Center for Housing & Health

Dear Landlord or Property Manager,

You are receiving this letter because a **current or potential tenant** has requested Emergency Financial Assistance from the Center for Housing and Health. The purpose of the Emergency Financial Assistance program is to stabilize individuals and families in their current home, to decrease the amount of time spent in shelters, and to help individuals and families secure and maintain affordable housing.

*In order to be in compliance with our state/federal funders and the Internal Revenue Service (IRS), we are required to collect the following documentation:*

***For Private Market Landlord:***

If the landlord is a private market landlord, the Tax ID number will be a Social Security number or an Individual Tax Identification Number (ITIN). A Copy of your social security card or ITIN card/letter must be attached for verification.

If the landlord is a private market landlord, proof of property ownership must be submitted. A current copy of the property tax bill or copy of the property deed must be attached for verification.

***For Property Management Company or Business:***

If the landlord is a property management company, the Tax ID number will be the Employer Identification Number (EIN) for the business. A Copy of the EIN Verification letter or state business verification print out must be attached for verification.

***Unable to locate?***

If you are unable to locate your federal Tax ID forms, you can visit www.irs.gov or www.mytaxillinois.gov

If you are unable to locate property proof of ownership, you can visit www.cookcountytreasurer.com or www.cookrecorder.com

This information is gathered exclusively for the purpose of making payments to landlords so that the tenant can remain stably housed. Your information will never be used for any other purpose and your privacy will be respected at all times.

If you would like to fax these documents directly to the Center for Housing and Health, please fax to: (312)-334-0977
***ATTN: Emergency Financial Assistance Program/{Tenant Name}***

For any additional questions or concerns that you may have please reach out to:

Saúl Zepeda
Director, Housing Stabilization
Center for Housing & Health| 200 West Monroe St., Suite 1150 | Chicago, IL 60606
Direct: 312-334-0966 | Fax: 312-334-0977 | szepeda@housingforhealth.org

**Thank you very much for your cooperation and for your commitment to providing safe and affordable housing for your tenants!**

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

► Go to *www.irs.gov/FormW9* for instructions and the latest information.

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

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.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ 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.

☐ 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)

*(Applies to accounts maintained outside the U.S.)*

**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:

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. See the instructions for Part II, later.

**Sign Here** **Signature of U.S. person** ► **Date** ►

Center for Housing & Health

# EMERGENCY FINANCIAL ASSISTANCE
# Rental Agreement Form

| Date: | __ __/ __ __/ __ __ __ __ |
|---|---|

## RENTAL AGREEMENT:

Agreement between _____, Owner(s),
Print Owner(s) Name(s)

and _____, Tenant(s)
Print Tenant(s) Name(s)

for a dwelling located at:

| Address: | Address Line 2: |
|---|---|
| | |

| City: | State: | Zip Code: |
|---|---|---|
| | | |

Tenant(s) agree to rent this dwelling on a month-to-month basis for $_____ per month,
Monthly rent amount

Payable in advance on the _____ day of the calendar month,
Monthly due date

Beginning on __ __/ __ __/ __ __ __ __.
Start date of rental agreement

## ADDITIONAL EXPENSES/FEES:

The first month's rent for this dwelling is: $_____

| Tenant is responsible for making direct payments to utility companies for the following utilities: | | |
|---|---|---|
| **Electric:** | ☐ Yes, tenant is responsible for this utility | ☐ No, this utility is included in the unit's rent |
| **Heating:** | ☐ Yes, tenant is responsible for this utility | ☐ No, this utility is included in the unit's rent |
| **Cooking:** | ☐ Yes, tenant is responsible for this utility | ☐ No, this utility is included in the unit's rent |
| **Water:** | ☐ Yes, tenant is responsible for this utility | ☐ No, this utility is included in the unit's rent |
| **Garbage Removal:** | ☐ Yes, tenant is responsible for this utility | ☐ No, this utility is included in the unit's rent |

## SIGNATURES:

_____
Print Tenant Name

_____
Print Landlord Name

_____
Tenant Signature

_____
Landlord Signature

_____
Date

_____
Date

Center for Housing & Health

# EMERGENCY FINANCIAL ASSISTANCE
# Landlord Statement Form

| Date: | __ __ / __ __ / __ __ __ __ |
|---|---|

## TENANT INFORMATION:

| Tenant's First Name: | Tenant's Last Name: |
|---|---|
| | |

| Tenant's Address: | Address Line 2: |
|---|---|
| | |

| City: | State: | Zip Code: |
|---|---|---|
| | | |

| **Total Amount Due:** | $ |
|---|---|

## LANDLORD INFORMATION:

| Owner's Name or Management Company Name: | |
|---|---|

| Mailing Address: | Mailing Address Line 2: |
|---|---|
| | |

| City: | State: | Zip Code: |
|---|---|---|
| | | |

| Contact Person (Owner or legal representative of property): | |
|---|---|

| Contact Number: | ( __ __ __ ) __ __ __ - __ __ __ __ ext. _____ |
|---|---|

## LANDLORD SIGNATURE:

By signing below, I certify that I am the owner, or legal representative of the owner, of the property listed under "Tenant's Address" above, and that the information provided is true and accurate to the best of my knowledge.

_____ _____

Landlord Signature Print Landlord Name

## OFFICE USE ONLY:

*SERVICE MONTH(S) APPROVED:*

*AMOUNT APPROVED: $*

*FOR:*
- ☐ *PAST DUE RENT*
- ☐ *1ST & LAST MONTHS RENT*

*NOTES:*

*STAFF APPROVAL (INITIALS):*