

| | | |
|--|--|------------------------------|
| Retirement income, pensions, survivor, or disability income. Include income from a previous employer or union, or any regular withdrawals or distributions from IRA, Roth IRA, 401(k), 403(b), or other accounts specifically designed for retirement. | Retirement Check Stubs or Statement; or Bank/Investment Statements | Most recent three (3) months |
| Any other sources of income regularly received such as Veterans' (VA) payments, unemployment compensation, child support, or alimony. | Benefits Award letter, Bank Statements, or Court Orders | Most recent three (3) months |

SECTION E. OTHER INFORMATION

The following documentation must be included with the application.

*All documents submitted must be copies and will not be returned. **Do not send originals.***

| | |
|---|--|
| <input type="checkbox"/> Residency | Lease or Written Rental Agreement |
| <input type="checkbox"/> Utilities | Most recent three (3) months natural gas, electricity, water/sewer, and lifeline telephone bills (if requesting assistance with these utilities) |
| <input type="checkbox"/> Identification | Current Driver's License OR CA ID Card for all persons over 18 |
| <input type="checkbox"/> Birth Certificate | For any household member under 18 |
| <input type="checkbox"/> Other | |

The undersigned certifies that the application is current and complete.

| | | | |
|----------------------|-------|-------------------------|-------|
| Applicant Signature: | Date: | Co-Applicant Signature: | Date: |
|----------------------|-------|-------------------------|-------|

| | | | |
|--|-------|--|-------|
| Other Family Member Over Age 18 Signature: | Date: | Other Family Member Over Age 18 Signature: | Date: |
| Name (Please Print): | | Name (Please Print): | |

| | | | |
|--|-------|--|-------|
| Other Family Member Over Age 18 Signature: | Date: | Other Family Member Over Age 18 Signature: | Date: |
| Name (Please Print): | | Name (Please Print): | |

Incomplete Applications Will Not Be Processed

Si necesita ayuda con esta aplicación, llame a Laura Huerta o Herica Sanchez al (951) 736-2434.





CITY OF CORONA • COMMUNITY DEVELOPMENT DEPARTMENT
EMERGENCY HOUSING NEEDS ASSISTANCE PROGRAM APPLICATION

400 SOUTH VICENTIA AVENUE #120, CORONA, CA, 92882 • PHONE (951) 736-2434 • FAX (951) 279-3550



Information provided herein shall be kept confidential and shall only be used for determining eligibility and collecting statistical data for the program.

APPLICANT

NAME _____ AGE _____
Last First Middle

CURRENT RESIDENCE ADDRESS STREET _____
 CITY/STATE _____ ZIP _____

TYPE OF HOME APARTMENT / TOWN HOME MOBILE HOME SINGLE FAMILY RESIDENCE OTHER

HOME PHONE () _____ WORK PHONE () _____

CELL PHONE () _____ EMAIL _____ @ _____

PREVIOUS ADDRESS STREET _____
 (If less than 3 years at above address) CITY/STATE _____ ZIP _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

DRIVERS LICENSE NUMBER _____ STATE _____

MARITAL STATUS SINGLE MARRIED DIVORCED WIDOWED

CO-APPLICANT

NAME _____ AGE _____
Last First Middle

CURRENT RESIDENCE ADDRESS STREET _____
 CITY/STATE _____ ZIP _____

HOME PHONE () _____ WORK PHONE () _____

CELL PHONE () _____ EMAIL _____ @ _____

PREVIOUS ADDRESS STREET _____
 (If less than 3 years at above address) CITY/STATE _____ ZIP _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

DRIVERS LICENSE NUMBER _____ STATE _____

MARITAL STATUS SINGLE MARRIED DIVORCED WIDOWED

List the head of your household and all members, including those under 18 years of age, who live in your home at the time of application, including applicant and co-applicant. Give the relationship of each family member to the head.

| Household Member | Full Name | Relationship | Age |
|------------------|-----------|--------------|-----|
| Applicant | | Self | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |



EMPLOYMENT DATA—APPLICANT

EMPLOYER NAME _____ MONTHLY GROSS INCOME _____
 ADDRESS _____ CITY/STATE _____ ZIP _____
 DATES EMPLOYED _____ OCCUPATION _____
 FROM ___/___/___ TO ___/___/___ EMPLOYER PHONE () _____
(If with present employer less than 2 years)

PREVIOUS EMPLOYER NAME _____ MONTHLY GROSS INCOME _____
 ADDRESS _____ CITY/STATE _____ ZIP _____
 DATES EMPLOYED _____ OCCUPATION _____
 FROM ___/___/___ TO ___/___/___ EMPLOYER PHONE () _____
(If with present employer less than 2 years)

EMPLOYMENT DATA—CO-APPLICANT

EMPLOYER NAME _____ MONTHLY GROSS INCOME _____
 ADDRESS _____ CITY/STATE _____ ZIP _____
 DATES EMPLOYED _____ OCCUPATION _____
 FROM ___/___/___ TO ___/___/___ EMPLOYER PHONE () _____
(If with present employer less than 2 years)

PREVIOUS EMPLOYER NAME _____ MONTHLY GROSS INCOME _____
 ADDRESS _____ CITY/STATE _____ ZIP _____
 DATES EMPLOYED _____ OCCUPATION _____
 FROM ___/___/___ TO ___/___/___ EMPLOYER PHONE () _____
(If with present employer less than 2 years)

Current MONTHLY Expenses

| PAYMENT TYPE | NAME OF CREDITOR | ACCOUNT NUMBER | BALANCE | MONTHLY PAYMENT |
|---------------------------------------|------------------|----------------|---------|-----------------|
| Rent | | | \$ | \$ |
| Auto | | | \$ | \$ |
| Other Loan | | | \$ | \$ |
| Other Loan | | | \$ | \$ |
| Credit Card | | | \$ | \$ |
| Utility: Natural Gas | | | \$ | \$ |
| Utility: Electricity | | | \$ | \$ |
| Utility: Water/Sewer | | | \$ | \$ |
| Utility: Lifeline Telephone | | | \$ | \$ |
| Other: Insurance | | | \$ | \$ |
| Total present MONTHLY Expenses | | | | \$ |



The following information will be used to determine income-eligibility for this program.

| Current MONTHLY Income | | | | |
|--|------------------|---------------------|--|--------------|
| (Average for each applicable source from March 16 – Current) | | | | |
| INCOME SOURCE | APPLICANT | CO-APPLICANT | OTHER HOUSEHOLD MEMBERS 18 OR OLDER | TOTAL |
| Wages, salary, commissions, bonuses, or tips from all jobs. Report the amount before deductions for taxes, bonds, dues, or other items. | \$ | \$ | \$ | \$ |
| Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report the net amount after business expenses. | \$ | \$ | \$ | \$ |
| Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account. | \$ | \$ | \$ | \$ |
| Social Security or Railroad Retirement. Report the total amount received. | \$ | \$ | \$ | \$ |
| Supplemental Security Income (SSI). Report the total amount received. | \$ | \$ | \$ | \$ |
| Any public assistance or welfare payments from state or local welfare office. Report the amount received. | \$ | \$ | \$ | \$ |
| Retirement income, pensions, survivor, or disability income. Include income from a previous employer or union, or any regular withdrawals or distributions from IRA, Roth IRA, 401(k), 403(b), or other accounts specifically designed for retirement. | \$ | \$ | \$ | \$ |
| Any other sources of income regularly received such as Veterans' (VA) payments, unemployment compensation, child support, or alimony. Do not include lump sum payments such as money from an inheritance or the sale of a home. | \$ | \$ | \$ | \$ |
| Total Present GROSS Monthly Household Income | | | A | \$ |
| Multiply by 12 months in a year | | | B | X 12 |
| A times B is equal to TOTAL ANNUAL INCOME | | | C | \$ |

The following information is required to determine COVID-19 impacts.

| MONTHLY Income Prior to COVID-19 | | | | |
|--|------------------|---------------------|--|--------------|
| (Average for each applicable source from January 1, 2020 – March 15, 2020) | | | | |
| INCOME SOURCE | APPLICANT | CO-APPLICANT | OTHER HOUSEHOLD MEMBERS 18 OR OLDER | TOTAL |
| Wages, salary, commissions, bonuses, or tips from all jobs. Report the amount before deductions for taxes, bonds, dues, or other items. | \$ | \$ | \$ | \$ |
| Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report the net amount after business expenses. | \$ | \$ | \$ | \$ |
| Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account. | \$ | \$ | \$ | \$ |
| Social Security or Railroad Retirement. Report the total amount received. | \$ | \$ | \$ | \$ |
| Supplemental Security Income (SSI). Report the total amount received. | \$ | \$ | \$ | \$ |
| Any public assistance or welfare payments from state or local welfare office. Report the amount received. | \$ | \$ | \$ | \$ |
| Retirement income, pensions, survivor, or disability income. Include income from a previous employer or union, or any regular withdrawals or distributions from IRA, Roth IRA, 401(k), 403(b), or other accounts specifically designed for retirement. | \$ | \$ | \$ | \$ |
| Any other sources of income regularly received such as Veterans' (VA) payments, unemployment compensation, child support, or alimony. Do not include lump sum payments such as money from an inheritance or the sale of a home. | \$ | \$ | \$ | \$ |
| Total Present GROSS Monthly Household Income | | | A | \$ |
| Multiply by 12 months in a year | | | B | X 12 |
| A times B is equal to TOTAL ANNUAL INCOME | | | C | \$ |



CERTIFICATIONS

IMPORTANT—READ BEFORE SIGNING

Duplication of Benefits Certification: I/We certify under penalty of perjury, under the laws of the State of California, that I/we are not able to receive, and have not received, other federal or non-federal benefits or assistance for rent or utility assistance for the period of time between March 15, 2020 and the date of last signature on this application form. Applicant further certifies that they will not pursue other federal or non-federal benefits for the same uses of this grant program for rent and/or utility costs for the period of March 15, 2020 until the final assistance payment made by City under the Emergency Housing Needs Assistance Program. Details of this certification may be found on the “Duplication of Benefits Certification” and additionally must be signed by Applicants.

I/We declare under penalty of perjury, under the laws of the State of California, that all of the information provided in any statement, document or application made by me/us in connection with my/our application for the Emergency Housing Needs Assistance Program is true and correct to the best of my/our knowledge, information and belief.

I/We acknowledge that a material misstatement or omission made by me/us in any statement, document or application by me/us in connection with my/our application for the Emergency Housing Needs Assistance Program will be grounds (at the discretion of the City) for immediate revocation by the City of the assistance made to me/us in conjunction with the Emergency Housing Needs Assistance Program and will result in the immediate demand for repayment of all amounts disbursed by City for rent and / or utilities on my/our behalf.

In addition, I/we hereby acknowledge and understand that any false pretense, including any false statement or representation; or the fraudulent use of any instrument, facility, article, or other valuable item or service pursuant to my/our participation in any program administered by the City, may be subject to both civil and criminal prosecution and immediate disqualification from the City’s Emergency Housing Needs Assistance Program.

WARNING: The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.

I/We certify that I/we have read and understood the provisions in this document and that I/we wish to proceed with the application for the City’s Emergency Housing Needs Assistance Program.

| | | | |
|----------------------|-------|-------------------------|-------|
| Applicant Signature: | Date: | Co-Applicant Signature: | Date: |
|----------------------|-------|-------------------------|-------|

| | | | |
|--|-------|--|-------|
| Other Family Member Over Age 18 Signature: Name (Please Print): | Date: | Other Family Member Over Age 18 Signature: Name (Please Print): | Date: |
|--|-------|--|-------|

| | | | |
|--|-------|--|-------|
| Other Family Member Over Age 18 Signature: Name (Please Print): | Date: | Other Family Member Over Age 18 Signature: Name (Please Print): | Date: |
|--|-------|--|-------|

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED



EXHIBIT A

CITY OF CORONA ♦ COMMUNITY DEVELOPMENT DEPARTMENT
EMERGENCY HOUSING NEEDS ASSISTANCE PROGRAM
 400 S. VICENTIA AVE. #120, CORONA, CA, 92882 ♦ PHONE (951) 736-2434 ♦ FAX (951) 279-3550

**INFORMATION FOR GOVERNMENT REPORTING
 (STATISTICAL INFORMATION)**

The following information will be kept confidential and used only to provide aggregate data for program analysis. Completion of this form is **MANDATORY** and WILL NOT be used to evaluate your application for participation in the Emergency Housing Needs Assistance Program.

| APPLICANT | CO-APPLICANT |
|--|--|
| SELECT ONE RACE CATEGORY: | SELECT ONE RACE CATEGORY: |
| <input type="checkbox"/> WHITE | <input type="checkbox"/> WHITE |
| <input type="checkbox"/> BLACK / AFRICAN AMERICAN | <input type="checkbox"/> BLACK / AFRICAN AMERICAN |
| <input type="checkbox"/> ASIAN | <input type="checkbox"/> ASIAN |
| <input type="checkbox"/> AMERICAN INDIAN / ALASKAN NATIVE | <input type="checkbox"/> AMERICAN INDIAN / ALASKAN NATIVE |
| <input type="checkbox"/> NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER | <input type="checkbox"/> NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER |
| <input type="checkbox"/> AMERICAN INDIAN / ALASKAN NATIVE & WHITE | <input type="checkbox"/> AMERICAN INDIAN / ALASKAN NATIVE & WHITE |
| <input type="checkbox"/> ASIAN & WHITE | <input type="checkbox"/> ASIAN & WHITE |
| <input type="checkbox"/> BLACK / AFRICAN AMERICAN & WHITE | <input type="checkbox"/> BLACK / AFRICAN AMERICAN & WHITE |
| <input type="checkbox"/> AMERICAN INDIAN / ALASKAN NATIVE & BLACK / AFRICAN AMERICAN | <input type="checkbox"/> AMERICAN INDIAN / ALASKAN NATIVE & BLACK / AFRICAN AMERICAN |
| <input type="checkbox"/> OTHER / MULTI-RACIAL | <input type="checkbox"/> OTHER / MULTI-RACIAL |

| | |
|---|---|
| SELECT ONE ETHNICITY CATEGORY: | SELECT ONE ETHNICITY CATEGORY: |
| HISPANIC <input type="checkbox"/> YES <input type="checkbox"/> NO | HISPANIC <input type="checkbox"/> YES <input type="checkbox"/> NO |

| | |
|--|--|
| SELECT ONE OF THE FOLLOWING: | SELECT ONE OF THE FOLLOWING: |
| HEAD OF HOUSEHOLD <input type="checkbox"/> YES <input type="checkbox"/> NO | HEAD OF HOUSEHOLD <input type="checkbox"/> YES <input type="checkbox"/> NO |
| GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |



EXHIBIT B

CITY OF CORONA ♦ COMMUNITY DEVELOPMENT DEPARTMENT
EMERGENCY HOUSING NEEDS ASSISTANCE PROGRAM
 400 S. VICENTIA AVE. #120, CORONA, CA, 92882 ♦ PHONE (951) 736-2434 ♦ FAX (951) 279-3550

PROGRAM DISCLOSURE STATEMENT

Please review and certify that you understand the following program qualifications:

EMERGENCY HOUSING NEEDS ASSISTANCE PROGRAM

For low- and moderate-income families demonstrating a COVID-19 impact such as job loss, termination, furlough, reduced hours, reduced pay, or other approved impact, grants are available up to a maximum of \$6,000 per family to pay for up to three (3) consecutive months rent or rental arrears and/or up to three (3) consecutive months utilities and/or utility arrears. Utilities include natural gas, electricity, water/sewer, and lifeline telephone. Applicants' current annual income shall not exceed the low- and moderate-income limit, adjusted by family size.

Maximum Annual Income*

| Family Size | Extremely Low | Low Income | Moderate Income |
|-------------|--|---------------------------|---------------------------|
| | Equal to or less than 30% of Area Median | 31% to 50% of Area Median | 51% to 80% of Area Median |
| 1 | \$15,850 | \$26,400 | \$42,200 |
| 2 | \$18,100 | \$30,150 | \$48,200 |
| 3 | \$20,350 | \$33,900 | \$54,250 |
| 4 | \$22,600 | \$37,650 | \$60,250 |
| 5 | \$24,450 | \$40,700 | \$65,100 |
| 6 | \$26,250 | \$43,700 | \$69,900 |
| 7 | \$28,050 | \$46,700 | \$74,750 |
| 8 | \$29,850 | \$49,700 | \$79,550 |

Effective July 1, 2020 for the Riverside-San Bernardino-Ontario, CA MSA

I/We have read and understand the program information.

| | | | |
|----------------------|-------|-------------------------|-------|
| Applicant Signature: | Date: | Co-Applicant Signature: | Date: |
|----------------------|-------|-------------------------|-------|

| | | | |
|--|-------|--|-------|
| Other Family Member Over Age 18 Signature: | Date: | Other Family Member Over Age 18 Signature: | Date: |
| Name (Please Print): | | Name (Please Print): | |

| | | | |
|--|-------|--|-------|
| Other Family Member Over Age 18 Signature: | Date: | Other Family Member Over Age 18 Signature: | Date: |
| Name (Please Print): | | Name (Please Print): | |



EXHIBIT C

CITY OF CORONA ♦ COMMUNITY DEVELOPMENT DEPARTMENT
EMERGENCY HOUSING NEEDS ASSISTANCE PROGRAM
400 S. VICENTIA AVE. #120, CORONA, CA, 92882 ♦ PHONE (951) 736-2434 ♦ FAX (951) 279-3550

ANTI-DISCRIMINATION STATEMENT

The Emergency Housing Needs Assistance Program shall be implemented consistent with the City's commitment to State and Federal equal opportunity laws. No person shall be excluded from participation in, denied the benefit of, or be subjected to discrimination under any program or activity funded in whole or in part with CDBG-CV program funds on the basis of their disability, family status, national origin, race, color, religion, sex, marital status, medical condition, ancestry, source of income, age, sexual orientation, gender identity, gender expression, genetic information, or other arbitrary discrimination.

The City of Corona will make all attempts to provide reasonable accommodations and/ or modifications, or provide language assistance to individuals requesting such assistance to benefit from the services provided by the Emergency Housing Needs Assistance Program.

I/We have read and understand the Anti-Discrimination Statement written above.

| | | | |
|----------------------|-------|-------------------------|-------|
| Applicant Signature: | Date: | Co-Applicant Signature: | Date: |
|----------------------|-------|-------------------------|-------|

| | | | |
|--|-------|--|-------|
| Other Family Member Over Age 18 Signature: | Date: | Other Family Member Over Age 18 Signature: | Date: |
| Name (Please Print): | | Name (Please Print): | |

| | | | |
|--|-------|--|-------|
| Other Family Member Over Age 18 Signature: | Date: | Other Family Member Over Age 18 Signature: | Date: |
| Name (Please Print): | | Name (Please Print): | |



EXHIBIT D

CITY OF CORONA ♦ COMMUNITY DEVELOPMENT DEPARTMENT
EMERGENCY HOUSING NEEDS ASSISTANCE PROGRAM
400 S. VICENTIA AVE. #120, CORONA, CA, 92882 ♦ PHONE (951) 736-2434 ♦ FAX (951) 279-3550

CONSENT TO GATHER CONFIDENTIAL INFORMATION

TO: **STATE OF CALIFORNIA EMPLOYMENT DEVELOPMENT DEPARTMENT**
PO BOX 781, SAN BERNARDINO, CA 92402-0781

PROGRAM APPLICANTS:

Please complete the following for all persons 18 years of age and older who are living and will be living in the rental unit assisted with Emergency Housing Needs Assistance Program funds. All persons in the family must obtain a Social Security number prior to being considered for assistance through the Program. Please complete all names as shown on the Social Security card.

I/We hereby authorize the release of the requested information in conjunction with my/our application for assistance through the City’s Emergency Housing Needs Assistance Program.

| | | | |
|-------------|--|--------------|--|
| PRINT NAME: | | SOC. SEC. #: | |
| SIGNATURE: | | DATE: | |

| | | | |
|-------------|--|--------------|--|
| PRINT NAME: | | SOC. SEC. #: | |
| SIGNATURE: | | DATE: | |

| | | | |
|-------------|--|--------------|--|
| PRINT NAME: | | SOC. SEC. #: | |
| SIGNATURE: | | DATE: | |

| | | | |
|-------------|--|--------------|--|
| PRINT NAME: | | SOC. SEC. #: | |
| SIGNATURE: | | DATE: | |

The person(s) listed above have applied to participate in the City’s Emergency Housing Needs Assistance Program. The City is required to verify the amounts of financial assistance being provided to the person(s) named above through the State of California Employment Development Department including, but not limited to: (a) temporary disability; (b) permanent disability; and or; (c) unemployment benefits and any other form of assistance which is not specifically identified in a, b, or c. This information is required to determine eligibility for participation in the Emergency Housing Needs Assistance Program. This information is for the exclusive and confidential use of the City of Corona and its cooperating escrow or lending agent.

DATE _____

COMMUNITY DEVELOPMENT DEPARTMENT

*PLEASE FORWARD THE
REQUESTED INFORMATION TO THE
FOLLOWING:*

CITY OF CORONA
COMMUNITY DEVELOPMENT DEPARTMENT
ATTN: HOUSING / CDBG PROGRAM
400 S. VICENTIA AVE. #120, CORONA, CA 92882



EXHIBIT E

CITY OF CORONA ♦ COMMUNITY DEVELOPMENT DEPARTMENT
EMERGENCY HOUSING NEEDS ASSISTANCE PROGRAM
400 S. VICENTIA AVE. #120, CORONA, CA, 92882 ♦ PHONE (951) 736-2434 ♦ FAX (951) 279-3550

**REQUEST FOR VERIFICATION OF INCOME OR
REDUCTION OF HOURS AND/OR PAY**

To Employer: _____ Date: _____

From Applicant: _____

Applicant's Address: _____

I have applied and authorized the City of Corona Emergency Housing Needs Assistance Program to obtain a verification of my income (and/or) reduction of hours and/or pay due to the COVID-19 economic downturn from you. In order for my eligibility to be determined, the City must verify all of my income. The requested information is for the confidential use of the City program and the U.S. Department of Housing and Urban Development only. Please furnish the information requested below and return this form, using the stamped, addressed envelope provided. If you have any questions about this request, please call the City of Corona at 951-736-2260 or 951-736-2434 and ask to speak with Laura Huerta or Herica Sanchez.

(Signature of Applicant)

EMPLOYER'S VERIFICATION

Employee's Name: _____ Position Held: _____

Dates of Employment: From _____ To _____ OR Employment **Termination Date:** _____

Types of Employment: ___ Permanent ___ Temporary ___ Seasonal ___ Intermittent

Probability of Continued Employment: _____

RATE OF PAY: (estimated, if not actually paid on hourly, monthly or annual basis):
\$ _____ hourly; \$ _____ monthly; or \$ _____ annually

Additional Compensation: (actual amounts received in past 12 months)

Overtime: \$ _____, Tips \$ _____, Commissions, Bonuses: \$ _____

RATE OF PAY CHANGE: (estimated, if not actually paid on hourly, monthly or annual basis):

Former Rate of Pay as of (dd/mm/yy): \$ _____ hourly; \$ _____ monthly; or \$ _____ annually

New Rate of Pay as of (dd/mm/yy): \$ _____ hourly; \$ _____ monthly; or \$ _____ annually

REDUCTION OF HOURS WORKED: (estimated if not actual):

Former Regular Hours Worked as of (dd/mm/yy): Hours per _____ day; _____ week; or _____ month

New Regular Hours Worked as of (dd/mm/yy): Hours per _____ day; _____ week; or _____ month

Anticipated Timeframe for Furlough/Reduction in Hours: From: _____ To: _____

Employer Certification: I certify that the Applicant's income / reduction of hours / pay or termination are due to the COVID-19 pandemic.

(Date)

(Signature)

(Printed Name)

(Title)

(Phone Number)

(Email Address)



EXHIBIT F

CITY OF CORONA ♦ COMMUNITY DEVELOPMENT DEPARTMENT
EMERGENCY HOUSING NEEDS ASSISTANCE PROGRAM
 400 S. VICENTIA AVE. #120, CORONA, CA, 92882 ♦ PHONE (951) 736-2434 ♦ FAX (951) 279-3550

**STATEMENT OF FILING STATUS
 FEDERAL INCOME TAX RETURN**

COMPLETE THIS FORM ONLY IF YOU DID NOT FILE A FEDERAL INCOME TAX RETURN FOR ANY OF THE TWO MOST RECENT YEARS.

I/We, _____,

PRINT NAME(S)

did not file a Federal Income Tax Return in the year(s):

- 2018
- 2019

My/Our income was not sufficient to file a Federal Income Tax Return.

I/We hereby acknowledge, by signing below, under penalty of perjury, and assert that the statement herein is true and correct and that any false statement will be just cause for the City to terminate assistance and/or require repayment of previously paid assistance.

| | | | |
|-------------|--|--------------|--|
| PRINT NAME: | | SOC. SEC. #: | |
| SIGNATURE: | | DATE: | |

| | | | |
|-------------|--|--------------|--|
| PRINT NAME: | | SOC. SEC. #: | |
| SIGNATURE: | | DATE: | |

| | | | |
|-------------|--|--------------|--|
| PRINT NAME: | | SOC. SEC. #: | |
| SIGNATURE: | | DATE: | |

| | | | |
|-------------|--|--------------|--|
| PRINT NAME: | | SOC. SEC. #: | |
| SIGNATURE: | | DATE: | |



DUPLICATION OF BENEFITS CERTIFICATION

INSTRUCTIONS

The certification is divided into three (3) components:

1. Assistance received from government, bank, and any and all other housing assistance received by or anticipated to be received by the family/ individual
2. Attachments;
3. Signature(s)

Read each component in full and provide the accurate information.

Part 1. Government, Bank, and Other Funding Sources Duplication of Benefits Certification

This certification must be completed by all applicants that may receive any assistance from the CDBG-CV funded Emergency Housing Needs Assistance Program being offered by the City of Corona. The information within this certification will provide the City with vital information for ongoing evaluation of duplication of benefits as required by the Stafford Act Section 312, as amended and the Coronavirus Aid, Relief, and Economic Security Act.

This section identifies any sources of housing assistance funds that the individual has received or anticipates receiving. Sources of funds include but are not limited to: Federal, state, and local grant programs, subsidized loans, or nonprofit donations or grants. Please indicate below the amount allocated from any and all funding sources.

Source of Funds #1

| | |
|---|--|
| Grant Provider Name | |
| Purpose / Specific Use | |
| Amount | |
| <input type="checkbox"/> Government Loan <input type="checkbox"/> Government Grant <input type="checkbox"/> Government Forgivable Loan | |
| <input type="checkbox"/> Nonprofit Grant <input type="checkbox"/> Nonprofit Forgivable Loan | |
| <input type="checkbox"/> Other: _____ | |

Source of Funds #2

| | |
|---|--|
| Grant Provider Name | |
| Purpose / Specific Use | |
| Amount | |
| <input type="checkbox"/> Government Loan <input type="checkbox"/> Government Grant <input type="checkbox"/> Government Forgivable Loan | |
| <input type="checkbox"/> Nonprofit Grant <input type="checkbox"/> Nonprofit Forgivable Loan | |
| <input type="checkbox"/> Other: _____ | |

Source of Funds #3

| | |
|---|--|
| Grant Provider Name | |
| Purpose / Specific Use | |
| Amount | |
| <input type="checkbox"/> Government Loan <input type="checkbox"/> Government Grant <input type="checkbox"/> Government Forgivable Loan | |
| <input type="checkbox"/> Nonprofit Grant <input type="checkbox"/> Nonprofit Forgivable Loan | |
| <input type="checkbox"/> Other: _____ | |



Source of Funds #4

| | |
|---|---|
| Grant Provider Name | |
| Purpose / Specific Use | |
| Amount | |
| <input type="checkbox"/> Government Loan | <input type="checkbox"/> Government Grant <input type="checkbox"/> Government Forgivable Loan |
| <input type="checkbox"/> Nonprofit Grant | <input type="checkbox"/> Nonprofit Forgivable Loan |
| <input type="checkbox"/> Other: _____ | |

Part 2. Attachments

Attached to this certification are copies of the following:

1. Award letter for any assistance received from other rental or utility assistance programs or summary of award received as well as documentation of use of funds.

Part 3. Signature(s)

By executing this certification, Applicant(s) acknowledge and understand that Title 18 United States Code Section 1001: (1) makes it a violation of federal law for a person to knowingly and willfully (a) falsify, conceal, or cover up a material fact; (b) make any materially false, fictitious, or fraudulent statement or representation; OR (c) make or use any false writing or document knowing it contains a materially false, fictitious, or fraudulent statement or representation, to any branch of the United States Government; and (2) requires a fine, imprisonment for not more than five (5) years, or both, which may be ruled a felony, for any violation of such Section.

Dated this the _____ day of _____, 20__.

Applicant Signature

Print Applicant Name

Joint Applicant Signature

Print Joint Applicant Name



SUBROGATION AGREEMENT

This Subrogation and Assignment Agreement (“Agreement”) is made and entered into on this ____ day of _____, 20____, by and between _____ (“Applicant”) and the City of Corona (“City”).

In consideration of Applicant’s financial situation or the commitment by City to evaluate Applicant’s application for the receipt of funds (collectively, the “Grant”) under the City of Corona Emergency Housing Needs Assistance Program (the “Program”) administered by City, Applicant hereby assigns to City all of Applicant’s future rights to reimbursement and all payments received from any grant, subsidized loan, or assistance under any housing assistance programs that are determined in the sole discretion of the City of Corona Community Development Department to be a duplication of benefits (“DOB”) as provided in this Agreement.

The proceeds or payments referred to in the preceding paragraph, whether they are from a federal grant or any other source, and whether or not such amounts are a DOB, shall be referred to herein as “Proceeds,” and any Proceeds that are a DOB shall be referred to herein as “DOB Proceeds.” Upon receiving any Proceeds not listed on the Duplication of Benefits Certification, the Applicant agrees to immediately notify the City of such additional amounts. The City will determine in its sole discretion if such additional amounts constitute a DOB. If some or all of the Proceeds are determined to be a DOB, the portion that is a DOB shall be paid to the City.

Applicant’s assistance and cooperation shall include but shall not be limited to allowing suit to be brought in Applicant’s name(s) and providing any additional documentation with respect to such consent, giving depositions, providing documents, producing record and other evidence, testifying at trial, and any other form of assistance and cooperation reasonably requested by the City. Applicant further agrees to assist and cooperate in the attainment and collection of any DOB Proceeds that the Applicant would be entitled to under any applicable housing assistance program.

If requested by the City, Applicant agrees to execute such further and additional documents and instruments as may be requested to further and better assign to the City, to the extent of the Grant paid to Applicant under the Program, the Policies, any amounts received under the Program that are DOB Proceeds and/or any rights thereunder, and to take, or cause to be taken, all actions and to do, or cause to be done, all things requested by the City to consummate and make effective the purposes of this Agreement.

Applicant explicitly allows the City to request of any organization with which the Applicant has applied for or is receiving Proceeds, any non-public or confidential information determined to be reasonably necessary by the City to monitor/enforce its interest in the rights assigned to it under this Agreement and give Applicant’s consent to such company to release said information to the City.

Applicant represents that all statements and representations made by the Applicant regarding Proceeds received by the Applicant shall be true and correct as of the date first set forth above.

NOTICE: Applicant executing this Agreement are hereby notified that intentionally or knowingly making a materially false or misleading written statement to obtain assistance is a violation of Title 18 United States Code Section 1001 and, depending upon the amount of the Grant, is punishable by a fine, imprisonment for not more than five (5) years, or both, which may be ruled a felony, for any violation of such Section.

The Applicant executing this Agreement hereby represents that he/she has received, read, and understands this notice of penalties for making a materially false or misleading written statement to obtain the Grant.

In any proceeding to enforce this Agreement, the City shall be entitled to recover all costs of enforcement, including actual attorney's fees.

APPLICANT

CO-APPLICANT

Signature: _____

Signature: _____

Name: _____

Name: _____

Date: _____

Date: _____

CITY OF CORONA:
COMMUNITY DEVELOPMENT DEPARTMENT

Signature: _____

Name: _____

Title: _____

Date: _____



**Request for Verification of Income or
Reduction of Hours and/or Pay**

(Reserved – See Exhibit E of Program Application)

Program Participation-Payment Acceptance Form

(Attached)



CITY OF CORONA CARES ACT
EMERGENCY HOUSING NEEDS ASSISTANCE PROGRAM

**PROGRAM PARTICIPATION-PAYMENT ACCEPTANCE
CERTIFICATION FORM AND AGREEMENT**

1. CERTIFICATION

I _____ on behalf of: _____
First Last M.I. enter legal entity (LandLord)

I understand that the City of Corona ("City") is relying on these statements in making its decision to provide assistance to

_____ *Tenant's Name*

a tenant at

_____ *Enter the name of the property*

Evidenced by my signature at the bottom of this document, I hereby certify that the following statements are true and correct:

TENANT INFORMATION

• Tenant _____ occupying unit # _____
Tenant name Unit number

at _____ is delinquent on rent.
Property Name

• A tenant lease _____ for monthly rent of \$ _____
was executed on _____
Date Amount

• Tenant has notified Landlord of his/her intent to seek emergency rental assistance from the City of Corona Emergency Housing Needs Assistance Program.

Tenant owes a total of \$ _____ in delinquent rent as of today's _____ to _____
_____ date, for the period from _____
Amount months/weeks/days months/weeks/days

All partial payments made by Tenant are reflected in this amount.

I _____ have authority to receive rental payments
_____ and administer leases on behalf of _____
Property management name Landlord

2. AGREEMENT

I _____ on behalf of Landlord, as evidenced by my signature at the bottom
Name
of this document, do hereby agree to be bound by the following terms and conditions in the event that I receive any funds from City for the above listed Tenant's rent.

- I. The City, or a designee, shall be solely responsible for determining tenant eligibility for rental assistance.
- II. Landlord agrees to provide City with any documentation necessary to complete the application process, and, in the event the tenant is selected for the program, any documents necessary to complete the payment process.
- III. Landlord agrees to waive and fully forgive any late fees associated with Tenant's delinquent rent for any months for which a portion of the rent is paid by the City using federal funds since late fees are not an eligible cost under federal cost principles.
- IV. Landlord acknowledges and agrees that City is not liable to Landlord for any costs, fees, damages, or amounts of any kind and that submission of this Certification and Agreement does not obligate City to provide any funds to Landlord. In the event that City determines that funds are available to pay any portion of Tenant's rent, City will notify Landlord and all payments made shall be subject to these terms and conditions.
- V. Landlord agrees that it will not accept multiple payments from multiple emergency rental assistance programs for the rent amounts paid by the City. In the event that Landlord receives a duplicate emergency rental assistance payment through another such program, Landlord will reimburse City the full amount of any excess payments within thirty days of the duplicate payment.
- VI. Landlord agrees to abide by all applicable state and federal laws governing landlords, tenants, fair housing, and residential leases in administering tenant's lease during the entire term of the tenant lease.
- VII. In the event that Landlord violates any of these terms and conditions or is found to have made a misrepresentation on the certification, Landlord shall forfeit City's payment of rent on behalf of Tenant and shall upon demand by City repay the full amount of assistance paid by City in connection with this agreement to Landlord within five days of demand by the City.
- VIII. If any part of this Agreement is found to be unenforceable by a court of competent jurisdiction, all other parts of this Agreement will remain valid and binding.
- IX. The City shall have the right to audit Landlord's pertinent books, records, files, and other documents related to the Tenant, the Tenant's lease, payments made by the Tenant or any rental assistance program, including the City's for a period of three years after the final payment made under this Agreement.
- X. Amounts of payment, if any, shall be determined by the City in its sole discretion.
- XI. This Agreement shall be interpreted in accordance with the laws of the State of California. Venue for resolving any disputes shall lie exclusively in Riverside County, California, or the United States District Court for the Central District of California, Eastern Division.
- XII. The term of this agreement shall begin upon Landlord's acceptance of any payment made by City for emergency rental assistance for the named Tenant and shall continue for the full term of the months for which rent is paid on behalf of Tenant.
- XIII. It is understood and agreed that by execution of this Agreement, City does not waive or surrender any of its governmental powers or immunities.
- XIV. Landlord warrants the unit is in decent, safe, and sanitary condition as defined in 24 CFR Section 882.109, and that the Landlord has the legal right to lease the dwelling unit covered by this Contract during the Contract term.
- XV. The person signing this Agreement hereby warrants that he/she has the legal authority to execute this Agreement on behalf of the respective party, and that such binding authority has been granted by proper order, resolution, ordinance or other authorization of the entity.

3. DISCLAIMER AND SIGNATURE

| | |
|----------------------------|-------------------|
| Landlord Name | Signature/ |
| _____ | _____ |
| City Signature/Date | Date |
| _____ | _____ |
| | Landlord |
| | _____ |
| | Phone |
| | _____ |

WARNING: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, fictitious, or fraudulent statements or entries, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, or imprisoned for not more than five years, or both.

WARNING: The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.

Landlord W-9 Form

(Attached)

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. | <p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p>2 Business name/disregarded entity name, if different from above</p> <hr/> <p>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.</p> <p><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</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>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.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p> | <p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="font-size: small;">(Applies to accounts maintained outside the U.S.)</p> |
| | | <p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p>6 City, state, and ZIP code</p> <hr/> <p>7 List account number(s) here (optional)</p> | <p>Requester's name and address (optional)</p> <hr/> |

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: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> </tr> </table> | | | | | - | - | - | - |
| | | | | | | | | |
| - | - | - | - | | | | | |
| or | | | | | | | | |
| Employer identification number | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> </tr> </table> | | | | | - | - | - | - |
| | | | | | | | | |
| - | - | - | - | | | | | |

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions 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.

By signing the filled-out form, you:

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

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or “doing business as” (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity’s name as shown on the entity’s tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a “disregarded entity.” See Regulations section 301.7701-2(c)(2)(iii). Enter the owner’s name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner’s name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity’s name on line 2, “Business name/disregarded entity name.” If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

| IF the entity/person on line 1 is a(n) . . . | THEN check the box for . . . |
|--|---|
| • Corporation | Corporation |
| • Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes. | Individual/sole proprietor or single-member LLC |
| • LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes. | Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation) |
| • Partnership | Partnership |
| • Trust/estate | Trust/estate |

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys’ fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

| IF the payment is for . . . | THEN the payment is exempt for . . . |
|--|---|
| Interest and dividend payments | All exempt payees except for 7 |
| Broker transactions | Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012. |
| Barter exchange transactions and patronage dividends | Exempt payees 1 through 4 |
| Payments over \$600 required to be reported and direct sales over \$5,000 ¹ | Generally, exempt payees 1 through 5 ² |
| Payments made in settlement of payment card or third party network transactions | Exempt payees 1 through 4 |

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/Businesses and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.

You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.

You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions.

You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

| For this type of account: | Give name and SSN of: |
|--|---|
| 1. Individual | The individual |
| 2. Two or more individuals (joint account) other than an account maintained by an FFI | The actual owner of the account or, if combined funds, the first individual on the account ¹ |
| 3. Two or more U.S. persons (joint account maintained by an FFI) | Each holder of the account |
| 4. Custodial account of a minor (Uniform Gift to Minors Act) | The minor ² |
| 5. a. The usual revocable savings trust (grantor is also trustee) | The grantor-trustee ¹ |
| b. So-called trust account that is not a legal or valid trust under state law | The actual owner ¹ |
| 6. Sole proprietorship or disregarded entity owned by an individual | The owner ³ |
| 7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A)) | The grantor* |
| For this type of account: | Give name and EIN of: |
| 8. Disregarded entity not owned by an individual | The owner |
| 9. A valid trust, estate, or pension trust | Legal entity ⁴ |
| 10. Corporation or LLC electing corporate status on Form 8832 or Form 2553 | The corporation |
| 11. Association, club, religious, charitable, educational, or other tax-exempt organization | The organization |
| 12. Partnership or multi-member LLC | The partnership |
| 13. A broker or registered nominee | The broker or nominee |

| For this type of account: | Give name and EIN of: |
|---|-----------------------|
| 14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments | The public entity |
| 15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B)) | The trust |

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

*Note: The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.