

COVID-19 CDBG-CV RENTAL/ UTILITIES ASSISTANCE
OR
MORTGAGE/UTILITIES ASSISTANCE APPLICATION

REQUIRED DOCUMENTS

Please provide the information below to ensure that your application is processed in a timely manner. Each household member 18 years and older must provide the following documents. Please write in blue or black ink.

- ☐ **Photo identification- Provide proof of ID for all household members over the age of 18.**
- ☐ **Proof of Citizenship or legal alien status documents**
 - A. US passport
 - B. United states birth certificate
 - C. Alien registration card
 - D. Naturalization papers
 - E. Student or work visa
- ☐ **Proof of household members 18 years and older:**
 - A. Birth Certificate on which the parents/applicant's name is listed or
 - B. School records which provide the parent's name and address or
 - C. If a dependent 18 and over is a full-time student; please submit a copy of class schedule, with name visible in addition to the above documents.
- ☐ **Documentable proof of loss of crisis due to COVID-19 for all household members with income loss. Application will be rejected if proof from all household members experiencing loss/reduction, etc., is not provided.**
 - A. Re-employment Assistance Benefits. This must have your name listed on it with award amount or pending status, from FLDOE. Otherwise, it does not serve as proof as yours or household members
 - B. Letterhead from employer indicating lay off/job loss or loss of income due to COVID-19 or
 - C. Self-employment Affidavit if applicable.
- ☐ **Existing lease-** Lease must be executed by both parties. Lease must be in applicant(s) or household member's name. If there are names on the lease not listed on your application, proof they do not reside within the listed household will be required. The program requires the entire lease document. If you do not have it, please contact your landlord to obtain this documentation before submittal. If lease is not available, you must provide documentation from your landlord stating continued tenancy such as a letter or month to month addendum.
- ☐ **Homeowner Documentation.** Please Provide the following:
 - A. Most recent mortgage statement and/or forbearance plan and
 - B. Warranty deed
- ☐ Self-employed residents must provide recent tax return.
- ☐ W-9 and vendor form completed by landlord or Mortgagee.

Instructions for Submission:

- By Mail
- Drop in Physical Dropbox at:
Community Redevelopment Associates of Fl. Inc.
8569 Pines Blvd. Suite 207
Pembroke Pines Florida, 33024

Time stamp to be completed by CRA staff only:



Program Policies and Procedure

The assistance is limited to a maximum award of **up to six months' rent/mortgage and or utilities or \$15,000 (whichever occurs first)**, considered on a case by case basis, after re-evaluating income for eligibility each month, and is dependent on availability of funds within the program. Only completed applications will be considered. City is utilizing Community Development Block Grant (CDBG-CV3) funds to support this program.

Assistance is in the form of grant with no repayment.

Applicants must not have received any other financial assistance for rent or mortgage for the timeframe payment requested. By accepting the grant assistance, the recipient agrees to complete a duplication of benefits form.

All landlords or mortgagees must complete a W9 for tax purposes; be sure your landlord or mortgagee is willing to participate in this program.

Please be advised the CRA Staff may request additional documentation to update your file until we deem it complete; continue to actively check your email throughout your participation in the program for messages pertaining to your application.

In regards to assets, while loans are not counted as assets towards your income calculation, loans do count towards your liquid asset balance. Only student loans that can be proven /tracked through school-issued documentation do not count towards liquid assets. **Applicant(s) or household members must have no liquid assets that exceed \$10,000.00.**

This program is not intended provide long term support for the program's participants; it is not intended to provide all supportive service needs of households that affect housing stability. Residents must remain in the property for the time documented on the lease to be considered for the program. The City of Pembroke Pines may utilize Coronavirus Relief Funds (CRF), Community Development Block Grant (CDBG) Funds or other sources of funding to conduct activities associated with the COVID-19 Rental/Utilities Assistance or Mortgage/Utilities Assistance Program. All applicable federal statutes and regulations, Sections 420.9071-420.09079 F.S, and Chapter 67-37 F.A.C shall govern the use of such funds.

If your submission does not meet all guidelines, you do not provide all documentation, and/or you do not initially disclose information that is later discovered, your submission will be deemed ineligible.



CDBG-CV Income Limit Guidelines Income Limits Effective 04/18/2022

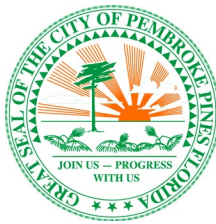
Applicants must meet gross annual income not exceeding 80% of Area Median Income (AMI) limits established by HUD for the jurisdiction of Broward County, FL. The applicable low-income limits for determining program eligibility are published by HUD in the federal register and are updated annually. The occupant household's gross annual income (for the purpose of determining program eligibility) shall be calculated according to HUD regulations identified in the Code of Federal Regulations at 24 CFR, Part 5.

Household Size	Very Low Income 30%	Low Income 50%	Moderate Income 80%
1	\$19,050	\$31,750	\$50,800
2	\$21,800	\$36,300	\$58,050
3	\$24,500	\$40,850	\$65,300
4	\$27,750	\$45,350	\$72,550
5	\$32,470	\$49,000	\$78,400
6	\$37,190	\$52,650	\$84,200
7	\$41,910	\$56,250	\$90,000
8	\$46,630	\$59,900	\$95,800

Eligible Properties: Eligible properties must be located in the City of Pembroke Pines.

None Eligible Properties:

- Hotels/Motels
- Rooming/Halfway Houses
- Units deemed uninhabitable by Code Enforcement
- Properties owned by an immediate family member of the applicant (parents, step parents, children, siblings or grand-parents)



Eligibility Release: It is required you sign this document, which allows the City of Pembroke Pines to request information from third parties concerning your eligibility and participation in this program

It is required you sign this document, which allows the City of Pembroke Pines to request information from third parties concerning your eligibility and participation in this program and also allows for income, assets, child support, etc. to be verified and documented.

Information covered: Inquiries may be made about the items below regarding applicants.

Instructions to applicant: Your signature on this eligibility Release, and the signatures of each member of your household who is 18 years of age or older, authorizes the City of Pembroke Pines or any of its duty authorized representatives to obtain information from a third party regarding your eligibility and continued participation in the CRF/ CDBG-CV Rental/ Utilities Assistance or Mortgage Assistance/Utilities Program. Each adult member of the household must sign this Eligibility Release.

Information provided by the applicant's may be subject to Chapter 119, Florida Statutes, regarding Open Records.

Applicant Certifications: Certify all information provided in the application is true, to the best of your knowledge. By signing this application to verify the information contained, the applicant authorizes the City of Pembroke Pines or any of its duly authorized representatives to verify the information listed herein.

I/We understand the information provided above is collected to determine if I/We are eligible to receive assistance under the CRF/CDBG-CV program.

I/We hereby certify that all of the information provided is true and correct.

I/We understand that providing false statement wills or information for the purposes of obtaining assistance is grounds for termination of housing assistance and punishable under Chapter 817 of the Florida Statutes as a first-degree misdemeanor.

I/We authorize the above referenced City of Pembroke Pines/subrecipient/sponsor and any of its duly authorized representatives to verify all information provided in this application.

I/We understand that additional information will likely be required to move forward with this program.

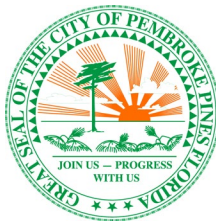
PUBLIC RECORDS DISCLOSURE AND ACKNOWLEDGMENT:

Information provided by the applicant may be subject to Chapter 119, Florida Statutes, regarding open records.

Information provided by you/your household that is not protected by Florida Statutes can be requested by any individual for their review and/or use. This is without regard as to whether or not you qualify for funding under program(s) for which you are applying

NOTICE OF COLLECTING SOCIAL SECURITY NUMBERS: The City of Pembroke Pines collect social security numbers for a number of different purposes. The Florida Public Records law (specifically, section 119.071(5), Florida Statutes (2007), requires the City of Pembroke Pines to give you this written statement explaining the purpose and authority for collecting your social security numbers. Your social security number is being collected for the purpose of income certifying you for the City of Pembroke Pines Housing Stabilization Program which may require third-party verification of assets, employment and income. In addition, this information may be collected to verify unemployment benefits, social security/disability benefits and other related information necessary to determine income and assets and your eligibility for the program that is funded by local, Federal and/or State program dollars. Your social security number will not be used for any other intended purpose other than verifying your eligibility for the City of Pembroke Pine's program.

Continued on the next page



Applicant's Authorization:

I authorize the City of Pembroke Pines to obtain this information about me and my household that is pertinent to determining my eligibility for participation in the program. I acknowledge that:

- (1) A photocopy of this form is as valid as the original; AND
- (2) I have the right to review information received using this form; AND
- (3) I have the right to a copy of information provided to the City of Pembroke Pines and to request correction of any information believe to be inaccurate; AND
- (4) All adult household members will sign this form and cooperate with the City of Pembroke Pines in the eligibility verification process
- (5) If the applicant falsified information to obtain assistance, all funds paid on behalf of the applicant must be repaid to the program.

Applicant's Signature

Date

Applicant Printed Name

Co-Applicant's Signature

Date

Co-Applicants Printed Name

Household Member Signature

Date

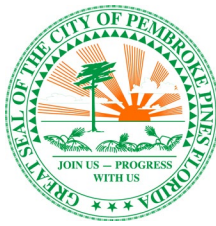
Household Member Printed Name

Household Member Signature

Date

Household Member Printed Name

WARNING: Section 1001 of Title 18 of the U.S code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the United States as to any matter within the jurisdiction. False information may result civil liability, and/or in criminal penalties including, but not limited to, fine or imprisonment or both. Chapter 817 of the Florida statutes provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided by 775.082 or 775.08



COVID-19 CDBG-CV RENTAL/UTILITIES ASSISTANCE
OR
MORTGAGE/UTILITIES ASSISTANCE APPLICATION

* we will need to contact you by phone or email. Please provide accurate contact information if we are unable to reach you, your application will be deemed ineligible*

MAIN APPLICANT

Name:		Social Security #:	
Current Address:			
Apt #		City, State and Zip:	
Mobile Phone:		Daytime Phone:	
Date of Birth:	Age:	Gender:	
Email Address:			
Employed: Yes or No	Self Employed: Yes or No	Disabled? : Yes or No	
Race/ Ethnicity:		Marital Status: Single, Married, Widowed, Divorced	

CO- APPLICANT

Name:		Social Security #:	
Current Address:			
Apt #		City, State and Zip:	
Mobile Phone:		Daytime Phone:	
Date of Birth:	Age:	Gender:	
Email Address:			
Employed: Yes or No	Self Employed: Yes or No	Disabled? : Yes or No	
Race/ Ethnicity:		Marital Status: Single, Married, Widowed, Divorced	



HOUSEHOLD COMPOSITION, CHARACTERISTICS AND FAMILIAL STATUS:

As of today, all other members of the household aside from applicant and co-applicant. Indicate the relationship of each family member to the head of Household (spouse, sibling, etc). Indicate if there will be any additional members in the near future to the household. Away college students will be counted as household members

Household Member Name:	Relationship to HH	Date of Birth	Is Member Disabled? Y/N	Employed Y/N	Social Security #

PROPERTY INFORMATION

Landlord/ Mortgagee Name:		Property Type:
Street Address:		
Apt #	City, State and Zip:	
Landlord/ Mortgagee Mobile Phone:		
Landlord Email:		
Rent or Mortgage Amount:		
Are you currently Passed due on rent or Mortgage?: Yes or No	If yes, How many Months are due?:	What are any penalties due, if any?:
Are you currently Passed due on Utilities?: Yes or No	If yes, How many Months are due?:	



SELF CERTIFICATION FORM:

Explain how COVID-19 impacted your income; Provide sufficient detail to substantiate your claims.

MAIN APPLICANT:

☐ I hereby certify that I have been negatively impacted by the COVID-19 pandemic and have had my hours reduced or have become unemployed.

Check one:

☐ Furloughed/Laid Off from Listed Employment
☐ Terminated from Listed Employment
☐ Hours Reduced

☐ Self Employed
☐ Currently Employed
Other: _____

Applicant Name:	Job Title/Position:
Employer Name:	Employer Phone number:
Employer Address:	
Date you became unemployed:	
Are you receiving Unemployment Benefits? Yes or No	If so, How much are you receiving weekly?: _____
What was your annual gross income <i>before</i> being affected by Covid-19: \$ _____	



SELF CERTIFICATION OF INCOME FORM:

This page is to be completed separately by EACH household member 18 and over. All fields are required. **Each individual must provide a completed self-certification form.**

I will receive income from the following sources over 12 months: (Circle Y for yes, N for no) for each statement. If yes, place the annualized amount you expect to receive over the next 12 months. Please annualize amounts; do not place biweekly, monthly etc. amounts in spaces.

- Y N Wages from employment (including commissions, tips, bonuses and fee's etc.) \$ _____
- Y N Net income from operation of a business: \$ _____
- Y N Rental income from real or personal property: \$ _____
- Y N Interest or dividends from assets: \$ _____
- Y N Gross Social Security payments, annuities, insurance policies, retirement's funds, pensions or death benefits: \$ _____
- Y N Interest or dividends from assets: \$ _____
- Y N Unemployment: \$ _____
- Y N Public Assistance Payments: \$ _____
- Y N Periodic allowances such as alimony, child support, or gifts received from persons not living in my households: \$ _____
- Y N Sales from self-employed resources: \$ _____
- Y N Any other not named above: \$ _____
- Y N I currently have no income of any kind and there is no imminent change expected in my financial status or employment

Certify my anticipated gross annual income for the next 12 months to be: \$ _____

☐ I will inform local government staff if my income changes during the period when I am receiving assistance.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement. The information provided is subject to verification by the county or eligible municipality.

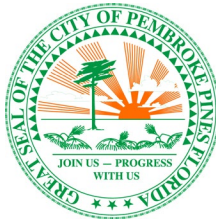
Signature of Applicant

Printed Name of Applicant

Date

Witness

Witness



SELF CERTIFICATION:

Explain how COVID-19 impacted your income; Provide sufficient detail to substantiate your claims. This page is to be completed separately by EACH household member 18 and over. All fields are required.

CO- APPLICANT:

☐ I hereby certify that I have been negatively impacted by the COVID-19 pandemic and have had my hours reduced or have become unemployed.

Check one:

☐ Furloughed/Laid Off from Listed Employment
☐ Terminated from Listed Employment
☐ Hours Reduced

☐ Self Employed
☐ Currently Employed
Other: _____

Applicant Name:	Job Title/Position:
Employer Name:	Employer Phone number:
Employer Address:	
Date you became unemployed:	
Are you receiving Unemployment Benefits? Yes or No	If so, How much are you receiving weekly?: _____
What was your annual gross income <i>before</i> being affected by Covid-19: \$ _____	



SELF CERTIFICATION OF INCOME FORM:

This page is to be completed separately by EACH household member 18 and over. All fields are required. **Each individual must provide a completed self-certification form.**

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Signature of Applicant

Printed Name of Applicant

Date

Witness

Witness



SELF CERTIFICATION:

Explain how COVID-19 impacted your income; Provide sufficient detail to substantiate your claims. This page is to be completed separately by EACH household member 18 and over. All fields are required.

HOUSEHOLD MEMBER (18 and Over):

☐ I hereby certify that I have been negatively impacted by the COVID-19 pandemic and have had my hours reduced or have become unemployed.

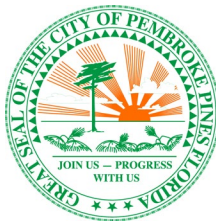
Check one:

☐ Furloughed/Laid Off from Listed Employment
☐ Terminated from Listed Employment
☐ Hours Reduced

☐ Self Employed
☐ Currently Employed
Other: _____

Applicant Name:	Job Title/Position:
Employer Name:	Employer Phone number:
Employer Address:	
Date you became unemployed:	
Are you receiving Unemployment Benefits? Yes or No	If so, How much are you receiving weekly?: _____
What was your annual gross income <i>before</i> being affected by Covid-19: \$ _____	

Please print additional pages as needed for EACH Household member 18 and over



SELF CERTIFICATION OF INCOME FORM:

This page is to be completed separately by EACH household member 18 and over. All fields are required. **Each individual must provide a completed self-certification form.**

Will receive income from the following sources over 12 months: (Circle Y for yes, N for no) for each statement. If yes, place the annualized amount you expect to receive over the next 12 months. Please annualize amounts; do not place biweekly, monthly etc. amounts in spaces.

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Signature of Applicant

Printed Name of Applicant

Date

Witness _____

Witness _____



HOUSEHOLD ASSETS:

Assets: List below the types and sources of any household assets. Provide both the current cash value and the estimated annual income from the asset. Please be aware, cash held in checking and savings accounts are assets. Provide this information for all household members

FURTHER CLARIFICATION REGARDING ASSETS: Provide the requested information on assets for all household members. Examples of what constitutes assets are below:

Typical Assets include:

- Cash held in savings, checking accounts, safe deposit boxes, homes,
- Stocks, bonds, treasury bills CD's, Mutual funds, money, market accounts and other investment accounts.
- Individual retirement accounts, 401K, Keogh accounts and other similar retirement saving accounts.
- Cash value of life insurance policies available to holder before death
- Personal property that is held for investment purposes;
- Equity in real property
- Retirement and pension funds;
- Mortgage deeds of trust held by the applicant.

Some items of personal property are **NOT** counted as assets for the purposes of determining annual income:

- Automobiles;
- Jewelry
- Term life insurance policies

House hold member name	Type of Asset	Institution Name	Last 4 digits of Account #	Cash Value	Annual Income from Asset

Continued on the next page



☐ I have not received any other form of assistance which would constitute a duplication of benefits for the requested assistance.

I will certify I will provide third-party documentation upon request.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False misleading or incomplete information shall result in your application being denied. The information provided is subject to verification by the City of Pembroke Pines.

Applicant's Signature

Date

Applicant Printed Name

Co-Applicant's Signature

Date

Co-Applicants Printed Name

Household Member Signature

Date

Household Member Printed Name

Household Member Signature

Date

Household Member Printed Name

OR

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of [] physical presence or [] online notarization, this _____ day of _____, 20_____, by _____.

(Signature of Notary Public-State of Florida)
(NOTARY SEAL) (Name of Notary Typed, Printed, or Stamped)

Personally Known _____ OR Produced Identification _____
Type of Identification _____

Duplication of Benefits Certification for CDBG-CV funds

A duplication of benefits occurs when a person, household, business, government, or other entity receives financial assistance from multiple sources for the same purpose, and the total assistance received for that purpose is more than the total need for assistance. Duplication of benefits occurs when Federal financial assistance is provided to a person or entity through a program to address losses and the person or entity has received (or would receive, by acting reasonably to obtain available assistance) financial assistance for the same costs from any other source (including insurance), and the total amount received exceeds the total need for those costs.

The CARES Act requires HUD to ensure that there are adequate procedures in place to prevent any duplication of benefits as required by section 312 of the Stafford Act, as amended by section 1210 of the Disaster Recovery Reform Act of 2018 (division D of Public Law 115-254; 42 U.S.C. 5121 et seq.) and all applicable Federal Register notices, including FR-6218-N-01.

HUD requires each grantee to have procedures in place to prevent the duplication of benefits when it provides financial assistance with CDBG-CV funds. Grant funds may not be used to pay for a cost if another source of financial assistance is available to pay for the same cost.

This certification must be completed by any subrecipient, individual or family, business, direct beneficiary, or other entity that receives assistance and serves to document compliance with the CARES Act requirement to ensure that there are adequate procedures in place to prevent any duplication of benefits as required by section 312 of the Stafford Act, as amended by section 1210 of the Disaster Recovery Reform Act of 2018 (division D of Public Law 115-254; 42 U.S.C. 5121 et seq.) and all applicable Federal Register notices, including FR-6218-N-01.

I, _____

(Name/title of business owner(s), sub grantee (Public Social Service Entity), sub recipient, direct beneficiary, other entity)

Hereby certify that:

- A. The Community Development Block Grant-CV Funds, awarded to the city/town of _____ through the Coronavirus Aid, Relief and Economic Security Act (CARES Act) does not duplicate/replace any other funds, and/or any funds from the following sources:
1. The Paycheck Protection Program
 2. Unemployment compensation benefits
 3. Insurance claims/proceeds
 4. Federal Emergency Management Agency (FEMA) funds
 5. Small Business Administration funds
 6. Other Federal, State or local funding
 7. Other nonprofit, private sector, or charitable funding.
- B. Further, this executed certification serves to acknowledge that any subgrantee, subrecipient, individual or family, business, direct beneficiary, or other entity understands and agrees that the CDBG-CV funds must be repaid if it is determined that such assistance is determined to be duplicative.

Signature and date of:

Business owner(s), sub grantee (Public Social Service Entity), subrecipient, direct beneficiary, or other entity



(OFFICE USE ONLY) Vendor number:

Please entirely complete this vendor information form along with the IRS Form W-9, and email to accountspayable@ppines.com

City of Pembroke Pines
Finance Department
601 City Center Way
Pembroke Pines, FL 33024

Vendor Information Form

Operating Name (Payee)			
Legal Name (as filed with IRS)			
Remit-to Address (For Payments)			
Remit-to Contact Name:		Title:	
Email Address:			
Phone #:		Fax #	
Order-from Address (For purchase orders)			
Order-from Contact Name:		Title:	
Email Address:			
Phone #:		Fax #	
Return-to Address (For product returns)			
Return-to Contact Name		Title:	
Email Address:			
Phone #:		Fax #	
Payment Terms:			

Type of Business (please check one and provide Federal Tax identification or social security Number)

☐ Corporation

Federal ID Number:

☐ Sole Proprietorship/Individual

Social Security No.:

☐ Partnership

☐ Health Care Service Provider

☐ LLC – C (C corporation) – S (S corporation) – P (partnership)

☐ Other (Specify):

Name & Title of Applicant _____

Signature of Applicant _____ **Date** _____

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. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <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) ► _____	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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	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:

- 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-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.