing Services work to prevent homelessness by providing referrals to community services, case management, and linking participants to housing opportunities and resources.

Select Housing Services Assistance Need:

☐ Back-Rent Assistance ☐ Current/Future Rent Assistance

☐ Outstanding Utility Payments ☐ Current/Future Utility Payments

I understand that:

- I need to provide all requested documentation within 30 days of submission or my application for assistance will be denied.
- Assistance is based on the eligibility requirements described on the application cover page.
- A HSP Case Worker will follow up with me within 2-3 business days to coordinate with me and my landlord regarding the status of my application.
- I acknowledge that the assistance I receive may not cover the entire amount owed.
- If I receive any assistance, I will have the opportunity to openly discuss my budget and discuss new strategies to manage my income while making appropriate spending choices.
- I will have the opportunity to engage with HSP's Financial Education Services.
- I agree to apply for HSP's Energy Assistance Services if I am seeking assistance with Utility expenses.

By signing this agreement, I acknowledge that I understand how HSP can supply housing assistance and I understand my role in the process.

_____ _____

Participant Signature Date

_____ _____

Case Worker Signature Date

Human Services Programs of Carroll County, Inc.

NEEDS ASSESSMENT

NAME: _____

DATE: _____ *STAFF COMPLETING:* _____

This assessment is used to help us get to know you. This will help us provide services and refer you to community partners.

Directions: Please mark the statement that best describes your current situation in each column.

(1) Housing Status	(2) Health Status	(3) Income Status	(4) Substance Abuse Status	(5) Mental Health Status
□ Residence with safe, acceptable housing and without financial aid/support	□ Health is excellent, no chronic disease, no pain, easy access to healthcare □ Health insurance/provider meets all of health needs	□ Permanent full-time employment with livable wage and full benefits/ retirement/ disability	□ No history of substance abuse □ No substance abuse in the past 5 years or more	□ No history of mental health issues
□ Safe, acceptable, funded housing (ex. Section 8/HUD)	□ Health is good, some health conditions, but receiving healthcare □ Health insurance/provider meets most of health needs	□ Employment with Livable wage without full benefits and paying bills on time	□ No substance abuse in the past 1-5 years and engaged in sobriety support	□ Some history of mental health issues
□ Behind on rent (but no official notice) □ Couch surfing	□ Health is stable, several health conditions, but receiving care from multiple doctors, mostly able to manage care □ Health insurance/provider meets some health needs	□ Employment w/some outside financial support services (i.e. government assistance, social security, food stamps, food pantry, etc.)	□ No substance abuse in the past 6 months – 1 year and engaged in sobriety support	□ Long history of mental health issues; currently does not impact everyday life
□ Facing eviction/ set out from home within 14 days □ Currently residing in a shelter □ Released from jail/prison/institution within the last 90 days	□ Receiving treatment for an ongoing illness/diagnosis by a medical specialist □ Used the ER more than 1 time in the past 90days □ Not taking medication as prescribed/ doesn't have medication	□ Not enough employment income to meet basic needs; Outside financial support services necessary (i.e. government assistance, social security, food stamps, food pantry, etc.)	□ Substance abuse in the past 6 months □ Relapse in the past 6 months □ Actively seeking treatment or substance abuse support services	□ Frequent mental health issues; currently makes everyday life difficult to manage □ Actively seeking treatment or mental health support services
□ Sleeping in a car □ Sleeping in the woods □ Sleeping in an area not meant for human beings	□ Has a chronic and severe health diagnosis with liver, kidneys, stomach, lungs, heart, or HIV/AIDS □ Stayed overnight in the hospital within the last 90 days □ Unable to meet medical needs without help	□ No employment or income	□ Currently abusing alcohol □ Currently abusing drug(s) □ Recent substance use, but not seeking or participating in treatment	□ Feeling pressure to harm self or others □ Current mental health diagnosis or symptoms, but not seeking or participating in treatment

(6) Well-Being Status	(7) Education Status	(8) Basic Needs Status	(9) Financial Status	(10) Family Status
□ Feels safe and secure □ Has ongoing community, family, or friend support	□ Completed post-secondary training or specialized employment training (certificate program, associates, bachelors, etc.)	□ I feel in control of my household □ I have daily, planned activities that make me feel happy and fulfilled	□ Excellent credit/ Saving for Retirement/ has emergency saving	□ No dependent child □ Independently provides consistent education, support, and structure to child(ren)
□ Building some community support, but would like more	□ Enrolled in post-secondary training, technical or professional training, college/has some college credits	□ Independently meets basic needs (eat, cook, shower, clothing, transportation, phone or internet, etc.) □ Independently maintains daily schedule	□ Moderate credit rating/Maintaining a budget/Has some savings	□ Currently working with agency or group to provide consistent education, support, and structure to child(ren)/has some support from family/friends
□ Little or no community, friends, or family support □ Used crisis service (i.e. Mobile Treatment, hospital, hotline, etc.) within the last 6 months □ Sometimes I feel unsafe	□ Has a GED/diploma and has basic reading, writing, and math skills	□ Meets most basic needs (eat, cook, shower, clothing, transportation, phone or internet, etc.)/needs support to meet basic needs □ Maintains daily schedule with support (i.e. friends, family, agency)	□ Some debt, but able to make regular payments/Meeting current needs but not able to save	□ Unsure if child is receiving the best services and support/would like additional resources, information, and/or support for child(ren)
In the last 90 days: □ Forced to do something for money or things? □ Abused by someone in home or family unit □ Victim of a crime	□ No GED/diploma, but has some reading, writing, math skills and/or currently enrolled in literacy or diploma program	□ Can meet a few basic needs (eat, cook, shower, clothing, transportation, phone or internet, etc.) □ Sometimes able to maintain daily schedule	□ Poor/No credit history □ Owes IRS, HUD, or other government agency □ Several unpaid bills within the last 6 months □ No Bank Account	□ Child experienced trauma in the last 90 days □ Child is missing a lot of school, failing, and/or struggling to do well in school? □ Child needs reliable daycare so parents can work
□ I fear for my safety daily □ I am being abused	□ No GED/diploma and does not have reading, writing, math skills	□ Unable to meet any basic needs (eat, cook, shower, clothing, transportation, phone or internet, etc.) □ Unable to maintain daily schedule	□ Unable to pay bills or make money decisions on my own	□ Fears for child's safety □ Child is being abused

Notes:

Approved July 2020

Human Services Programs of Carroll County, Inc.

HOUSING SERVICES

To be completed by Landlord

CARROLL COUNTY EMERGENCY RENTAL ASSISTANCE PROGRAM

VERIFICATION OF RENTAL AND UTILITY ARREARS

FAX: 410-857-8793

☐ Past Due Rent ☐ Past Due Utilities

Date: _____ Tenant Name(s): _____

Rental property address: _____

Is this subsidized housing? ☐ Yes ☐ No

If yes, what kind? ☐ LIHTC ☐ CoC PSH ☐ Housing Choice Voucher (Sec. 8) ☐ Public Housing

☐ Project-Based Rental Assistance ☐ Other (Explain) _____

Amount of Monthly Rent: $ _____ Average Monthly Utility/Home Energy Cost: $ _____

Month Owed	Rent Amount Owed	Utility Amount Owed	Amount Paid by Tenant
TOTAL			

TOTAL AMOUNT OWED: $_____

Note: These funds cannot pay late fees or court fees. By signing below, the landlord agrees to waive these fees.

Landlord's Company Name: _____

Mailing Address: _____ Email: _____

Phone Number: _____ Fax Number: _____

Landlord's Signature: _____ Date: _____

**** Please attach completed IRS W-9 Form***

NOTE: This is not a guarantee of payment, but a request for information. If the applicant is determined eligible for assistance, you will receive a letter pending approval of funds form the case worker.

*To be completed by Landlord

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.

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 of the person whose name is entered on line 1. 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: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its 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.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid 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 *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–			–				

or

Employer identification number

		–							

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 Here | **Signature of U.S. person** ▶ | **Date** ▶

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*.

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, *later.*