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| C:\Users\sharon\Pictures\Smaller-hom-logo-color.png | | **Request for Taxpayer**  **Identification Number and**  **Payment Remittance Information** | | | | | | | | | | | Complete and return form  to HOM, Inc. at the address or fax number below  Do NOT return form to the IRS | | | | | |
| The purpose of this form is to request the Taxpayer Identification Number (TIN) and Payment Remittance Information for the owner of the property receiving payments under the HOM, Inc. Rental Assistance Programs. This form is substantially similar to and may be used as a substitute for the IRS Form W-9 (See *IRS Instructions for the Requester of Form W-9*). If you have any questions about the completion of this form, please contact HOM, Inc. at (602) 265-4640 or 1-877-HOM-INC1. Thank you for your cooperation. | | | | | | | | | | | | | | | | | | |
| Taxpayer Identification Information | | | | | | | | | | | | | | | | | | |
| Name (As shown on your Income Tax Return) | | | | | | | | | | | | | | | | | | |
| Business name (This should be the DBA name of the business or property, if applicable) | | | | | | | | | | | | | | | | | | |
| Check appropriate box for federal tax classification: Check only one of the following seven boxes:    Individual/Sole proprietor or  C Corporation  S Corporation  Partnership  Trust/estate  single-member LLC  Limited Liability Company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership)  **Note.** For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.  Other **⮚** | | | | | | | | | | | | | | | Exemptions (codes apply only to certain entities, not individuals):  Exempt payee code (if any)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Exemption from FATCA reporting code (if any)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(Applies to accounts*  *maintained outside the U.S.)* | | | |
| Address (This should be the address that the 1099 is sent to at the end of the tax year) | | | | | | | | | | | | | | | | | | |
| City, state, ZIP Code | | | | | | | | | | | | | | | | | | |
| **Payment Remittance Information** | | | | | | | | | | | | | | | | | | |
| Name for Payment Remittance (HOM, Inc. payments will be made payable to this name) | | | | | | | | | | | | | | | | | | |
| Address for Payment Remittance (HOM, Inc. payments will be mailed to this address) | | | | | | | | | | | | | | | | | | |
| City, state, ZIP Code | | | | | | | | | | | | | | | | | | |
| Please provide telephone and fax numbers for the owner and/or management company for the property (Include area codes) | | | | | | | | | | | | | | | | | | |
| Office / Primary Contact Phone | | | Fax | | | | | E-Mail Address | | | | | | | | | | |
| **Taxpayer Identification Number (TIN)** | | | | Social Security Number | | | | | | | | | | | | | | |
| Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN.)  For other entities, it is your employer identification number (EIN.)  **Note:** *If you have questions about the proper completion of this section, please refer to the IRS Form W-9.* | | | |  |  |  | ⚫ | |  |  | | ⚫ | |  | |  |  |  |
| **or** Employer Identification Number | | | | | | | | | | | | | | |
|  |  | ⚫ |  | |  |  | |  | |  | |  |  |  |
| Note: *Payments you receive may be subject to backup withholding if you fail to provide and certify your correct TIN.* | | | | | | | | | | | | | | |
| Certification | | | |  | | | | | | | | | | | | | | |
| Under penalties of perjury, I certify that: | | | | | | | | | | | | | | | | | | |
| 1. | The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and** | | | | | | | | | | | | | | | | | |
| 2. | I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and | | | | | | | | | | | | | | | | | |
| 3. | I am a U.S. citizen or other U.S. person (defined below); and | | | | | | | | | | | | | | | | | |
| 4. | The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. | | | | | | | | | | | | | | | | | |
| **Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. | | | | | | | | | | | | | | | | | | |
| Signature ofU.S. person ⮚ | | | | | | | | | | | **Date ⮚** | | | | | | | |