



## Emergency Rental Assistance Landlord Information Form

Dear Landlord/Property Manager:

A current tenant or prospective tenant of yours has applied for Emergency Rental Assistance to pay back rent or first month's rent. To receive payment from the program, it is necessary that you provide certain information. Return to CSO at 2 E. Arch St. Shamokin, PA 17872. For more info: 570-644-6575 ext. 171. **No payment will be released until all necessary paperwork is completed by you and the tenant.**

The following is a list of the information that will be needed:

- EVICTION NOTICE OR NOTICE TO QUIT**– Every tenant requesting help to pay past due rent must have a written eviction notice from the landlord. **The eviction notice must be dated and list the tenant(s) name, address and amount owed separated out by monthly rent, past due rent, and fees.**
  
- LANDLORD'S STATEMENT OF RENT OR INTENT TO RENT**- This form provides the necessary information to begin processing the tenant's application. It includes the amount the tenant needs to prevent eviction or move in. A copy of the unsigned lease for renters applying for first month's rent will be required. A copy of the signed lease is required for those requesting assistance with past due rent.
  
- W9** – It is required that you provide your federal tax identification number. You will receive a 1099 from the program for funds paid on behalf of your tenant. Payment will be made payable to the name listed on the W9. **A P.O. BOX ADDRESS IS NOT ACCEPTABLE. A PHYSICAL ADDRESS IS REQUIRED.**

**PAYMENT AGREEMENT** – Once the tenant has been determined eligible for assistance and before any funds are released, CSO will provide a payment agreement. The agreement will spell out how much is owed to the landlord, the payment amount, and anticipated date of payment. All payments will be mailed directly to the Landlord. This form is confirmation that assistance will be provided.

**No payment will be released until all applicable paperwork is received and processed from the landlord and the tenant.**



## Landlord's Statement of Rent or Intent to Rent

Renter's Name: \_\_\_\_\_

Please complete the following information in order for our agency to assess possible financial assistance. Return to CSO at 2 E. Arch St. Shamokin, PA 17872 as soon as possible. For more info: 570-644-6575 ext. 171. **This is NOT a contract or letter of agreement.**

### LANDLORD INFORMATION

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

Landlord's Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

\_\_\_\_\_

Landlord Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Complete if tenant's rent is PAST DUE:

Monthly Rent: \$ \_\_\_\_\_ Current Past Due Rent: \$ \_\_\_\_\_

Additional Fees and what Fees are for: \$ \_\_\_\_\_

Court Costs: \$ \_\_\_\_\_ Total Amount Currently Owed: \$ \_\_\_\_\_

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Complete if renter is a new and requesting funding to gain occupancy at this location:

Monthly Rent: \$ \_\_\_\_\_ Past Due Rent: \$ \_\_\_\_\_

Additional Fees and what Fees are for: \$ \_\_\_\_\_

Court Costs: \$ \_\_\_\_\_ Total Amount Currently Owed: \$ \_\_\_\_\_

## Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

|  |  |   |
|--|--|---|
| Print or type.<br>See Specific Instructions on page 3. | <p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p>  |   |
|  | <p><b>2</b> Business name/disregarded entity name, if different from above</p>   |   |
|  | <p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC                     <input type="checkbox"/> C Corporation                     <input type="checkbox"/> S Corporation                     <input type="checkbox"/> Partnership                     <input type="checkbox"/> Trust/estate             </p> <p> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____             </p> <p><b>Note:</b> 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 <b>not</b> 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.</p> <p> <input type="checkbox"/> Other (see instructions) ▶ _____             </p> | <p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p> |
|  | <p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.</p>  | <p>Requester's name and address (optional)</p>  |
|  | <p><b>6</b> City, state, and ZIP code</p>  |   |
|  | <p><b>7</b> List account number(s) here (optional)</p>   |   |

|  |   |                               |   |  |  |  |  |           |                                       |   |  |  |  |  |
|--|---|-------------------------------|---|--|--|--|--|-----------|---------------------------------------|---|--|--|--|--|
| <p><b>Part I Taxpayer Identification Number (TIN)</b></p> <p>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 <i>How to get a TIN</i>, later.</p> <p><b>Note:</b> If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.</p> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><b>Social security number</b></td> </tr> <tr> <td style="text-align: center;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> </table> </td> </tr> <tr> <td style="text-align: center;"><b>or</b></td> </tr> <tr> <td style="text-align: center;"><b>Employer identification number</b></td> </tr> <tr> <td style="text-align: center;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> </table> </td> </tr> </table> | <b>Social security number</b> | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> </table> |  |  |  |  | <b>or</b> | <b>Employer identification number</b> | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> </table> |  |  |  |  |
| <b>Social security number</b>  |   |                               |   |  |  |  |  |           |                                       |   |  |  |  |  |
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|  |   |                               |   |  |  |  |  |           |                                       |   |  |  |  |  |
| <b>or</b>  |   |                               |   |  |  |  |  |           |                                       |   |  |  |  |  |
| <b>Employer identification number</b>  |   |                               |   |  |  |  |  |           |                                       |   |  |  |  |  |
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|  |   |                               |   |  |  |  |  |           |                                       |   |  |  |  |  |

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| <p><b>Part II Certification</b></p> <p>Under penalties of perjury, I certify that:</p> <ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>I am a U.S. citizen or other U.S. person (defined below); and</li> <li>The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.</li> </ol> <p><b>Certification instructions.</b> 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.</p> |  |
|---|--|

|                  |   |                     |
|------------------|---|---------------------|
| <b>Sign Here</b> | <p>Signature of U.S. person ▶ _____</p> | <p>Date ▶ _____</p> |
|------------------|---|---------------------|

### 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-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)

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  - 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.*

Emergency Rental Assistance Program

LANDLORD CERTIFICATION

I CERTIFY THAT:

I am the owner or legal agent of the residence stated below. The renter is at least one month in arrears of rent payment and is in danger of eviction or the renter is an existing/new tenant and is requesting funding for occupancy at this location:

Address \_\_\_\_\_  
City, State \_\_\_\_\_  
Zip code \_\_\_\_\_

- I accept payment for said arrearage or occupancy.  
 I refuse to participate and will not accept payment.

Monthly rent: \$ \_\_\_\_\_ Rental Arrears: \$ \_\_\_\_\_

|                                       |                                     |
|---------------------------------------|-------------------------------------|
| _____<br>LANDLORD NAME (PLEASE PRINT) | _____<br>RENTER NAME (PLEASE PRINT) |
| _____<br>ADDRESS                      | _____<br>ADDRESS                    |
| _____<br>CITY                         | _____<br>CITY                       |
| _____<br>ZIP CODE                     | _____<br>ZIP CODE                   |
| _____<br>PHONE NUMBER                 | _____<br>PHONE NUMBER               |
| _____<br>LANDLORD SIGNATURE/DATE      | _____<br>RENTER SIGNATURE/DATE      |

**APPENDIX H**  
**CERTIFICATIONS**

**Emergency Rental Assistance Program**

**TENANT CERTIFICATION**

I CERTIFY THAT:

I am the tenant or future tenant of the residence stated below. I am at least one month in arrears of rent payment and in danger of eviction or I am an existing/new tenant and requesting funding for occupancy at this location:

Address \_\_\_\_\_  
City, State \_\_\_\_\_  
Zip code \_\_\_\_\_

I acknowledge that the Landlord may apply for assistance on my behalf for payment of said arrearage or occupancy.

Monthly rent: \$ \_\_\_\_\_ Rental Arrears: \$ \_\_\_\_\_

\_\_\_\_\_  
LANDLORD NAME (PLEASE PRINT)  
\_\_\_\_\_  
ADDRESS  
\_\_\_\_\_  
CITY ZIP CODE  
\_\_\_\_\_  
PHONE NUMBER  
\_\_\_\_\_  
LANDLORD SIGNATURE/DATE

\_\_\_\_\_  
RENTER NAME (PLEASE PRINT)  
\_\_\_\_\_  
ADDRESS  
\_\_\_\_\_  
CITY ZIP CODE  
\_\_\_\_\_  
PHONE NUMBER  
\_\_\_\_\_  
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