



Inter-County Community Council

Community Action Programs For
Clearwater, East Polk, Pennington and Red Lake Counties

P.O. Box 189, Oklee, Minnesota 56742-0189
Dial 218-796-5144
FAX 218-796-5175



Dear Housing Landlord,

You are receiving this paperwork because a potential tenant is applying for assistance with their first month's rent, security application or because a current tenant is requesting assistance with their past due rent.

Enclosed you will find two forms that we would like you to complete and mail back to us. These forms are necessary to determine if your tenant (or potential tenant) will be eligible for assistance. If you have issued your tenant an eviction notice please also include a copy of that.

If you would like further instructions on how to fill out the W-9 form you may find them at: <http://www.irs.gov/pub/irs-pdf/fw9.pdf> . If you do not have internet access please give us a call and we would be happy to mail out a paper copy of the instructions.

Please know that if Inter County Community Council will be approving your tenant for assistance our staff will contact you directly to let you know what assistance they qualified for and when you can expect payment.

If you have any questions please feel free to call toll-free at 1-888-778-4008, ext 6.

Thank you and we look forward to working with you in the future,

Family Services Staff,

Inter County Community Council
Family Service Department
P O Box 189
Oklee MN 56742
218-796-5144 ext 6
Fax: 218-796-5175

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number	
	-
	-
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 on page 3.

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. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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.

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.

RENT/DEPOSIT VERIFICATION FORM

TO BE COMPLETED BY OWNER, MANAGER OR CARETAKER ONLY!

Tenant Information

Name: _____			
Address: _____	City: _____	State: _____	Zip: _____
Date Moved/Moving In: _____		Number of Bedrooms: _____	

Rental Information

Total Monthly Rent: _____	Date Due Each Month: _____
Rent Amount Tenant is Responsible For Each Month: _____	
Amount of Damage Deposit Required: _____	Paid?: ____ yes or ____ no
Is the Current Rent Paid?: ____ yes or ____ no	Amount Due: _____
For the Following Months: _____	
Do You Accept HUD/Section 8?: ____ yes or ____ no	
Is Any Portion Of This Rent Paid By HUD?: ____ yes or ____ no	Amount Paid: _____
What Utilities Are Included With The Rent?: _____	

Owner Information

Name: _____	Phone: _____		
Address: _____	City: _____	State: _____	Zip: _____
Name Of Person Completing Form: _____			
Title: _____	Phone: _____		
Rent Check Is Made Payable To: _____			
Send To: _____	City: _____	State: _____	Zip: _____

I hereby certify that the information provided is complete, true and accurate.

Signature _____ Date: _____

Please return the completed form to:

Inter-County Community Council
Attn: Family Services Dept.
P.O. Box 189
Oklee, MN 56742