

Do you need help catching up on your rent?

You may qualify for help through the
CARES Rent Relief Program!

- Did you lose or reduce your income since March 1st due to the COVID-19 pandemic?
- Have you filed for PA Unemployment Compensation due to the COVID-19 pandemic?
- Is your annual income less than \$53,900 (family of one), less than \$61,600 (family of two), less than \$69,300 (family of three), less than \$77,000 (family of four), or less than \$83,200 (family of five)?

If you answered “yes” to all of the above, you may qualify for help!

You may be eligible for up to \$750.00 per month for as many as six months between March 1st and December 30, 2020.

PHFA CARES RRP 2020
PA HOUSING FINANCE AGENCY (PHFA) CORONAVIRUS AID, RELIEF,
AND ECONOMIC SECURITY ACT (CARES) RENT RELIEF PROGRAM

IMPORTANT: *Before you apply for rental assistance, please make sure you send all required documents. Failure to send a complete application packet will delay processing of your submission and slow receipt by you of any rental assistance, if you qualify. Please use this checklist (on the following page) to make sure you are sending all required documentation and ensure the fastest receipt possible of CARES aid to help with your rent.*

FIRST, DETERMINE IF YOU ARE ELIGIBLE:

- My income is below the income limit for my county.
 - See: <https://www.phfa.org/forms/pacares/rental/RRP-County-Income-Limits.pdf>
- I am at least 30 days past-due on my rent payment.

I can answer YES to AT LEAST ONE of the following requirements to be eligible:

- I became unemployed after March 1, 2020, due to the COVID-19 pandemic.
- I have had at least a 30% reduction in annual income related to COVID-19.

SECOND, IF YOU ARE ELIGIBLE, BE SURE TO SUBMIT A FULLY COMPLETE APPLICATION PACKET:

I completed all 3 applications, with the help of my landlord on 2 of the applications:

- 1. Landlord Application
- 2. Landlord/Property Certification
- 3. Renter Application/Lessee Household Certification

- I double-checked the 3 applications to make sure **all questions were answered.**
- **All 3 applications are signed** by me and by my landlord
- Where the 3 applications requested supplementary documents, **I have provided copies of these documents** (*not screenshots or pictures, but scans or hard copies*). This includes supplementary documents like:
 - Proof of sources of income (*Employer income from January 2020 to date of application*)
 - A copy of your lease
 - Proof of residence at your address, like a utility bill
 - Proof of unemployment compensation
 - Other requested documents (required for payment to landlord:
 - Landlord W9
 - Landlord direct deposit information (Bank Account, Routing #)

Please look over the 3 applications to ensure you have provided all supplementary documents.

- **I made copies** of all 3 applications and the supporting documents for my records.
- **I am submitting all 3 applications and all supplementary documents together.**
- **I am submitting my application to CAP at 503 Oak Street, Lebanon, PA 17042 or by e-mail to CAP@lebcnty.org**

Lebanon County | Redevelopment Authority of Lebanon County & Lebanon County Community Action Partnership
503 Oak Street, Lebanon, PA 17042 | 717.273.9328 | cap@lebcnty.org

PHFA CARES RRP 2020
 PA HOUSING FINANCE AGENCY (PHFA) CORONAVIRUS AID, RELIEF,
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CARES RENT RELIEF PROGRAM

Lebanon County Community Action Partnership Agency Application

This document will be filed separately and must be filled out completely.

Today's Date: _____ Do you have a referral? Y N If so, from whom? _____

Social Security #: _____ **Gender:** M F **Ethnicity** (check one): _____ Hispanic ___ Not Hispanic

Race (check all that apply): ___ African American ___ White ___ Multi-race ___ Other _____

Physical Address: _____ **City:** _____ **Zip:** _____

Phone #: _____ **# in household:** _____ **Monthly Rent:** \$ _____

Source of Income and Monthly Amount: **TOTAL \$** _____ Pension: \$ _____ Unemployment \$

Employment: \$ _____ TANF: \$ _____ SSI: \$ _____ Social Security: \$ _____ Food Stamps: \$ _____

List ALL persons, including yourself, that are living with you at your present address,.

NAME	DOB	VET?	SS#	SEX M/F	Relationship to YOU
					SELF

Applicant Rights and Responsibilities: *I understand that I have the right to a fair hearing of any action directly concerning this application. I certify that I have read completely this application, or that it has been read to me. **I further certify that all information contained herein is true.** I understand that this authorization does not relieve me from full responsibility for the information contained on this application. I also certify that a false statement or false representation made by me for the purpose of obtaining services makes me subject to prosecution under penalty of law. I also authorize Lebanon County Community Action Partnership to make any and all inquiries to verify the answers I have given, such as release of information listed above to other agencies on my behalf for the purpose of verification in connection with any assistance that may be provided to me.*

Applicant's Signature: _____

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CARES RENT RELIEF PROGRAM

RENTER APPLICATION/LESSEE HOUSEHOLD CERTIFICATION

REMINDER: ALL CARES RENT RELIEF PROGRAM APPLICATION AND SUPPORTING DOCUMENTS MUST BE SUBMITTED DIRECTLY TO **COMMUNITY ACTION PARTNERSHIP C/O PHFA CARES RRP** AT 503 OAK STREET, LEBANON, PA 17042, OR VIA E-MAIL AT CAP@LEBCNTY.ORG.

LANDLORD INFORMATION

Landlord Name: _____

Landlord Address: _____

City, State, Zip: _____

County: _____

Lease Effective Dates: _____ to _____

Phone Number: _____ Email (if available): _____

HOUSEHOLD INFORMATION

Lessee(s) Name: _____

Lessee(s) Address: _____

City, State, Zip: _____

County: _____

Lease Effective Dates: _____ to _____

Phone Number: _____ Email (if available): _____

Monthly Rent Amount: \$ _____

Amount of Late/Missed Rent (rent due before March 1, 2020 is not eligible): \$ _____

List month(s) with late/missed rent payments between March 1, 2020, and December 30, 2020:

PHFA CARES RRP 2020

**PA HOUSING FINANCE AGENCY (PHFA) CORONAVIRUS AID, RELIEF,
AND ECONOMIC SECURITY ACT (CARES) RENT RELIEF PROGRAM**

The following information is requested by the Federal Government for certain types of programs related to a dwelling in order to monitor compliance with equal credit opportunity, and fair housing. You are not required to furnish this information, but are encouraged to do so. If you furnish the information, please provide both ethnicity and race.

For race, you may check more than one designation.

Do you wish to provide this information? Yes _____ No _____

Sex: ___ Male ___ Female

Ethnicity: ___ Hispanic or Latino ___ Not Hispanic or Latino

Race: ___ American Indian or Alaska Native ___ Asian ___ White

___ Black or African American ___ Native Hawaiian or Other Pacific Islander

1. Are monthly rent payments split between more than one lessee?

Yes _____ No _____

2. Do you have either a written or oral lease agreement with your landlord?

Yes _____ No _____

3. Have you and/or your landlord provided a lease agreement (written) and included a third-party document that can be used to verify residency for each lessee requesting CARES RRP assistance (i.e. utility bill, cancelled check with address, pay stub or ID showing the current residence address)? Please include third-party supporting documentation for both written and oral leases.

Yes _____ No _____

4. Do you attest that you either have or will continue to occupy that residence for every month which CARES RRP assistance funds are being applied?

Yes _____ No _____

5. If yes, how are payments splits between lessees?

- Lessee #1 Name: _____
 - Amount of monthly Rent Paid by Lessee #1: \$ _____
- Lessee #2 Name: _____
 - Amount of monthly Rent Paid by Lessee #2: \$ _____
- Lessee #3 Name: _____
 - Amount of monthly Rent Paid by Lessee #3: \$ _____
- Lessee #4 Name: _____
 - Amount of monthly Rent Paid by Lessee #4: \$ _____

PHFA CARES RRP 2020

**PA HOUSING FINANCE AGENCY (PHFA) CORONAVIRUS AID, RELIEF,
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6. Did you become unemployed after March 1, 2020 as result of the COVID-19 pandemic?

Yes ____ No ____

7. What was the date of separation from your employer?

_____, 2020

8. Have your work hours or wages been reduced as a result of the COVID-19 pandemic?

Yes ____ No ____

9. Have you provided documentation for all sources of lessee income?

Yes ____ No ____

10. Are you able to provide documentation to verify unemployment with the Department of Labor and Industry's Bureau of Unemployment Compensation?

Yes ____ No ____

By signing below, I acknowledge and understand that providing a written false statement which I do not believe to be true to PHFA is a misdemeanor of the third degree and is punishable as perjury under Pennsylvania Title 18, Section 4904, relating to unsworn falsification to authorities, and that in addition to any other penalty that may be imposed , a person convicted under this section shall be sentenced to pay a fine of at least \$1,000.

- Lessee #1 Name (Print): _____
 - Social Security Number: _____
 - Lessee #1 Signature: _____
 - Date: _____, 2020

- Lessee #2 Name (Print): _____
 - Social Security Number: _____
 - Lessee #1 Signature: _____
 - Date: _____, 2020

- Lessee #3 Name (Print): _____
 - Social Security Number: _____
 - Lessee #1 Signature: _____
 - Date: _____, 2020

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PHFA CARES RRP 2020
PA HOUSING FINANCE AGENCY (PHFA) CORONAVIRUS AID, RELIEF,
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CARES RENT RELIEF PROGRAM ASSISTANCE NOTICE

*If approved, renters or applicants benefitting from CARES RRP Assistance funds will be released from any obligation to pay any **past due or future rent for the months which CARES assistance funds are being applied.** Any displacement of residents or eviction proceedings for other outstanding housing expenses must be waived for at least 60 days from the date rent was due within the last month assistance was provided.*

PHFA CARES RRP 2020
 PA HOUSING FINANCE AGENCY (PHFA) CORONAVIRUS AID, RELIEF,
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CARES RENT RELIEF PROGRAM
LANDLORD APPLICATION

REMINDER: ALL CARES RENT RELIEF PROGRAM APPLICATION AND SUPPORTING DOCUMENTS MUST BE SUBMITTED DIRECTLY TO **COMMUNITY ACTION PARTNERSHIP C/O PHFA CARES RRP** AT 503 OAK STREET, LEBANON, PA 17042, OR VIA E-MAIL AT CAP@LEBCNTY.ORG.

LANDLORD INFORMATION

Name: _____

Home Address: _____

City, State, Zip Code: _____

Phone Number: _____ Email: _____

1. Will you accept electronic payment of funds via Direct Deposit?
 Yes ____ No ____
2. Are you able to provide the required banking information to receive the disbursement of CARES funds?
 Yes ____ No ____
3. Do you agree to waive the right to collect rent from the tenant for the months which CARES assistance is being applied?
 Yes ____ No ____

NAME(S) OF LESSEE (MUST MATCH LESSEE HOUSEHOLD CERTIFICATION)	MONTHS OF ASSISTANCE REQUESTED	ASSISTANCE REQUESTED
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL AMOUNT REQUESTED (NOT TO EXCEED \$4,500)		\$

PHFA CARES RRP 2020

**PA HOUSING FINANCE AGENCY (PHFA) CORONAVIRUS AID, RELIEF,
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4. Have you provided ownership documentation for each rental unit listed below? Acceptable proof of ownership documents include a copy of the deed, sales contract, most recent property tax receipt, a copy of the mortgage, or proof of homeowner's/hazard insurance from the most recent year.

Yes ____ No ____

5. Do you have either a written or oral lease agreement with your lessee?

Yes ____ No ____

6. Have you and/or your lessee(s) provided a lease agreement (written) and included a third-party document that can be used to verify residency for each lessee requesting CARES RRP assistance (i.e. utility bill, cancelled check with address, pay stub or ID showing the current residence address)? Please include third-party supporting documentation for both written and oral leases.

Yes ____ No ____

7. Do you attest that each lessee requesting CARES RRP assistance occupied the applicable residence between March 1, 2020, and December 30, 2020?

Yes ____ No ____

8. Do you agree not to begin any eviction proceedings for any other rent within 60 days from the date rent was due within the last month for which assistance was provided?

Yes ____ No ____

9. Do you attest that all property taxes on buildings associated with lessees listed above are paid and up to date?

Yes ____ No ____

10. Please read the Housing Quality Standards checklist on the Landlord/Property Certification. Do each of the rental properties for which CARES funds are being requested meet these guidelines?

Yes ____ No ____

NOTE: If approved to receive CARES RRP funds, landlords/property owners will be required to provide a W-9 to the county's designated organization.

IF YES TO ALL OF THE ABOVE, PLEASE COMPLETE THE LANDLORD/PROPERTY CERTIFICATION

Landlord Name (Print): _____ Date: _____

Landlord Signature: _____ Date: _____

PHFA CARES RRP 2020
PA HOUSING FINANCE AGENCY (PHFA) CORONAVIRUS AID, RELIEF,
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CARES RENT RELIEF PROGRAM
LANDLORD/PROPERTY CERTIFICATION

Landlords/property owners must certify below that the information provided below is true and accurate and any CARES RRP funds received for any lessee will be applied in accordance with the approval of their application. Landlords/property owners must acknowledge that they have read the Housing Quality Standards below and certify that, to the best of their knowledge, the units for which CARES RRP funds are being applied meet the Housing Quality Standards listed below.

HOUSING QUALITY STANDARDS

Living Room:

- There are at least two working outlets or one working outlet and one working light fixture.
- There are no known electrical hazards.
- Windows and doors that are accessible from the outside are lockable.
- There is at least one window and ALL the windows are free of signs of severe deterioration and have no missing or broken panes in each room of the apartment.
- The ceiling is sound and free from hazardous defects.
- The walls are sound and free from hazardous defects.
- The floor is sound and free from hazardous defects.
- All interior surfaces are free of cracking, scaling, peeling, chipping, and loose paint. In addition, all were treated and covered to prevent the exposure of lead based paint hazards.
- Weather stripping is present and in good condition on all windows and exterior doors.

Kitchen:

- There are at least two working outlets or one working outlet and one working light fixture.
- There are no known electrical hazards.
- Windows and doors that are accessible from the outside are lockable.
- There is at least one window and ALL the windows are free of signs of severe deterioration and have no missing or broken panes in each room of the apartment.
- The ceiling is sound and free from hazardous defects.
- The walls are sound and free from hazardous defects.
- The floor is sound and free from hazardous defects.
- All interior surfaces are free of cracking, scaling, peeling, chipping, and loose paint. In addition, all were treated and covered to prevent the exposure of lead based paint hazards.
- Weather stripping is present and in good condition on all windows and exterior doors.
- There is a working oven and a stove (or range) with top burners.
- There is a refrigerator that works and maintains a temperature low enough so foods do not spoil over a reasonable time.
- The kitchen sink has hot and cold running water.
- There is a space to prepare food.

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PA HOUSING FINANCE AGENCY (PHFA) CORONAVIRUS AID, RELIEF,
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Bathroom:

- There are at least two working outlets or one working outlet and one working light fixture.
- There are no known electrical hazards.
- Windows and doors that are accessible from the outside are lockable.
- There is at least one window and ALL the windows are free of signs of severe deterioration and have no missing or broken panes in each room of the apartment.
- The ceiling is sound and free from hazardous defects.
- The walls are sound and free from hazardous defects.
- The floor is sound and free from hazardous defects.
- All interior surfaces are free of cracking, scaling, peeling, chipping, and loose paint. In addition, all were treated and covered to prevent the exposure of lead based paint hazards.
- Weather stripping is present and in good condition on all windows and exterior doors.
- There is a working toilet in the unit for exclusive private use.
- There is a working, permanently installed wash basin with hot and cold running water.
- There is a working tub or shower with hot and cold running water.
- The bathroom has operable windows or a working vent system.

By signing below, I hereby attest that the lessee will be released from any remaining obligation for any past due or future rent for which CARES RRP funding is received. I acknowledge that the Agency makes no representation or warranty regarding the condition of any property or rental unit for which CARES RRP assistance is received and that issuance of CARES RRP funding on behalf of any tenant to any landlord or property owner should not be construed as the Agency's acceptance of any property condition(s) or approval of the terms of any lease that has been provided as a part of this application.

I understand that providing a written false statement which I do not believe to be true to PHFA is a misdemeanor of the third degree and is punishable as perjury under Pennsylvania Title 18, Section 4904, relating to unsworn falsification to authorities, and that in addition to any other penalty that may be imposed, a person convicted under this section shall be sentenced to pay a fine of at least \$1,000.

Landlord Name (Print): _____ Date: _____

Landlord Signature: _____ Date: _____

**** Please ensure you have a signed copy of the Lease Agreement for each tenant or household for which you are seeking assistance. These documents must be submitted as part of your application. Insufficient or missing documentation may cause a delay in processing or, in some cases, a denial of the application. Additional documentation may be requested during the review of your application****

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PHFA CARES RRP 2020
PA HOUSING FINANCE AGENCY (PHFA) CORONAVIRUS AID, RELIEF,
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CARES RENT RELIEF PROGRAM
Authorization for Release of Information

I authorize the exchange of written and verbal information regarding the undersigned, and any current or past records of family or involved persons, between the agencies and entities as listed here:

1. Lebanon County Community Action Partnership
2. Redevelopment Authority of Lebanon County
3. PA Department of Labor and Industry
4. Pennsylvania Housing Finance Agency
5. Your Employer
6. Your Landlord

I acknowledge that I have been informed of the nature and purpose of the Lebanon County Community Action Partnership and that this release is for the purpose of service planning and sharing information in the best interest of the undersigned and those residing in his or her household.

A photocopy of this consent form will be considered valid and all information will be held in strict confidence.

This authorization, I understand, in no way binds the Lebanon County Community Action Partnership to open its records for inspection, or to otherwise give information which seems to violate the above policy. I also understand that I have a right to request and receive a copy of this Authorization Form.

This release expires **one year** from the date of signature unless otherwise revoked by the undersigned in writing, addressed to the Director or to the Administrator, Lebanon County Community Action Partnership, 503 Oak Street, Lebanon, PA 17042.

Signed: _____ Date: _____

Witnessed: _____ Date: _____

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CARES RENT RELIEF PROGRAM
LANDLORD PAYMENT INFORMATION

Federal regulations require that we have current W-9 forms on file for anyone receiving payment. All landlord payments are made through direct deposit. All payments will be processed by the Lebanon County Housing and Redevelopment Authority. Please complete the electronic transfer form and the attached W-9 form.

Electronic Transfer Form

Landlord Name: _____

Landlord Address: _____

Landlord E-Mail: _____

Landlord Phone: _____

Landlord Bank Name: _____

Landlord Bank Routing Number: _____

Landlord Bank Account Number: _____

Savings [] Checking []

PHFA CARES RRP 2020
PA HOUSING FINANCE AGENCY (PHFA) CORONAVIRUS AID, RELIEF,
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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.
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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. <hr/> 2 Business name/disregarded entity name, if different from above. <hr/> 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. <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) ▶ _____ <small>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.</small> <input type="checkbox"/> 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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) See instructions. 6 City, state, and ZIP code 7 List account number(s) here (optional)
	Requester's name and address (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																					
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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 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-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.