

Past Due Rent / Mortgage Verification Form

Suwannee River Economic Council, Inc.

Client's Name and Address

Date

This is to confirm that _____ (name of family or individual) rents or is purchasing property located at _____ (address of apartment/house).

The rent/mortgage is due on the _____ (date). I agree to accept Emergency Food and Shelter Program or CSBG funds for the payment of this rent/ mortgage. Payment will guarantee residency for thirty (30) days.

The monthly rent/mortgage payment is \$ _____

The total owed (including the amount above) is \$ _____

The one month amount being paid by this agency is \$ _____

The amount being paid is for the month of (month/year) _____

The one month amount being paid is/was due on (month/day/year) _____

The one month amount being paid is past due in its entirety at time of payment (check one): Yes No

X _____
Landlord/ Mortgage Holder Representative Signature

X _____
Verified by Case Manager

Make check payable to:

Landlord or Mortgage Company Name: _____

Mailing Address: _____

Telephone Number: _____

****Original W-9 form MUST accompany this.**

VERIFICATION OF SUBMITTED INFORMATION (To be completed by the Case Manager)

The following information has been verified with the above representative:

Type of Assistance Requested:

Rent (check one)

- Past due rent
- Current month's rent
- First month's rent (effective/move in date _____) (month/day/year)

Mortgage (check one)

- Past due mortgage
- Current month's mortgage

On this day _____, 20____, contact was made with the client's landlord/ mortgage company representative to verify information provided to SREC, Inc. by the client. The following is supported by a written lease agreement / amortization, as well as, verification with the landlord/ mortgage company.

Client, _____'s, rent or mortgage payment is due on the ____ day of the month, in the amount of \$ _____ per month, excluding late fees, etc.

The landlord/ mortgage company has agreed to guarantee the client's possession of the property for at least one month.

I certify that a copy of a legitimate lease agreement/amortization is being submitted with this request for payment.

Case Manager's Signature

Date of Verification

Request for Taxpayer Identification Number and Certification

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

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

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. <table style="width: 100%; margin-top: 5px;"> <tr> <td><input type="checkbox"/> Individual/sole proprietor or single-member LLC</td> <td><input type="checkbox"/> C Corporation</td> <td><input type="checkbox"/> S Corporation</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Trust/estate</td> </tr> <tr> <td colspan="5"><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</td> </tr> <tr> <td colspan="5"> 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. </td> </tr> <tr> <td colspan="5"><input type="checkbox"/> Other (see instructions) ▶ _____</td> </tr> </table>	<input type="checkbox"/> Individual/sole proprietor or single-member LLC	<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust/estate	<input type="checkbox"/> 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.					<input type="checkbox"/> Other (see instructions) ▶ _____				
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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					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
or					
Employer identification number					
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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 ▶ _____
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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.

SHELTER VERIFICATION

In order to determine the eligibility of _____ for services, please assist by answering the questions below and returning this form to us at the address above.

THE FOLLOWING QUESTIONS / REQUESTED INFORMATION MUST BE COMPLETED BY THE LANDLORD

1. _____ is obligated to pay me \$ _____
each (please check one) week month other: _____ for residential property located at the following address: _____
2. Is the payment current? (Circle one) Yes / No. If no what is the past due balance? \$ _____
3. My records show that _____ adult(s) and _____ child/children reside in the home.
4. Please provide the full name of the person making the rental payment. _____
5. Please check if either of the following costs is included in the rent: Electric Gas/Propane
6. Please check one of the following listed below as the method which is used to heat/cool the home:
 Central Heat/Air Fireplace Space Heater Window A/C No A/C No Heat
 Other: _____

THE FOLLOWING SECTION SHOULD ONLY BE COMPLETED ONLY IF THE TENANT IS RECEIVING HUD/SECTION 8 ASSISTANCE

7. Please supply the following information: _____ - _____ = _____
(GROSS RENT) (DEDUCTIONS) (TENANT RENT AMOUNT)
8. Is a utility allowance paid through HUD or the Housing Authority? (Check one) Yes No
* If Yes is selected, what is the utility allowance amount? \$ _____

To the best of my knowledge the information provided above is true and accurate. By signing below I acknowledge that I understand that if it is determined that I have provided false information the applicant may be suspended from receiving service.

Signature of Landlord

Relationship to Applicant/Tenant

Printed Name of Landlord or Rent Collector

Landlord Telephone Number

Address of Landlord or Rent Collector

Date