



District of Columbia Housing Authority

1133 North Capitol Street, NE Ste. 100
 Washington, DC 20002-7599
 202-535-1000

Tyrone Garrett, Executive Director

LEASE-UP PACKAGE RECEIPT/CHECKLIST

TENANT INFORMATION

Name: _____
 Address: _____
 Phone: _____
 Program Type: _____

OWNER/LANDLORD INFORMATION

Name: _____
 Address: _____
 Phone: _____
 Email: _____

PROPOSED UNIT INFORMATION

Address: _____
 Proposed Rent: _____
 Proposed Security Deposit: _____
 Approved Rent Amount: _____

AGENT INFORMATION

Name: _____
 Address: _____
 Phone: _____
 Email: _____

LANDLORD/AGENT

REQUIRED DOCUMENTS

HCVP ONLY

- | | |
|--|---|
| _____ REQUEST FOR TENANCY APPROVAL (RFTA) EXECUTED (2 pages included) | <input type="checkbox"/> |
| _____ OWNER/LANDLORD INFORMATION (Check if new owner/agent <input type="checkbox"/>) | <input type="checkbox"/> (TIN Matched) |
| _____ PAYMENT INFORMATION FORM (2 pages included) | <input type="checkbox"/> (New Owner Set Up) |
| _____ COPY OF VOIDED CHECK (must be attached) | <input type="checkbox"/> (Verified) |
| _____ W-9 FORMS** if applicable (DCHA will confirm with the <u>IRS</u> .) | <input type="checkbox"/> |
| _____ Owner Payee Form** - (DCHA will confirm with the <u>Recorder of Deeds</u> .) | <input type="checkbox"/> |
| _____ COPY OF OWNER/AGENT PHOTO ID | <input type="checkbox"/> |
| <i>(If a management agreement is on file or provided, then we will accept a copy of the agent's company work ID. If there is no management agreement on file or provided, we will only accept a copy of the Owner's government issued ID). <u>We cannot accept an agent's driver's license without a management agreement.</u> This information is only required once. Owners/agents are responsible for updating DCHA when any ownership or management information changes and will be required to submit new documents with the updated information.</i> | |
| _____ INITIAL INSPECTION CHECKLIST FOR INSPECTIONS | <input type="checkbox"/> |
| _____ MANAGEMENT AGREEMENT if applicable | <input type="checkbox"/> |
| _____ LEAD BASED PAINT NOTICE executed (1 page included) | <input type="checkbox"/> |
| _____ COPY OF PROPOSED LEASE (that specifies utility responsibility) | <input type="checkbox"/> |
| _____ TENANT'S SELF-CERTIFICATION OF INTENT TO VACATE if applicable | <input type="checkbox"/> |
| _____ CURRENT WATERBILL W/ BALANCE OF \$50.00 OR LESS if applicable | <input type="checkbox"/> |
| _____ LEAD BASED PAINT DISCLAIMER NOTICE (Required) | <input type="checkbox"/> |

*This document certifies that you have submitted a completed Lease-Up Package and it is pending final approval.
 ** All information submitted must match that reflected in the IRS and Recorder of Deeds databases.
 The documents will be reviewed and a request for an inspection will be made. For any updates on package submittal, please contact your prospective landlord, then, if necessary, any HCVP Communication Clerk at 202.535.1500.

Effective 05/06/2011

Updated 10/2017

<p>HCVP Staff Accepting: _____</p> <p>Date Request Received: _____</p> <p>Date Request Denied: _____</p> <p>Emergency Documents Included: <input type="checkbox"/></p> <p>Transfer RFTA _____</p> <p>Initial RFTA _____</p>



Request for Tenancy Approval Packet

**Este documento se puede traducir. Para adquirir la versión traducida, por favor comuníquese al 202-535-1000.*

Welcome to the District of Columbia Housing Authority's Housing Choice Voucher Program (HCVP)

Below is a general time frame of the Lease-Up Process that will start at receipt of your complete RFTA Packet.
(Calculated in business days.)

START RFTA Submission

Owner or Voucher Holder submits a complete and accurate RFTA packet to DCHA

- Owners can upload the RFTA for immediate submission and track the entire lease up process at <https://dcha.hcvportal.org>.
- You may also submit your RFTA packet to DCHA's Central Office, 1133 N. Capitol St, NE, Washington, DC 20002

1 Scheduling Inspection

DCHA will schedule an initial, annual, or bi-annual inspection.

- You will receive a phone call and/or email informing you of the time and date of your inspection appointment.
- Owner or representative and participant should be present. Participants are required to be present at annual inspections.

2 Determining Eligibility

Information in the RFTA packet is used to determine the eligibility of the Owner or Property Manager

- DCHA verifies proof of ownership and management authorization. The approved contract rent for your unit will be determined at this step in the process. DCHA will approve the contract rent based off submarket rents.

3 Conducting Inspection

DCHA will conduct an inspection of the unit according to Housing Quality Standards

- The unit must be rent ready and complete RFTA packet submitted. DCHA will not proceed with your scheduled inspection without receipt of all required RFTA documents.
- If the inspection does not pass, you will be allowed 14 days to make repairs and pass a re-inspection. If the unit does not pass the re-inspection, DCHA will cancel the move process for this unit and a new RFTA packet will need to be submitted to initiate the first step in the process.

4 Contract Sent

DCHA sends the contract via the requested method (fax or e-mail) and we are waiting for the owner to sign the contract and return it with the corresponding lease

- If documents are not received within 10 days of our sending the contract, DCHA will cancel the move, and a new RFTA packet will need to be submitted to initiate the first step in the process.

5 Contract Execution

DCHA receives the signed contract and corresponding lease and sets up the account for payment

- DCHA will execute the contract with the owner and process payment by the next available check run.

Failure to submit correct and complete documents will results in delays.

DCHA Customer Service Call Center

Phone: (202) 535-1000

www.dchousing.org



Request for Tenancy Approval Packet

Quick, efficient processing of the Request for Tenancy Approval (RTA), Housing Quality Standards (HQS) inspection and Housing Assistance Payment (HAP) requires the prompt submission of this entire packet.

Note: The family should not move in to the unit until all of the following occur:

1. The unit passes inspection by DCHA
2. The rent amount is approved by DCHA and the owner
3. The lease and Housing Assistance Payment Contract is signed
4. Move-in date is approved by the assigned Housing Program Specialist

When you submit your RTA packet, you **must** include this page along with all of the documents listed in the checklist below.

Voucher Holder Name: _____ **Voucher #:** _____

Family Voucher Size: _____ **Does the family participate in DCHA's FSS program** Yes No

Owner/Owner Representative Name: _____

Are you a new Owner to DCHA? (check one) Yes No

If no, please provide your Owner #: _____

Owner: Have you screened your potential tenant? (check one) Yes No

Note: Tenant screening for suitability and reference checks are the owner's responsibility.

Required Documentation Checklist:

All required documentation **must** be complete and submitted before the request is sent to the Inspections Department. To protect the integrity of personal information, Property Owners/Managers may submit them separate from the RTA. For faster processing of your request, you can upload this RTA and other required documents using the Owner Portal at <https://dcha.hcvportal.org> or e-mail these documents directly to your assigned Housing Program Specialist listed on the Owner Portal.

Checklist for Required Documents:

- Copy of IRS Employer Identification Number (Corporations/LLC.)
- Copy of Deed (*only if the landlord is a new owner and/or the property is new to HCVP*)
- Owner/Agent Information (*check if new owner/agent*)
- Direct Deposit Payment Information
- Copy of Voided Check
- W-9 Forms (*if applicable, joint owner(s) must submit a separate W-9*)
- Copy of Owner/Agent Photo ID(s) (*If a Management Agreement is on file or provided, then DCHA will accept a copy of the agent's company work ID. If there is no Management Agreement on file or provided, we will only accept a copy of the Owner's government issued ID. We cannot accept an agent's driver's license without a management agreement. This information is only required once. Owners/agents are responsible for updating DCHA when any ownership or management information changes and will be required to submit new documents with the updated information.*)
Initial Inspection Checklist for Inspections
Management Agreement (*if applicable*)
- Lead Based Paint Notice & Disclosure (*total of 3 pages*)
- Tenant's Self Certification of Intent to Vacate (*if applicable*)
- Tenant's Current Water Bill w/ Balance of \$50.00 or less (*if applicable*)
- District of Columbia Tenant Rights Form

DCHA Customer Service Call Center

Phone: (202) 535-1000

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1133 North Capitol Street, NE Ste. 100
Washington, DC 20002-7599
202-535-1000

Tyrone Garrett, Executive Director

WHAT HAPPENS IF DCHA DISCOVERS POTENTIAL LEAD PAINT HAZARDS DURING AN INSPECTION?

Pursuant to HUD regulations, any units that are to be used as housing for our client families must be inspected and passed by the Inspections Department of the District of Columbia Housing Authority (DCHA).

An initial inspection is scheduled after a lease-up packet is submitted through our owners' portal. HCVP now conducts our lease-up packet reviews and inspections simultaneously in order to facilitate a quick, efficient process for both Landlords and our client families. That means that while our specialists are reviewing your documentation for completeness, we are moving forward with making sure that your unit passes our HQS standards. HCVP conducts various types of inspections, so an inspection of an occupied unit can occur at varying times and focus on different things.

INITIAL INSPECTIONS FOR NEW UNITS OR FAMILIES TRANSFERING TO NEW UNITS

If at any time during this process, the *unit fails its initial inspection* because a visual assessment indicated evidence of possible lead paint hazards, both the Landlord of this new unit and our client family will be notified via letter. The letter explains that the Landlord is allowed a short window of time (14 days) within which to address items noted in the visual assessment, after which time a re-inspection will be scheduled. While the document review piece will continue, the rest of the process stalls during this 14 day window (inspections, rent calculations, etc.). Assuming the unit passes this re-inspection, the lease-up process will resume in full.

If however, the *unit fails the re-inspection and/or the packet was not completed*, the packet will be cancelled and the entire process stops and we will recommend that the client family identify an alternative unit. To pass re-inspection, the Landlord must complete the entire lead paint hazard correction process and provide HCVP with a clearance report from a firm or worker certified by the District of Columbia Department of the Energy and the Environment (DOEE). This means that the unit must pass re-inspection and the packet must be completed in order for the process to resume.

INSPECTIONS IN UNITS THAT ARE ALREADY OCCUPIED BY AN HCVP FAMILY

If a visual assessment shows evidence of possible lead paint hazards after a client family has already moved into or is occupying the unit, HCVP recommends that both the Landlord and client family review lease terms for each party's responsibilities during this time (including whether the Landlord needs to pay for temporary housing during the correction period). If the *Landlord successfully reduces the lead paint hazards in the unit by our deadline*, then the client family's housing in this unit will remain undisturbed. In other words, client families can remain in or return to their unit and all payments and requirements originally in place remain intact.

If, however, the *Landlord is unable to meet our deadline for properly addressing the lead paint hazard*, DCHA may suspend doing business with that Landlord and stop making HAP payments to them. If that occurs, the client family will be issued an emergency transfer voucher so that they can move to another unit.

DCHA does not have the authority to pay any subsidy on a client family's behalf during the HAP abatement period. If the unit does not pass re-inspection before the HAP Contract terminates (the date will be included in your notice letter), and the family chooses to remain in the unit, that family will convert to a market rate tenant and be responsible for the entire rent amount as per the lease. All HCVP participating Landlords have been notified to follow the District of Columbia rental laws that govern further rent collection and/or legal eviction remedies after the contract termination date.

Client families that reside in a moderate rehabilitation (MOD), single room occupancy (SRO) or project-based (PB) unit should speak with a CAD representative for questions.

A COMPLETED LEASE-UP PACKAGE INCLUDES THIS NOTICE WHICH MUST BE SIGNED BY BOTH THE LANDLORD AND CLIENT. IF THIS NOTICE IS NOT SIGNED BY BOTH PARTIES, THE PACKET WILL BE CANCELLED.

I, _____ (HCVP Client/Head of Household), acknowledge that I have read and
(Print name)
understood all of the Lead Paint Hazard information contained in this notice.

Signature

Date

I, _____ (Landlord/owner/Agent), acknowledge that I have read and
(Print name)
understood all of the Lead Paint Hazard information contained in this notice.

Signature

Date

Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards

Lead Warning Statement

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.

Lessor's Disclosure

(a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

(i) _____ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

(ii) _____ Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the lessor (check (i) or (ii) below):

(i) _____ Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

(ii) _____ Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Lessee's Acknowledgment (Initial)

(c) _____ Lessee has received copies of all information listed above.

(d) _____ Lessee has received the pamphlet *Protect Your Family from Lead In Your Home*.

Agent's Acknowledgment (Initial)

(e) _____ Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4852d and is aware of his/her responsibility to ensure compliance.

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

_____ Lessor	_____ Date	_____ Lessor	_____ Date
_____ Lessee	_____ Date	_____ Lessee	_____ Date
_____ Agent	_____ Date	_____ Agent	_____ Date

Request for Tenancy Approval Housing Choice Voucher Program

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0169
(exp. 4/30/2014)

Public reporting burden for this collection of information is estimated to average .08 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection. Eligible families submit this information to the Public Housing Authority (PHA) when applying for housing assistance under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The PHA uses the information to determine if the family is eligible, if the unit is eligible, and if the lease complies with program and statutory requirements. Responses are required to obtain a benefit from the Federal Government. The information requested does not lend itself to confidentiality.

1. Name of Public Housing Agency (PHA)			2. Address of Unit (street address, apartment number, city, State & zip code)			
3. Requested Beginning Date of Lease	4. Number of Bedrooms	5. Year Constructed	6. Proposed Rent	7. Security Deposit Amt.	8. Date Unit Available for Inspection	

9. Type of House/Apartment

Single Family Detached
 Semi-Detached / Row House
 Manufactured Home
 Garden / Walkup
 Elevator / High-Rise

10. If this unit is subsidized, indicate type of subsidy

Section 202
 Section 221(d)(3)(BMIR)
 Section 236 (Insured or noninsured)
 Section 515 Rural Development

Home
 Tax Credit

Other (Describe Other Subsidy, including Any State or Local Subsidy) _____

11. Utilities and Appliances
The owner shall provide or pay for the utilities and appliances indicated below by an "O". The tenant shall provide or pay for the utilities and appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and appliances provided by the owner.

Item	Specify fuel type					Provided by	Paid by
	<input type="checkbox"/> Natural gas	<input type="checkbox"/> Bottle gas	<input type="checkbox"/> Oil	<input type="checkbox"/> Electric	<input type="checkbox"/> Coal or Other		
Heating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Water Heating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other Electric							
Water							
Sewer							
Trash Collection							
Air Conditioning							
Refrigerator							
Range/Microwave							
Other (specify)							

12. Owner's Certifications.

a. The program regulation requires the PHA to certify that the rent charged to the housing choice voucher tenant is not more than the rent charged for other unassisted comparable units. Owners of projects with more than 4 units must complete the following section for most recently leased comparable unassisted units within the premises.

	Address and unit number	Date Rented	Rental Amount
1.			
2.			
3.			

b. The owner (including a principal or other interested party) is not the parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving leasing of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

c. Check one of the following:

Lead-based paint disclosure requirements do not apply because this property was built on or after January 1, 1978.

The unit, common areas servicing the unit, and exterior painted surfaces associated with such unit or common areas have been found to be lead-based paint free by a lead-based paint inspector certified under the Federal certification program or under a federally accredited State certification program.

A completed statement is attached containing disclosure of known information on lead-based paint and/or lead-based paint hazards in the unit, common areas or exterior painted surfaces, including a statement that the owner has provided the lead hazard information pamphlet to the family.

13. The PHA has not screened the family's behavior or suitability for tenancy. Such screening is the owner's own responsibility.

14. The owner's lease must include word-for-word all provisions of the HUD tenancy addendum.

15. The PHA will arrange for inspection of the unit and will notify the owner and family as to whether or not the unit will be approved.

Print or Type Name of Owner/Owner Representative		Print or Type Name of Household Head	
Signature		Signature (Household Head)	
Business Address		Present Address of Family (street address, apartment no., city, State, & zip code)	
Telephone Number	Date (mm/dd/yyyy)	Telephone Number	Date (mm/dd/yyyy)



District of Columbia Housing Authority

1133 North Capitol Street, NE Ste. 1
Washington, DC 20002-75
202-535-10

Adrienne Todman, Executive Director

HOUSING CHOICE VOUCHER PROGRAM
Property Owner/Agent Information Form

REQUEST FOR: (PLEASE CHECK)

- Request for: New Landlord/Agent, Tax ID/SSN Correction, Change in Contact Information, New Owner

CHECKLIST

- Complete this Form, Submit Management Agreement (if applicable), Provide a Copy of the Deed, Obtain Signature of Deed Holder OR (notarized) Release Form, List all Addresses to which the deed applies, Attach Photo Identification to Match Each Signature, Provide certified letter of authorized signer, on behalf of the organization. (LLC or LP only)

A. Rental Property Address: (If Multiple Please List Units Only)

Blank lines for entering rental property addresses.

B. PAYEE INFORMATION OR AGENT INFORMATION (USED AS MAILING ADDRESS)

Form for payee/agent information including fields for Company Name, Tax ID, Payee Name, Address, Cell Number, Evening Number, Daytime Number, Fax Number, Email Address, and SSN.

C. OWNER INFORMATION

Form for owner information including fields for Company Name, Payee Name, Address, Cell Number, Daytime Number, Evening Number, Fax Number, Tax ID, and SSN.

Please note: If you choose to use a P.O. Box as your mailing address, you must also provide us with a street address. This address will not be disclosed to anyone other than employees of DCHA.

Owner/Agent Signature, Joint Owner, and Street Address fields.

**DISTRICT OF COLUMBIA HOUSING AUTHORITY
AUTHORIZATION AGREEMENT FOR EFT/DIRECT DEPOSIT**

PLEASE READ THIS ENTIRE FORM CAREFULLY AND WRITE CLEARLY

If you have just set up a new account at the bank you wish to use, you must first:

1. Find out if they accept direct deposits. Verify the bank's transit number and your account number
2. Notify the bank that you are going to set up a direct deposit to receive checks from the District of Columbia Housing Authority. Ask if there is anything else required.

PLEASE CHECK THE ACTIONS BELOW THAT APPLIES TO THIS TRANSACTION

- I am cancelling a previous direct deposit account set up with DCHA.
(Complete C below)
- I want to set up a new direct deposit account with DCHA (Complete A, B, and C)
- I have an account already set up with DCHA, but want to replace it with a new account (Complete A, B, and C)

A. Bank Name: _____

B. ABA/Transit Number: _____

(Nine digit number on the bottom of check or deposit slip)

C. Bank Account Number: _____

Checking Account Savings Account

•DIRECT DEPOSIT REQUEST TO A SAVINGS ACCOUNT MUST INCLUDE FORM PROVIDED DIRECTLY FROM BANK

•YOU MUST INCLUDE A VOIDED CHECK FOR CHECKING ACCOUNT DEPOSITS - NO STARTER CHECKS

•YOU MUST PROVIDE A COPY OF YOUR PHOTO ID

As a housing provider with the DCHA, I hereby authorize the District of Columbia Housing Authority to make subsidy payments, or deductions for any payments made to me in error to my account designated above. I also certify that I am in compliance with, and are following all rules and regulations that accompany these payments in accordance with my Housing Assistance Payments (HAP) Contract issued by DCHA. I understand that submitting fraudulent information may subject me to a fine and/or imprisonment. Stat. 18 U.S.C. 1001

SSN/Tax ID Number _____

Print Name: _____

Signature: _____

Date: _____

Print Name: _____

Signature: _____

Date: _____

•For any changes in your banking information, please notify the DCHA Quality Assurance Department immediately at 202-535-1000

REVISED 4/2014



UTILITY INFORMATION FORM

The Department of Human Services (DHS) and The Community Partnership (TCP) require utility and appliance information for all subsidized units. Complete this form for the unit listed below. This form must be completed in order to provide the correct subsidy information.

UNIT ADDRESS:

NUMBER OF BEDROOMS:	
YEAR BUILDING CONSTRUCTED:	
PROPOSED MONTHLY RENT:	\$

TYPE OF UNIT - (Check the appropriate unit type):	
GARDEN/WALKUP	
ELEVATOR/HIGH RISE	

UTILITY RESPONSIBILITY CHART

This chart identifies the party responsible for paying specific utilities and providing appliances related to the unit. Complete the chart by inserting the letter "T" in the box if the Tenant is responsible for a specific utility or appliance. Insert the letter "L" in the box if the landlord is responsible for a specific utility or appliance.

TYPE OF UTILITY/APPLIANCE	IDENTIFY TYPE OF FUEL		PROVIDED BY	PAID BY
	NATURAL GAS	ELECTRIC		
HEATING				
COOKING				
WATER/HEATING				
OTHER ELECTRIC				
WATER				
SEWER				
TRASH COLLECTION				
AIR CONDITIONING				
REFRIGERATOR				
RANGE/MICROWAVE				

LANDLORD/PROPERTY MANAGER SIGNATURE	DATE
--	-------------

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.

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; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. 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. <input type="checkbox"/> Other (see instructions) ▶ _____ <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.)	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 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 instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number												
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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 on page 3.

Sign Here

Signature of U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

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?* on page 2.

By signing the filed-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?* on page 2 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 Publication 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 28% 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 Part II instructions on page 3 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* on page 3 and the separate instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

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* on page 3 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, list first, and then circle, the name of the person or entity whose number you entered in Part I of 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(o)(2)(ii). 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 in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.
Limited Liability Company (LLC). If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 9832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in 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.

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. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), 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 the chart on page 4 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. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

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 items 1, 4, or 5 below indicate 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), 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)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ¹
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor ¹
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ¹
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. 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
14. 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.

² 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* on page 2.

*Note. 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 Publication 4535, *Identity Theft Prevention and Victim Assistance*.

Victims of identity theft who are experiencing economic harm or a system 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 email. 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 1-800-368-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov 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 3408, 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.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HUMAN SERVICES



Family Services Administration
Homeless Services

SAMPLE Unit Viewing Form

I _____ have been offered the unit located at
Client Name (Please print)

_____ on
Address

Date

DHS has informed me that I can independently search for my own unit. I understand that the unit must pass the required housing inspection by the District of Columbia Housing Authority and must meet the Rent Reasonableness Standard.

After being offered this unit:

- I decline this unit
- I do not want to view this unit and therefore decline it
- I accept this unit and want to lease it
- I found this unit through my own research and I accept this unit and want to lease it
- I have decided to remain in my current unit (Unit Conversion)

Client Signature

Date

Update Client contact information

Witness Name (printed) and Signature (If Client Refused to Sign)

Date



DISTRICT OF COLUMBIA HOUSING AUTHORITY HOUSING CHOICE VOUCHER PROGRAM

1133 North Capitol Street, NE, Washington, DC 20002

202-535-1000

Adrienne Todman, Executive Director

HCVP HQS MOVE-IN INSPECTION CHECKLISTS FOR LANDLORDS

Submission Date: _____
Addressed of Proposed Unit: _____
Proposed Tenant Name: _____
Owner of Record: _____
Pre-Inspection Completed by: _____ Date: _____

Each unit to be rented in the Housing Choice Voucher Program (HCVP) **MUST** pass a Housing Quality Standards (HQS) Inspection: The checklist below is a tool for owners/landlords to prepare their unit for a HQS inspection. This checklist highlights some of the **COMMON** violations found during unit inspections. The items on this checklist must be working or completed prior to the HQS inspection. Please check all conditions that apply.

General:

- The Unit must be empty/vacant from previous tenant and free and clear of all furnishing and debris.
- There must be working smoke detectors properly mounted on each level of the unit including the basement and walk-up attics.
- All construction/rehabilitation (painting, carpet replacement, etc.) must be completed.
- The entire unit must be freshly painted.
- Utilities (water, gas, electric) must be turned on for the completion of the inspection.
- No chipping or peeling paint, cracks, holes or loose plaster inside or outside the unit.
- Interior and exterior wood surfaces shall be properly painted and kept intact at all times.
- There must not be a permanently installed working heating system.
- The hot water heater tank must have a temperature pressure relief valve with downward discharge pipe made of galvanized steel or copper tubing that is between six (6) inches to eight from the floor or directed outside to the unit (no PVC). CPVC is acceptable.
- There must not be any plumbing leaks.
- All plumbing fixtures must have P-traps to prevent sewer gas from leaking into the unit.
- The floor covering cannot be torn or have holes that can cause someone to trip. Carpets, if installed shall be clean and free of stains.
- All electrical outlets/switches must have cover plates and be in good working condition.
- All ground fault circuits interrupters (GFCIs) must work properly.
- All ground floor windows and exterior doors shall open and close as designed and must have working locks. Double keyed dead bolts are not allowed.
- All security bars and windows must have a quick release mechanism.
- All sliding glass doors must have a lock or security bar on the door that works.
- Each living space must have two means of egress (i.e. door and window).
-



DISTRICT OF COLUMBIA HOUSING AUTHORITY HOUSING CHOICE VOUCHER PROGRAM

1133 North Capitol Street, NE, Washington, DC 20002

202-535-1000

Adrienne Todman, Executive Director

- Windows and doors shall be weather tight with glass, free of cracks to prevent wind, air, and/or rain penetration.
- No room which contains a furnace, open flame heating unit without proper ventilation or gas meter is designated as a bedroom.
- Bedrooms must have at least seventy (70) square feet of floor space and a separate entrance without going through another bedroom.

Kitchen/Bath

- Stove must be clean and in working order and secured.
- Refrigerator must be clean and in working order and with a good door seal.
- Hot and cold running water in kitchen and the bathroom(s).
- There must be a shower or bathtub that works.
- There must be a flush toilet that works, securely mounted and does not leak.
- The bathroom must have either an outside window or an exhaust fan vented to the outside.
- There must not be any plugged drains (check for slow drains).

Exterior

- House or apartment shall be properly numbered with proper illumination (lighting).
- There must be stepping stones or a walkway to the unit.
- The roof must not leak. Indications of a leak are discolorations or stains on the ceiling.
- All common all ways, walk ways, and parking areas must be free of cracks and tripping hazards and properly illuminated.
- Weeds and grass shall be less than four (4) inches in height.
- All units shall have adequate garbage containers with covers.
- Four or more exterior stairs must handrails 34 inches to 38 inches from the ground.
- Walk offs or porches 30 inches above ground must have guard rails 36 inches from the ground.

I, as the owner/agent/landlord of the property hereby acknowledge that all applicable conditions above have been checked and are in compliance with Housing Quality Standards (HQS). By signing this form I understand that if HCVP conducts and Initial Inspection of this unit and finds any of the above conditions are in compliance—HCVP has the right to CANCEL unit inspection and Request for Tenancy Approval. If inspection is cancelled, HCVP will not schedule a re-inspection and will require family to search for a new unit.

Owner/Agent/Landlord: _____ Date: _____
(Please Circle One) SIGNATURE

Owner/Agent/Landlord: _____
(Please Circle One) (PRINT NAME)

This checklist covers the majority of violations that cause a unit to fail. For additional information on what will bring your unit to code, please refer to the DCMR TITLE 14, HUD Housing Quality Standards (HQS) guidelines, and BOCA National Property Maintenance Code. If you have any questions or concerns, please call 202-535-1000 and ask for the Inspections Department.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Energy and Environment

Lead-Safe and Healthy Housing Division
Lead Compliance & Enforcement Branch

TENANT RIGHTS UNDER THE DISTRICT'S LEAD LAW
(for tenants in rental housing built before 1978)

As a tenant in the District of Columbia, you are entitled to live in a property that is free of lead-based paint hazards, including in common areas, such as halls and laundry rooms. A lead-based paint hazard exists if peeling, chipping, or otherwise deteriorating paint conditions are present. A lead-based paint hazard can also exist if there are tiny lead particles mixed into household dust, or into bare soil in a yard at the property.

Rights that you have as a tenant under any other District of Columbia law are not affected in any way by your rights under this Lead Law.

YOUR RIGHTS BEFORE SIGNING A LEASE

Before you sign any lease to rent in the District of Columbia, your landlord must give you a Lead-Based Paint Hazard Disclosure Form, and if a member of your household is a child who is less than six (6) years old, or a pregnant woman, the landlord must also give you a Clearance Report that is dated no more than twelve (12) months before your move in date. A Clearance Report is a document that states that your home has been checked for lead-based paint hazards, and that none were found.

YOUR RIGHTS UNDER THE LEAD LAW AFTER YOU MOVE IN

If a member of your household or someone who regularly visits you is either a child who is less than six (6) years old or a pregnant woman, you may ask your landlord, in writing, to give you a Clearance Report. The landlord then has 30 days to give you a Clearance Report that is no more than twelve (12) months old. A Clearance Report is a document that states that your home has been checked for lead-based paint hazards, and that none were found.

If you see paint that is chipping or peeling, you should notify your landlord about the condition. It is against the law to have peeling, chipping, or other deteriorating paint in any home built before 1978. If your landlord doesn't repair the paint or in repairing the paint, doesn't do the work safely, then you can call the Department of Energy and Environment (DOEE) at 202-535-1934 to make a complaint. A lead specialist will follow up and contact you to discuss the situation and determine if a DOEE lead inspection is appropriate.

If the DC Government finds a lead-based paint hazard in your home, DOEE will order your landlord to eliminate the hazard and will follow up to make sure the repair work gets done according to DC lead regulations. Your other rights under the District's Lead Law include:

A. Protection against retaliation by your landlord

Your landlord may not evict or otherwise punish you just because you have used any of the rights discussed in this notice.

B. Conditions under which your landlord or his employee or agent, may enter your unit

As a tenant, you must allow the landlord to have access to your home at reasonable times for work related to lead-based paint hazards. The landlord must give you advance notice in writing, at least 48 hours before the landlord wants to enter for work related to lead-based paint hazards. The advance notice must:

- Describe the work that will be done in your unit, including the specific location of where the work will occur;
- Explain how the landlord proposes to separate the work area(s) from the rest of the unit, to eliminate the possibility of dust or debris spreading outside the work area(s); and
- State when the work may begin and when it is expected to end.

C. Procedures governing refusal to let the landlord have access to do the lead work in your unit

If you refuse to allow the landlord or his or her agent or employee access to your home to do lead related work or do a lead inspection, and you have already received an official DOEE government property access form, that has been properly signed and dated, the landlord may not be required to continue lead-based hazard work on your property and will be considered to be in compliance with the law.

The only reasons for refusing to allow a landlord to have access to your home that are valid are the following:

- You had a reasonable basis for refusing access because the person to do the work was not properly certified to do the work; or
- You offered the landlord a reasonable alternative for a time to gain access and the landlord rejected the reasonable conditions.

If you refuse your landlord or its agent access to your home without a valid reason and all of the notice requirements have been met, a warrant to enter your home may be issued by the Superior Court.

D. Requirement for lead-safe work practices

Workers removing lead hazards from the unit must follow “lead-safe work practices” and so must anyone who does maintenance, repair, or renovation work that involves drilling, sawing, or otherwise disturbing paint. These are work performance standards that are regulated by the Government.

E. Access to Lead Reports

You have a right to review and photocopy any reports that your landlord has, relating to lead conditions about the building you live in. Property owners must make these reports accessible to

tenants and to tenants' agents, at reasonable hours and at a location reasonably close to the property.

F. Temporary moves

Due to the seriousness of any identified lead-based paint hazards that may be found in your home, the DC Government may require that you temporarily move, to protect any child under six years of age or a pregnant woman living in your household from possible exposure to lead. The cost of the temporary move will be paid for by the landlord. The temporary move would last until all lead-based paint hazards are taken care of in your home, and you've had a reasonable amount of time to move back to your home. The Government must give you an "Order to Relocate" notice within five (5) days of the date before the work to remove the lead begins.

YOUR RIGHTS REGARDING TEMPORARY MOVES, IF REQUIRED DURING WORK ON YOUR UNIT

If the DC Government requires you to move in order to protect you or members of your household from the effects of exposure to lead-based paint hazards, you have the following rights:

- You have the right to a 14-day written notice that indicates when you are being asked to temporarily move, unless you agree to move sooner or the District Government decides that shorter notice is necessary because of health-threatening emergency conditions in your unit.
- You have the right to be temporarily relocated into a comparable, safe unit in the same building where you live, if one is available. If no units are available, the landlord must make all reasonable efforts to move you to a safe place in the same school district or ward that your unit is located in, and near public transportation if possible.
- You have the right to make your own arrangements for a temporary home, instead of moving to the one your landlord chooses for you. Your landlord still has to pay for reasonable relocation expenses.
- You have the right to receive a written, signed statement on a DOEE-issued right to return form completed by the owner/agent and move back home from the temporary location as soon as the lead hazard elimination work is done and the unit has passed a clearance examination, without an increase in rent or any other changes to the lease.
- You have the right to receive a copy of the Clearance Report and written, signed and dated Clearance Acknowledgement before returning to your unit, to document that the lead-based paint hazards and underlying conditions that contributed to them have been eliminated from your unit.

**If you have any questions about your rights,
please call the Office of the Tenant Advocate, at (202) 719-6560**

Owner or Agent's Signature

Date

Prospective or Current Tenant's Signature

Date

Property Address