



# GILA RIVER INDIAN COMMUNITY

## Department of Community Housing

### ATTENTION:

#### **FY2020 URBAN RENTAL ASSISTANCE PROGRAM APPLICANTS**

Due to the COVID-19 Pandemic, effective Monday, July 6, 2020, the Department of Community Housing has taken precautionary measures to help prevent the spread of the virus. The following requirements have been implemented to ensure the health, safety and welfare of our applicants and employees.

- The Urban Rental Assistance Program (URAP) will be taking appointments for all URAP applicants. Appointments will be scheduled beginning Monday, June 15, 2020. Please call (520) 562-3904 to schedule an appointment. DCH-URAP will begin intakes on Monday, July 6, 2020 from 8:30am to 3:00pm, Monday through Friday. **NO WALK IN'S, WILL BE ACCEPTED.** Please have **ALL** required documents and the application **completed** at the time of your appointment. All incomplete applications will be returned to the applicant.
- Only the Head of Household will be allowed into the office.
- Personal Protective Equipment (PPE) i.e., face mask, will be required for all visitors. DCH will require visitors to wear their own mask at all times during their visit.
- Visitors will be required to complete a health-screening questionnaire and temperatures will be taken as they arrive.
- Practice Social Distancing by keeping six (6) feet between yourself and other people. The lobby has been re-arranged to meet social distancing requirements.
- If you are sick, feeling sick or are caring for a sick person please remain at home.



# Gila River Department of Community Housing Urban Rental Assistance Program



**Up to \$300 per month rental subsidy for qualified applicants**

The Department of Community Housing (DCH) has identified a need to assist low-income Gila River Indian Community (GRIC) members who reside off Reservation on the Pinal & Maricopa County areas.

The number of rental units currently available in the Community is insufficient to meet the current demand for housing, rental or homeownership. To address the need for rental assistance, DCH has established the Urban Rental Assistance Program (URAP) for families who are renting a house or apartment (Homeowners do not qualify).

## **To qualify:**

- ◇ Be at least 18 years old on the date the application is submitted.
- ◇ Must reside in Pinal or Maricopa County, portions that are not part of GRIC.
- ◇ Applicants name **must appear on the lease agreement as the primary head of household**. Co-Signed leases are not eligible for assistance.
- ◇ Applicant **must pass a background check**.
- ◇ Applicants currently under any **Section 8 Program or any other Federally Funded Program are ineligible**. This includes room and board received for education purposes.
- ◇ Must meet 80% of the median gross family income requirement. (per HUD Yearly AMI Chart)
- ◇ Rent must not exceed 30% of monthly adjusted household income.
- ◇ Must be in an existing apartment/house lease, current in rent payments and have a good tenant history.
- ◇ **Current GRIC CDIB for head of household and tribal ID for ALL other members in the household.**

**Applications can be downloaded from [www.mygilariver.com](http://www.mygilariver.com)**

**Opens: Wednesday, JULY 6, 2020 - Closes: Thursday, JULY 31, 2020**

**APPLICATIONS WILL BE TAKEN BY APPOINTMENT ONLY, PLEASE CALL OUR OFFICE TO SCHEDULE**

**Due to the COVID-19 Pandemic, DCH has taken precautionary measures (See Attached)**

**ONLY COMPLETE APPLICATIONS WILL BE ACCEPTED**

Currently funded URAP participants must reapply to be considered for future funding, funding status does not carryover nor does the waiting list, all lists will terminate September 30, 2021.

**For questions or for more information please contact  
Amber Martinez or Debra Marrietta at (520) 562-3904  
E-mail: [amber.martinez.dch@gric.nsn.us](mailto:amber.martinez.dch@gric.nsn.us) or [debra.marrietta@gric.nsn.us](mailto:debra.marrietta@gric.nsn.us)**

*The URAP is not a guaranteed program and is subject to change in accordance with the yearly Indian Housing Plan.*





## CHECKLIST FOR URBAN RENTAL ASSISTANCE PROGRAM FY2021

(October 1, 2020 – September 30, 2021)



Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**DEADLINE is July 31, 2020 at 5:00 PM. No exceptions.**

A check list for your convenience; please have all ID's & Income Statements copied and sign all Forms when handing in your URAP application. The Policy for this Program is attached, please remove from application and keep for your use.

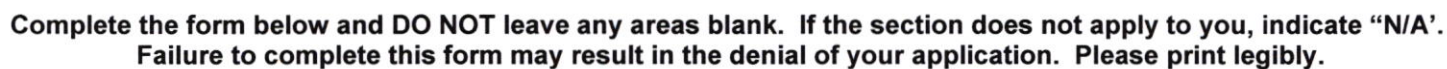
- ☐ URAP Application completed and signed.
- ☐ **Background Check-Applicant Only**
- ☐ Copy of Applicant's Current lease agreement, **month to month will not be accepted.**
- ☐ Current Certificate of Indian Blood for head of household, **not more than 30 days old.**
- ☐ AZ Drivers License, State or Tribal ID for all members 18 years and older.
- ☐ Social Security Cards for **all members** (Statements from Social Security will NOT be accepted)
- ☐ Birth Certificates for **all member's 17 years and younger.**
- ☐ Proof of Guardianship, Power of Attorney and/or legal documents establishing custody arrangements for children placed in the Applicants home.
- ☐ Income Verification-most recent employment check stub, Public Assistance (AFDC, GA, etc.), SSI, Retirement, Survivors Benefits, Per Capita payments, unemployment compensation and/or unemployment form, not more than 30 days old. **(Food Stamps, Child Support and Education Assistance are not considered income) All verification forms MUST BE SIGNED BY ALL HOUSE HOLD MEMBERS OVER 18 YEARS OF AGE.**
- ☐ Any household member 18 years old & over & unemployed, must sign an unemployment form
- ☐ **Completed and signed URAP Contract**
- ☐ W-9 form must be filled out by Landlord (use **ONLY** the form attached W-9 rev. 12/14)
- ☐ Sign Release of Authorization/Consent Form-All members 18 yrs. and older

**Please make additional COPIES of forms as needed.**

**ONLY COMPLETE APPLICATION PACKETS WILL BE ACCEPTED**

If ALL forms are not signed by all 18 yrs. or older this will be considered an  
INCOMPLETE APPLICATION and unacceptable.

If you have any questions call:  
(520) 562-3904



<b>Section I – Head of Household Information</b>	
Applicant Name: _____	Date: _____
Physical Address: _____ _____	Mailing Address: _____ _____
# of Bedroom _____	County Residing _____
Day Phone # : _____	Cell Phone # : _____
E-mail address: _____	

Section II – Household Composition						
HH Mbr.	Last Name	First Name & MI	Relationship	DOB	Age	SSN
1			HOH			
2						
3						
4						
5						
6						
7						
8						

Section III – Gross Annual Income						
HH mbr. # from above.	Name of Business	Business Address	Employment or Wages	Social Security/ Pensions	Public Assistance	Other Income
		Totals	\$	\$	\$	\$

Application Page 1





**GILA RIVER INDIAN COMMUNITY**  
DEPARTMENT OF COMMUNITY HOUSING  
APPLICATION FOR RENTAL ASSISTANCE FOR URBAN COMMUNITY MEMBERS



Have you ever lived in any subsidized housing program before? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please indicate when and where: \_\_\_\_\_

Do you have an application with District Housing Development or DCH to move into the Community?  
Yes \_\_\_\_\_ No \_\_\_\_\_

In the last five (5) years, have you gone by any other name? Yes \_\_\_\_\_ No \_\_\_\_\_

If you checked yes, please list: \_\_\_\_\_

Are you or any member of your household a registered sex offender? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you or any member of your household have any criminal records, including drug arrests, violent crimes, etc.? Yes \_\_\_\_\_ No \_\_\_\_\_

Provide previous landlord (DO NOT list relatives)

\_\_\_\_\_  
Landlord Name Address: \_\_\_\_\_  
\_\_\_\_\_

**Section IV - Disabled / Handicapped / Veteran Status**

*Must provide proof of disability, handicap and/or Veteran status.*

- A. Member(s) Disabled: \_\_\_\_\_
- B. Member (s) Handicapped: \_\_\_\_\_
- C. Member(2) in Military Service: \_\_\_\_\_

**Section V – Rent Information**

Landlord/Complex Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_ Fax Number : \_\_\_\_\_

E-mail address: \_\_\_\_\_

Current rent amount: \_\_\_\_\_ Lease term, begins on: \_\_\_\_\_ Ends on: \_\_\_\_\_

**Billing Address (if different from landlord address):**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

**■ A copy of the current lease agreement will be required with the application ■**

**Section VI – Household Certification & Signature**

I understand that this application is not a contract and does not bind either party. The abovementioned information is true and accurate to the best of my knowledge and belief. I have no objectives to inquiries being made for the purpose of verifying the statements herein. The undersigned further understands that providing false representations herein constitutes an act of fraud. False misleading or incomplete information shall result in the termination of assistance.

\_\_\_\_\_  
Print Name:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# GILA RIVER INDIAN COMMUNITY

## Department of Community Housing BACKGROUND CHECK



The Gila River Department of Community Housing will conduct a criminal background check on Head of household listed on the application.

1. Have you ever lived in any subsidized housing program before? Yes \_\_\_\_ No \_\_\_\_  
If you answered yes, please indicate where and when: \_\_\_\_\_
2. Most recent Landlord [do not list relatives] Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone #: \_\_\_\_\_
3. Please list past three years of residency:  
1) \_\_\_\_\_  
2) \_\_\_\_\_  
3) \_\_\_\_\_
4. Have you or any member of your household ever been evicted? Yes \_\_\_\_ No \_\_\_\_  
Where? \_\_\_\_\_  
Please Explain Why: \_\_\_\_\_
5. Have any prior judgments? Yes \_\_\_\_ No \_\_\_\_
6. Or been a part of a household that has been evicted? Yes \_\_\_\_ No \_\_\_\_  
If you answered yes under questions 5 & 6 please Explain:  
\_\_\_\_\_  
\_\_\_\_\_
7. In the last five years, have you used any other name? Yes \_\_\_\_ No \_\_\_\_  
Please indicate: \_\_\_\_\_
8. Are you or any member of your household a registered sex offender? Yes \_\_\_\_ No \_\_\_\_
9. Do you or any member of your household have any criminal records? [Including any drug arrests or violent crimes]? Probation? Case pending in court? Yes \_\_\_\_ No \_\_\_\_  
Please indicate: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Name [print]

Date

Signature

D.O.B: \_\_\_\_\_

S.S.N: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

\_\_\_\_\_ Background Approved \_\_\_\_\_ Background Failed

Interviewed by: \_\_\_\_\_  
Name

Title: \_\_\_\_\_

Date: \_\_\_\_\_





## GRIC - DEPARTMENT OF COMMUNITY HOUSING

P.O. Box 528, 136 South Main Street  
Sacaton, Arizona 85147-0528  
Phone: (520) 562-3904 Fax (520) 562-3927



### APPLICANT/RESIDENT CERTIFICATION

I/We certify that the information given to the D.O.C.H. on household composition, income, net family, assets, citizenship status, allowances and deductions or any other information submitted is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

\_\_\_\_\_  
SIGNATURE OF HEAD OF HOUSEHOLD

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF SPOUSE

\_\_\_\_\_  
DATE

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hot Line at 800-424-8590. (Within Washington, D.C. Metropolitan area, call 426-3500).

\*After verification by this Housing Agency, the information will be submitted to the Department of Housing and Urban Development on Form HUD-50058 (Resident Data Summary), a computer-generated facsimile of the form or on a magnetic tape.

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the U.S. as to any matter within its jurisdiction.



## GRIC - DEPARTMENT OF COMMUNITY HOUSING

P.O. Box 528, 136 South Main Street  
 Sacaton, Arizona 85147-0528  
 Phone: (520) 562-3904 Fax (520) 562-3927



**CONSENT:** I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to **GRIC- DEPARTMENT OF COMMUNITY HOUSING** any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

**INFORMATION COVERED:** I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include but are not limited to:

**Identity & Marital Status; Employment, Income, and Assets; Residences and Rental Activity; Medical or Child Care Allowances and Credit and Criminal Activity**

I understand that this authorization cannot be used to obtain any information about me that is **not** relevant to my eligibility for and continued participation in a housing assistance program.

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED:** to release the above information (depending on program requirements) include, but are not limited to:

- Previous Landlords
- Past and Present Employers
- Veterans Administration
- Public Housing Agencies
- Welfare Agencies
- Retirement Systems
- Courts and Post Offices
- State Unemployment Agencies
- Banks and other Financial Institutions
- Schools and Colleges
- Social Security Administration
- Credit providers and Credit Bureaus
- Law Enforcement Agencies
- Medical and Child Care Providers
- Utility Companies
- Support and Alimony Providers

**CONDITIONS:** I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for a year and one month from the date signed.

### PRIVACY ACT NOTICE

**Authority:** The GRIC Department of Community Housing (DCH) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older.

**Purpose:** Your information is being collected by the GRIC Department of Community Housing (DCH) to determine your eligibility and to adequately determine the number of bedrooms needed based on your household composition and size.

**Other Uses:** To protect the Tribal Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information **will not** be otherwise disclosed or released outside of the Department of Community Housing (DCH), except as permitted or required by law.

**Penalty:** Applicants must provide **all** of the information requested by the Department of Community Housing (DCH), including all Social Security Numbers for you and all household members (ages six years and older). Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL INFORMATION SUPPLIED IS ACCURATE AND COMPLETE ON MY PREVIOUS RESIDENCY AND CURRENT HOUSEHOLD COMPOSITION.		
Signature – Head of Household	Printed Name	Date
Signature – Co-Head	Printed Name	Date
Signature – Other Adult	Printed Name	Date
Signature – Other Adult	Printed Name	Date
Signature – Other Adult	Printed Name	Date
Signature – Other Adult	Printed Name	Date

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the U.S. as to any matter within its jurisdiction.





# GILA RIVER INDIAN COMMUNITY

## Department of Community Housing

### Urban Rental Assistance Program - Verification of Income



CURRENT EMPLOYER:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMPLOYERS NUMBER:

The individual named above is an applicant for housing assistance that is subsidized through the U.S. Department of Housing and Urban Development. The person identified above has informed us that he/she has within the past 12 months been employed by your firm. Federal regulations require that in order for the household to be eligible, we must verify the household's income, expenses and other information using third party written verifications. The information you provide will be used only for the purpose of determining the household's eligibility for the program and will be held in strict confidence. **We are required to complete our verification process in a short time period and would appreciate your prompt response to this request for information.**

*Consent to Release Information*

*Department of Community Housing*

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

URAP Representative \_\_\_\_\_ Date \_\_\_\_\_

S.S # \_\_\_\_\_

**(DO NOT WRITE BELOW THIS LINE)**

#### PLEASE PROVIDE THE FOLLOWING INFORMATION:

Date Hired: \_\_\_\_\_ Occupation/Position: \_\_\_\_\_

#### **CURRENT**

Pay Rate: \$ \_\_\_\_\_ Per: Hour / Day / Week / Month (Circle one) Efftv. Date: \_\_\_\_\_

#### **ENTER THE AVERAGE NUMBER OF HOURS WORKED DURING THE PAST TWELVE (12) MONTHS:**

Average Per DAY: \_\_\_\_\_ Per WEEK: \_\_\_\_\_ **OVERTIME:** Per DAY: \_\_\_\_\_ Per WEEK: \_\_\_\_\_

**OVERTIME RATE:** \$ \_\_\_\_\_ Per: Hour / Day / Week / Month (Circle One)

**Is Employee on one of the following Leave types? Is the Employee eligible for compensation?** Yes \_\_\_\_ No \_\_\_\_

*(Please check the ones that are applicable)*

\_\_\_\_ Leave of Absence: \_\_\_\_ Yes or \_\_\_\_ No  
\_\_\_\_ Family Medical Leave: \_\_\_\_ Yes or \_\_\_\_ No (Use of Annual and/or Sick Leave: Yes \_\_\_\_ No \_\_\_\_)  
\_\_\_\_ Short Term Disability: \_\_\_\_ Yes or \_\_\_\_ No  
\_\_\_\_ Long Term Disability: \_\_\_\_ Yes or \_\_\_\_ No  
\_\_\_\_ Approved Donated Leave: \_\_\_\_ Yes or \_\_\_\_ No

**If yes**, please complete the following: Last Day Worked: \_\_\_\_\_ Last Date Wage(s) received: \_\_\_\_\_

When is Employee anticipated to Return to Work: \_\_\_\_\_

Comments: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_



**GILA RIVER INDIAN COMMUNITY**  
**Department of Community Housing**  
**Urban Rental Assistance Program**



**Unemployment Form**

I, \_\_\_\_\_, am currently unemployed at this time. I understand that if I become employed or start receiving unemployment income, I will contact the Urban Rental Assistance Program within ten (10) business days after my employment date. I understand that failure to do so will result in termination of my URAP Contract.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
URAP Representative

\_\_\_\_\_  
Date





# GILA RIVER INDIAN COMMUNITY

## Department of Community Housing

### Urban Rental Assistance Program – Verification of Unemployment



Arizona Department of Economic Security  
Unemployment Insurance Program  
P. O. Box 29225 #5895  
Phoenix, AZ 85038-9225

**RE: Verification of Unemployment Income (please return completed form to address below)**

**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **DOB:** \_\_\_\_\_

The individual named above is an applicant/tenant for housing assistance that is subsidized through the U.S. Department of Housing and Urban Development. Federal regulations require that in order for the household to be eligible, we must verify the household's income, expenses and other information using third party written verifications. The information you provide will be used only for the purpose of determining the household's eligibility for the program and will be held in strict confidence. **We are required to complete our verification process in a short time period and would appreciate your prompt response to this request for information.**

I, the undersigned, do hereby authorize the release of the information requested to Gila River Department of Community Housing.

Applicant / Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(or see signed Authorization for the Release of Information)

PLEASE PROVIDE THE FOLLOWING INFORMATION:

**Unemployment Income**

Unemployment Award Amount: \$ \_\_\_\_\_ Per: Week / Month (Circle one)

Beginning Date of Payments: \_\_\_\_\_ Ending Date of Payments: \_\_\_\_\_

Is client eligible for an extension of benefits? \_\_\_\_\_ Yes \_\_\_\_\_ No

Date applicant/tenant first received benefits: \_\_\_\_\_

**A print out may be attached.**

Comments: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_



# GILA RIVER INDIAN COMMUNITY

## Department of Community Housing Urban Rental Assistance Program – Student Status



Name of Institution: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_

**RE: Verification of Student Status (please return completed form to above address)**

For: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

The individual named above is an applicant/tenant for housing assistance which is subsidized through the U.S. Department of Housing and Urban Development. Federal regulations require that in order for the household to be eligible, we must verify the household's income, expenses and other information using third party written verifications. The information you provide will be used only for the purpose of determining the household's eligibility for the program and will be held in strict confidence. **We are required to complete our verification process in a short time period and would appreciate your prompt response to this request for information.**

I, \_\_\_\_\_ the undersigned, do hereby authorize the release of the information requested by **GRIC – Department of Community Housing (DCH)**.

**Applicant / Tenant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(OR see signed Authorization for the Release of Information)

**INSTITUTION(S) PLEASE PROVIDE THE FOLLOWING INFORMATION:**

This certifies that the aforementioned individual is enrolled as a student ☐ full-time or ☐ part-time at our institution:

Name of Institution: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of enrollment: \_\_\_\_\_ Anticipated completion date: \_\_\_\_\_

Is student enrolled for summer months? ☐ YES ☐ NO

Comments: \_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Title: \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_



**GILA RIVER INDIAN COMMUNITY****Department of Community Housing****136 South Main Street****P O Box 528****Sacaton, AZ 85147**

ARIZONA DEPARTMENT OF ECONOMIC SECURITY

Family Assistance Administration

*(Administración de Asistencia para Familias)***AUTHORITY TO RELEASE CASE INFORMATION****/AUTORIDAD PARA DIVULGAR INFORMACIÓN****DEL CASO****REQUESTOR'S INFORMATION**

NAME (Last, First, M.I.) / NOMBRE (apellido, nombre, S.I.)

**URAP Representative -****PHONE NO. / TELEFONO****(520)562-3904****FAX NO. / NUM. DE FAX****(520)562-3927**

The person whose name and signature appear below has requested your cooperation in releasing the following information. Please complete and return this form within **3 business days** by fax or email.

*La persona cuyo nombre y firma aparecen abajo ha solicitado su cooperación para divulgar la información que sigue. Por favor llene y devuelve por fax o por correo, este formulario dentro de los 3 días.*

**AUTHORIZATION TO RELEASE INFORMATION / AUTORIZACIÓN PARA DAR INFORMACIÓN**

I hereby authorize and consent to the release of any and all information requested below concerning myself and my household's members to the requesting party above. The confidentiality of the information furnished will be preserved except where disclosure of this information is required by applicable law.

*Por la presente, autorizo y consiento en que se divulga al Department of Economic Security (Departamento de Seguridad Económica de Arizona) toda y cualquier información que se solicita a continuación acerca de mí o de los miembros de mi hogar. Se mantendrá el carácter confidencial de la información provista, excepto cuando alguna ley pertinente requiera que se haga pública.*

**PARTICIPANT'S INFORMATION**

NAME (Last, First, M.I.) / NOMBRE (apellido, nombre, S.I.)

SOC. SEC. NO or DATE OF BIRTH (DOB) / NÚM. DE SEG. O FECHA DE NACIMIENTO

**SS#****DOB:**

MAILING ADDRESS (No. Street, City, State, Zip)

AZTECS NO. / NUM. DE AZTEC

DATE OF REQUEST / FECHA DE SOLICITUD

**- -20**

SIGNATURE / FIRMA

**PARTICIPANT'S INFORMATION**

NAME (Last, First, M.I.) / NOMBRE (apellido, nombre, S.I.)

SOC. SEC. NO or DATE OF BIRTH (DOB) / NÚM. DE SEG. O FECHA DE NACIMIENTO

**SS#****DOB:**

MAILING ADDRESS (No. Street, City, State, Zip)

AZTECS NO. / NUM. DE AZTECS

DATE OF REQUEST / FECHA DE SOLICITUD

**- -20**

SIGNATURE / FIRMA

**DES OFFICE USE ONLY, DO NOT WRITE BELOW THIS LINE****SOLO PARA EL USO DEL DES, NO ESCRIBE DEBAJO DE ESTA LÍNEA**

BENEFIT TYPE

Cash Assistance (CA)

☐ NA

MONTHLY AMOUNT

\$

EXPIRATION / RENEWAL DATE

BENEFIT TYPE

Nutrition Assistance (NA)

☐ NA

MONTHLY AMOUNT

\$

EXPIRATION / RENEWAL DATE

NAMES OF ALL INDIVIDUALS INCLUDED IN CASE

ADDITIONAL COMMENTS

I certify that the information provided is correct to the best of my knowledge.

NAME OF DES PERSON PROVIDING INFORMATION

SIGNATURE OF DES PERSON PROVIDING INFORMATION

DATE

TITLE

PHONE NO.



**GILA RIVER INDIAN COMMUNITY**  
*Office of the Treasurer*  
Robert G. Keller, Community Treasurer



**AUTHORIZATION TO RELEASE INFORMATION**

I, \_\_\_\_\_ give my authorization to the Gila River Indian Community Service Center and Housing Office, to obtain information on my behalf showing that I have or have not received the Per Capita payment that was distributed on:

1/31/\_\_\_\_ 4/30/\_\_\_\_ 7/31/\_\_\_\_ 10/31/\_\_\_\_

**My Per Capita Office information is:**

Gila River ID#: \_\_\_\_\_

Signature of Release: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Date: \_\_\_\_\_  
(To be used only if more information is required)

**District Service Center or Housing Use Only**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

**Per Capita Office Use Only**

Received (stamp here): \_\_\_\_\_

Verified as follows:

☐ Did ☐ Did not receive 1/31/\_\_\_\_ pay-out      ☐ Did ☐ Did not receive 4/30/\_\_\_\_ pay-out  
☐ Did ☐ Did not receive 7/31/\_\_\_\_ pay-out      ☐ Did ☐ Did not receive 10/31/\_\_\_\_ pay-out

PCO Verifier: \_\_\_\_\_  
(Sign & Date)





# GILA RIVER INDIAN COMMUNITY

Sacaton, Arizona 85147

Enrollment/Census Department  
Post Office Box 97  
Phone: (520) 562-9790  
Fax: (520) 562-8103

## Authorization to Release Information Form

Requestor's Name: \_\_\_\_\_ GRID# or DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I give authorization to the Enrollment/Census Department to release requested documents for:

☐ Self ☐ Minor Child ☐ GRIC Member whom I have legal guardianship of

NAME	Date of Birth	GRID#

Please release the following:

☐ Certificate of Indian Blood ☐ BIA 4432 Form ☐ Game & Fish Wildlife Form (Eagle Feather) ☐ Family Tree (Sent by U.S. Mail)

### Delivery Method

☐ Hold for Pick-Up ☐ Mail ☐ Fax\*  
\*Original will be mailed to requestor unless otherwise indicated

Send to: (department/agency name, if applicable) \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Deadline Date: \_\_\_\_\_  
(If Applicable)

Requestor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Notarization required if submitted by mail, fax, or a third party

State of: \_\_\_\_\_ )

)

County of: \_\_\_\_\_ )

Subscribed and sworn or affirmed and acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

MY COMMISSION EXPIRES:

(seal)

NOTARY PUBLIC

### Enrollment Department Use Only

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Completed By/Notes: \_\_\_\_\_ Date: \_\_\_\_\_



# GILA RIVER INDIAN COMMUNITY

## Department of Community Housing

### Urban Rental Assistance Program – Travel Deduction Form



Date: \_\_\_\_\_

I, \_\_\_\_\_ travel to and from work more than 25 miles round trip.

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Head of Household**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**URAP Representative**

\_\_\_\_\_  
**Date**





# GILA RIVER INDIAN COMMUNITY

## Department of Community Housing

### Urban Rental Assistance Program – Verification of Child Care



Department of Community Housing  
P.O. Box 528  
Sacaton AZ, 85147  
Fax # (520)562-3927

June 9, 2020

**RE: Verification of Child Care (please return completed form to above address)**

**For:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

The individual named above is an applicant/tenant applying for housing assistance which is subsidized through the U.S. Department of Housing and Urban Development (HUD). Federal regulations require that in order for the household to be eligible, we must verify the household's income, expenses and other information using third party written verifications. The information you provide will be used only for the purpose of determining the household's eligibility for the program and will be held in strict confidence. **We are required to complete our verification process in a short time period and would appreciate your prompt response to this request for information.**

I, \_\_\_\_\_ the undersigned, do hereby authorize the release of the information requested by **GRIC - DEPARTMENT OF COMMUNITY HOUSING**.

Applicant / Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(OR see signed Authorization for the Release of Information)

PLEASE PROVIDE THE FOLLOWING INFORMATION: ☐ SSN#: \_\_\_\_\_ ☐

EIN#: \_\_\_\_\_

This is to verify that I provide child care/child care resources for \_\_\_\_\_

Name(s) of child(ren): \_\_\_\_\_

**IF CHILDCARE IS ON A REGULAR BASIS:**

I am paid at the rate of \$\_\_\_\_\_ per ( ) week ( ) month, during the school year.

I am paid at the rate of \$\_\_\_\_\_ per ( ) week ( ) month, during school vacations.

**IF CHILDCARE IS ON AN IRREGULAR BASIS:**

I am paid at the rate of \$\_\_\_\_\_ per hour during the school year for \_\_\_\_\_ hours weekly.

I am paid at the rate of \$\_\_\_\_\_ per hour during school vacations for \_\_\_\_\_ hours weekly

I do ( ) do not ( ) receive compensation from another source for the care of these children.

Please state other source if applicable

Comments: \_\_\_\_\_

Date: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_



# GILA RIVER INDIAN COMMUNITY

## Department of Community Housing

### Urban Rental Assistance Program - Verification of Rental History



LANDLORD/COMPLEX INFORMATION:

NAME: \_\_\_\_\_

\_\_\_\_\_

RESIDENTIAL ADDRESS:

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

The individual named above is an applicant for housing assistance that is subsidized through the U.S. Department of Housing and Urban Development. The person identified above has informed us that he/she within the past 12 months has resided at the address listed above. Per the Urban Rental Assistance Program Policy, the applicant must have a good tenant history to be eligible for assistance. The information you provide will be used only for the purpose of determining the household's eligibility for the program and will be held in strict confidence. **We are required to complete our verification process in a short time period and would appreciate your prompt response to this request for information.**

*Consent to Release Information*

*Department of Community Housing*

Applicant Signature

Date

URAP Representative

Date

**(TO BE COMPLETED BY LANDLORD/OWNER)**

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Date Lease Began: \_\_\_\_\_ Date Lease Ends: \_\_\_\_\_

Monthly rental obligation: \_\_\_\_\_ Date rent is due: \_\_\_\_\_

Does the tenant pay their rent on time? \_\_\_\_\_ How many times late: \_\_\_\_\_

Does the tenant owe any past due or current charges? \_\_\_\_\_ If yes, what is the amount? \_\_\_\_\_

Have you ever begun eviction proceedings? \_\_\_\_\_

If so, why? \_\_\_\_\_

Has action been taken against the tenant for disturbing other tenants, or controlling the behavior of children or

Guests? \_\_\_\_\_ If yes, what type \_\_\_\_\_ How many times? \_\_\_\_\_

Care of rental unit? \_\_\_\_\_ Any damages? \_\_\_\_\_

Was the tenant charged for damages? \_\_\_\_\_ If yes, did the tenant pay? \_\_\_\_\_ Amount? \_\_\_\_\_

If this tenant moved and reapplied for housing in the future, would you rent to him/her again? \_\_\_\_\_

If no, why? \_\_\_\_\_

Overall rating as a tenant (good, fair, poor, explain): \_\_\_\_\_

Comments: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_





# GILA RIVER INDIAN COMMUNITY

## Department of Community Housing

### Urban Rental Assistance Contract



This Agreement is by and between the Department of Community Housing (the “DCH”), on behalf of the Gila River Indian Community (the “Community”), Post Office Box 528, Sacaton, Arizona 85147 and \_\_\_\_\_, hereinafter (the “Tenant”). The DCH and the Tenant shall be collectively referred to as the “Parties”.

**NOW THEREFORE AND IN CONSIDERATION** of mutual covenants and agreements as set forth below, the Parties agree as follows:

1. **Purpose.** The purpose of this Agreement is to identify and define the roles and responsibilities of each of the Parties relating to the Urban Rental Assistance Program (the “Program”). The purpose of the Program is to provide a subsidy to qualified Community members who lease a unit (apartment or house) outside the Gila River Indian Community Reservation.
2. **Tenant and household members.** Household members cannot be added without the approval of the DCH. The following is a complete list of the individuals living in the rental unit:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3. **Address of rental unit.** The Tenant has entered into a rental lease to live at the following address, hereinafter the “Unit”:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. **Lease Term and monthly lease amount.** The term of the lease between the Tenant and the Landlord/Owner begins on (mm/dd/yyyy) \_\_\_\_\_ and ends on (mm/dd/yyyy) \_\_\_\_\_. Total monthly rent amount under the Lease is \$\_\_\_\_\_.

5. **DCH Program Assistance Term**

This Agreement begins on 10/1/2020 and ends on \_\_\_\_\_.

6. **Termination of the Contract.** This Contract automatically terminates on **September 30, 2021** or the lease is terminated by the Landlord/Owner or Tenant. This Agreement may terminate under the following conditions:

- a. for any grounds authorized in accordance with federal requirements as determined by DCH;
- b. the Tenant moves out of the Unit;
- c. insufficient funding to continue Program assistance;
- d. the Tenant's family dissolves, unless DCH continues to provide Program assistance on behalf of a qualified remaining family member in the Unit.
- e. the Tenant breaches this Contract, or otherwise become ineligible for Program assistance.

7. **Responsibilities of the Tenant.**

- a. The Tenant certifies that the landlord/owner and the Tenant have entered into a lease of the Unit.
- b. The Tenant understands and agrees that Program assistance shall only be paid to the landlord/owner while the Tenant is residing in the Unit during the term of this Contract.
- c. The Tenant understands that DCH will cease Program assistance to the Landlord/Owner, if the Tenant moves out of the Unit before the lease term. In this event, the Tenant understands that he or she is ultimately responsible for any contractual obligations to the landlord/owner.
- d. The Tenant agrees to comply with all applicable laws and remain in good standing while residing in the Unit.
- e. The Tenant understands that DCH is not responsible for the conduct of the Tenant, landlord/owner or other persons.



- f. The Tenant shall provide a signed copy of the lease to the DCH and shall notify DCH of any changes to the lease.
- g. **The Tenant understands that the last rental subsidy will be paid to the Landlord/Owner on behalf of the Tenant in September and the Tenant is responsible for re-applying with DCH for further Program assistance, regardless of Tenant's lease with the Landlord/owner. The Tenant further understands that he or she is responsible for full monthly rent during the re-application period.**
- h. The Tenant understands that he or she is responsible for payment of the entire rent for every month until notified in writing by DCH that Program assistance will begin and the Program assistance will be paid to the landlord/owner.
- i. The Tenant understands that any overpayment of money to the Landlord/Owner will be credited to the Tenant's following month's rental payment or refunded promptly to DCH. The Tenant understands that overpayments will not be paid directly to the Tenant. If the Tenant receives any of the overpayment funds, the Tenant agrees to immediately refund the overpayment back to DCH. Failure to do so will result in breach of this Contract and an obligation to pay DCH for such overpayments.

#### **8. Responsibilities of DCH**

- a. DCH shall provide monthly Program Assistance on behalf of the Tenant in the amount up to **Three-Hundred Dollars (\$300.00)** per month to the Landlord/Owner. The remaining amount of the monthly rental payment is the responsibility of the Tenant. This amount is subject to change during the contract term in accordance with federal requirements, in this event; DCH will provide the Tenant with written notice.
- b. DCH agrees to pay any late payment penalty if the late payment is assessed due to factors within the Community's control. The Community shall not be obligated to pay any late payment as a penalty due to the Tenant's failure to timely pay his or her rent;
- c. DCH agrees to provide written notice to the landlord/owner on behalf of the Tenant of the Program Assistance;
- d. DCH understands and agrees to provide written notice to the Tenant, if Program assistance ceases and the Agreement is terminated. DCH shall include in the notice a brief statement of the reasons for the determination;
- e. DCH agrees to provide reasonable assistance to Tenants to comply with the Program.

#### **9. Tenant's Breach of this Contract**

- a. If GRIC determines that a breach of this Contract has occurred, DCH may exercise any of its rights and remedies under this Contract, or any other available rights and remedies for such breach, including the suspension or termination of rental assistance payments. DCH shall notify the landlord/owner and Tenant of such determination, including a brief

statement of the reasons for the determination. The notice by DCH to the Tenant may require the Tenant to take corrective action, as verified or determined by DCH, by a deadline prescribed in the notice.

- b. DCH rights and remedies for Tenant's breach of this Contract, but is not limited to, recovery of overpayments, suspension of housing assistance payments, abatement or other reduction of housing assistance payments, termination of housing assistance payments, and termination of this contract.
  - c. DCH exercise or non-exercise of any right or remedy for Tenant breach of this contract is not a waiver of the right to exercise that or any other right or remedy at any time.
- 10. **Assignment of this contract.** This contract may not be assigned except with advance written consent of the Parties, and such assignment must be consistent with all applicable laws.
  - 11. **Written Notices.** Any notice by DCH or the Tenant in connection with this contract must be in writing.
  - 12. **Entire Agreement.** This contract is the entire agreement between the Tenant and DCH. This contract shall be interpreted and implemented in accordance with the law of the Gila River Indian Community and applicable NAHASDA regulations.
  - 13. **Indemnification.** The Tenant shall indemnify, defend, protect and hold DCH, and its employees, directors, agents, representatives and assigns harmless from and against any and all actions, causes of action, demands, liabilities, losses, damages, injuries, costs, or expenses of whatever kind or nature, including reasonable attorney's fees and reasonable expenses incurred in connection with this contract, to the extent arising or resulting from, caused by or pertaining to Tenant's performance and/or conduct under this contract and/or the Tenant's lease with the landlord/owner.
  - 14. **Resolution of Disputes; Mediation.** Any dispute that may arise under this contract that cannot be informally negotiated and resolved shall be submitted to a mediator agreed to by both parties as soon as such dispute arises, but in any event prior to the commencement of litigation. Such mediation shall occur at Gila River Indian Community, and the mediator's fees and expenses shall be shared equally by the parties, who agree to exercise their best efforts in good faith to resolve all disputes in mediation.
  - 15. **Choice of Law.** It is the intention of the parties that performance of the terms of this contract shall be in accordance with and pursuant to the laws of the Gila River Indian Community and that any action, special proceeding or other proceeding that may arise from, in connection with or by reason of this Agreement shall be resolved pursuant to the laws of the Gila River Indian Community and in its courts.



16. **Sovereign Immunity.** Unless otherwise specified herein, nothing in this contract, or in any related document or undertaking, shall be construed as: (i) affecting, modifying, diminishing or otherwise impairing the sovereign immunity of the Gila River Indian Community or any of its affiliates or subdivisions, (ii) affecting the Gila River Community Courts' jurisdiction over civil and criminal matters, or (iii) authorizing or requiring the termination of any existing trust responsibility of the United States with respect to the Gila River Indian Community or to Indian people in general.

**Gila River Indian Community**

**Tenant**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Director, Department of Community Housing

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

---

**To be completed by Landlord/Owner**

Payments should be mailed to:

\_\_\_\_\_  
Please Print- Landlord/Owner Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
Phone Number



# GILA RIVER INDIAN COMMUNITY

## Department of Community Housing

### Urban Rental Assistance Program



### NOTICE TO LANDLORD

1. The Gila River Indian Community (Community), a federally recognized Indian tribe located in the State of Arizona, will provide rent assistance for the person named below. This document is intended only as notification to the landlord of the Community's efforts to assist the individual, and is not intended to be construed as a contract between the Gila River Indian Community and the Landlord.
2. The Community assumes no liability or responsibility to the landlord/owner or other persons for the tenant family's behavior or conduct during the term of their lease.
3. During the term of the lease between the tenant and landlord, the Community shall make monthly housing assistance payments to the landlord/owner on behalf of the family at the beginning of each month. Such payments shall include the name of the tenant family on whose behalf the payments are made.
4. The Community agrees to pay any late payment penalty if late payment is assessed due to factors within the Community's control. The Community shall not be obligated to pay any late payment penalties due to the tenant failing to timely pay its rent. Neither the Community nor the tenant shall be obligated to pay any late payment penalty if rent is delayed or denied as a remedy for landlord/owner's breach of contract between the tenant and the landlord/owner.
5. The amount of Community housing assistance payment is subject to change in accordance with applicable federal requirements. The Community will notify the tenant and the landlord/owner of any changes in the amount of the housing assistance payment.
6. The monthly housing assistance payment shall be credited toward the monthly rent to landlord/owner for the contract unit. Each month that the Community makes such assistance payment, the landlord/owner shall provide a receipt to the tenant commemorating the receipt of such payment and the required credit toward the rent owed by the tenant.
7. **Limitation of Community Responsibility.** The Community is only responsible for making housing assistance payments to the landlord/owner. The Community assumes no responsibility for injury to, or any liability to, any person injured as a result of the landlord/owner's action or failure to act in connection with management of the contract unit or the premises or with implementation of this contract, or as a result of any other action or failure to act by the landlord/owner. The landlord/owner or tenant is not the agent of the Community, and this document does not create or affect any relationship between the Community or any lender to the landlord/owner or any suppliers, employees, contractors or subcontractors used by the landlord/owner in connection with management of the contract unit or the premises.
8. **Overpayment to landlord/owner.** Overpayments paid to the landlord/owner by DCH shall be applied to the Tenant's following month's rent payment or promptly returned to DCH. **Overpayments shall not be paid to the Tenant directly.**



# Request for Taxpayer Identification Number and Certification

► Go to [www.irs.gov/FormW9](http://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 ►

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.