

COVID-19 Emergency Rental Assistance Program Form Checklist

Please review your application to make sure that contains the following information: If a page(s) does not apply to your situation, please return it anyway so the application is complete. Thank you

FOR ALL APPLICANTS: *The following items MUST be included with the application.*

- Copy of Valid, Government-issued photo ID or Tribal Enrollment Card
- (if applicable) Proof of membership in Indian Tribe, or list "Descendent" for each applicable household member.
- Current rental lease / rental agreement listing household members and rent amount.
- Income verification for **ALL** adult household members (before taxes)
***Annual Income:** (Wage statements, copy of 1040 as filed with the IRS for the household for 2020, Unemployment compensation statement, Other benefit statements (Social Security, VA, Child Support)
OR
- Proof of monthly income for a minimum of two (2) months (60 days)
- Certification of Hardship
- Release of Information: list utility companies, landlord/property managers, employers, etc. if you grant permission to obtain the necessary information for your application.

Submit the following documentation if applicable and available:

- Documentation of Rent: Past due, current due, monthly rental amount.
- Documents showing Utility Costs Arrears and interest/penalties accrued
****W-9s are NOT for the applicant information, it is for landlord and utility companies (there are two W-9s attached, if you need more we can provide to you or your landlord or utility companies upon request)**
- Copies of any utility bills you are requesting assistance for (full bills please, at least 2 months if possible for calculating approximate future bill(s). Copies of the utility bills should include amount due and/or past due, due dates, and name and address bill is associated with.
****Please note: Households with school-age children or adults attending college may submit Internet bills and have it paid, Households without school age children or not attending college do not need to submit internet request.**
- Documents showing other expenses related to COVID-19 for which payments are due
- Landlord Non-Eviction Agreement (if landlord will fill it out that is wonderful; however, it is NOT required to receive assistance. The W-9 is required in order to pay the landlord.

You may submit your application by mail or drop it off to:

**GRHD
28450 Tye Road
Grand Ronde, OR 97347**

OR by email to:

grhd@grandronde.org

Please call the Grand Ronde Housing Department at (503) 879-2401 if you have questions or need assistance.

**GRAND RONDE HOUSING DEPARTMENT
 COVID-19 EMERGENCY RENTAL ASSISTANCE PROGRAM
 APPLICATION**

FOR OFFICIAL USE
Date Submitted: _____
Time Submitted: _____
Received by: _____
Application #: _____

Applicant Information

Applicant Name: _____ Date: _____

Date of Birth: _____ Tribal Enrollment No.: _____ SSN: _____

Mailing Address: _____ City: _____ State: _____

Zip: _____ Phone: _____

Physical Address: _____ City: _____ State: _____

Zip: _____ Email: _____

General Information

1. Are you or is a member of your household a member of an Indian tribe? Yes No
 - a. If yes, attach proof of membership of an Indian Tribe for each household member
2. Do you rent the home in which you are living? Yes No

Household Member Information:

Name	Date of Birth	Last 4 digits of SSN	Tribal Enrollment No.	Annual or Monthly Income	Income Source

Income Verification

Below, provide information on either the total annual income of your household for calendar year 2020 or your total household monthly income.

1. **Annual income** of household: \$ _____
 - a. Applicant must attach and submit a wage statement, interest statement, unemployment compensation statement, or a copy of Form 1040 as filed with the IRS for the household for 2020.
2. **Monthly income** of household: \$ _____
 - a. Applicant must submit sufficient confirmation of the household’s monthly income at the

time of application for at least the two months prior to the submission of this application.

Financial hardship

1. Do you or any individual in your household qualify for unemployment benefits? Yes No
 - a. If yes, attached supporting documentation demonstrating each individual's qualification for unemployment benefits.
2. Have one or more individuals in your household experienced any of the following financial hardship due, directly or indirectly, to the COVID-19 pandemic? (check all that apply)
 - A reduction in household Income
 - Loss of Employment/Temporary Layoff/or Furlough
 - Reduction in hours/pay.
 - Unable to work or experiencing financial hardship due to no child care/school.
 - Underlying medical condition requiring staying home to prevent exposure.
 - Loss of self-employment/business income
 - Over the age of 50 and enduring increased costs because of the COVID-19 pandemic.
 - Disabled and enduring increased costs because of the COVID-19 pandemic
 - Incurred significant costs (hospital bills, medication costs, etc)
 - Other financial hardship; list: _____
 - a. If you checked any of the boxes above, attach supporting documentation for each hardship, if any is available. (e.g. copies of most recent paycheck stubs or other sources of income showing decrease in income; email/text/letter showing notification of unemployment/reduction in hours, bills showing significant costs incurred, etc.)

Housing Instability

1. Does one or more individuals in your household face a risk of experiencing homelessness or housing instability, which may include (check all that apply):
 - A past due utility or rent notice or eviction notice
 - Unsafe or unhealthy living conditions
 - Any other evidence of such risk
 - a. If you checked any of the boxes above, attached supporting documentation demonstrating each type of housing instability, if any is available (e.g. past due utility or rent notice or eviction notice, [add any other evidence of risk])
 - b. If you checked any of the boxes above, please describe the details of your housing instability:

Additional Requirements

1. Applicants must sign a release of information form allowing the GRHD to verify any and all information required to participate in the COVID-19 Emergency Rental Assistance Program.
2. For each additional month that applicants seek Financial Assistance under the ERA Program, they must submit information and documentation for the rent and utility costs for that month and prospective months for which they seek assistance.

Applicant Acknowledgements and Attestation

I understand that I am required to update my application whenever any determining factor of eligibility changes. This includes employment/annual income, contact information, no longer qualifying for unemployment benefits, no longer experiencing a reduction in household income or other financial hardship, no longer facing a risk of homelessness or housing instability, or having a household income that is above 80 percent of the Area Median Income for the household.

By my signature below, *I hereby certify and attest* that all of the foregoing information and attached documentation is true and correct. I understand that providing any false statements, false information, any misleading statements or information, or if I fail to notify GRHD of changes to my household’s eligibility, will be grounds for denial of the application or, if assistance has already been granted, recapture of any funds granted, and may be grounds civil or criminal prosecution if GRHD determines it is appropriate to do so. In addition, I hereby irrevocably commit to use the assistance provided under this program only for the intended purpose (for payment of rents and rental arrears, for payment of utilities and utility arrears). I understand that GRHD is relying on these representations and commitments as the basis for providing the assistance requested.

APPLICANT SIGNATURE

DATE

If a landlord or owner of a residential dwelling submits this application on behalf of the Applicant:
I, _____, the Applicant’s landlord/residential dwelling owner, understand that I am required to provide this application to the Applicant after completing and submitting it.

LANDLORD SIGNATURE

DATE

Application Received by GRHD:

STAFF MEMBER SIGNATURE

DATE

OFFICIAL USE ONLY	
Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No Reason: _____
Denial Communicated: _____	Staff Signature: _____

GRAND RONDE HOUSING DEPARTMENT
COVID-19 EMERGENCY RENTAL ASSISTANCE PROGRAM

Applicant Attestation of Economic Hardship

In order for Financial Assistance to be provided under the ERA Program, this Certification of Economic Hardship must be completed and signed/dated by the applicant/tenant.

I, _____, the Applicant, do hereby attest that one or more individuals in my household have experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly or indirectly, to the COVID-19 pandemic.

I agree to notify the Grand Ronde Housing Department of any significant changes to my household income or financial status that would impact my eligibility for the ERA Program.

By my signature below, I certify and attest that the preceding facts are true and correct to the best of my knowledge and belief. I understand that providing misleading or false information may result in denial or require repayment of benefits received.

Applicant

Date

GRAND RONDE HOUSING DEPARTMENT (GRHD)
COVID-19 EMERGENCY RENTAL ASSISTANCE PROGRAM

Applicant Authorization for Release of Information

I, _____ [print name] (“Applicant”) am applying for certain housing assistance services from GRHD. As part of my application for services, I am required to provide background information for determination of my eligibility. I hereby authorize the following listed person or entity to provide any and all records or other information regarding me and my household, in whatever format, that the person or entity has in his, her or its possession to GRHD listed below.

Name and address of person or entity possessing information regarding Applicant:

Name and address and contact person to whom information is to be released:

By my signature below, I certify and attest that I am voluntarily authorizing the release of any records or other information regarding me and my household that is in your possession to the TDHE/Tribal Housing Program named above. This release and authorization is ongoing until expressly revoked in writing by the undersigned.

Applicant

Date

GRAND RONDE HOUSING DEPARTMENT (GRHD)
COVID-19 EMERGENCY RENTAL ASSISTANCE PROGRAM

FOR OFFICIAL USE
Date Submitted: _____
Time Submitted: _____
Received by: _____
Application #: _____

Financial Assistance Form

Applicants must submit this Form and supporting documentation for each additional month (or three-month prospective period) that they seek Financial Assistance under the ERA Program.

Applicant Information

Applicant Name: _____		Date: _____
Date of Birth: _____	Tribal Enrollment No.: _____	SSN: _____
Physical Address: _____	City: _____	State: _____
Zip: _____	Phone: _____	
Mailing Address: _____	City: _____	State: _____
Zip: _____	Email: _____	

1. Do you currently pay to rent the dwelling unit in which you are living (this includes an apartment, a house, a room in a house or apartment, or longer-term hotel/motel stay [one week or more])?
 Yes No
 - a. If yes, attach and submit your current rental agreement, or lease, or other agreement, if you have it.

Current Landlord Name: _____
Contact Phone: _____ Email: _____

2. What is the total amount of rent that you pay each month? \$ _____

Financial Assistance

The Emergency Rental Assistance Program provides Financial Assistance to Eligible Households for rent and utility costs payments and other housing expenses to help alleviate the financial hardships endured from loss of income and increased costs due to the COVID-19 pandemic.

“Financial Assistance” means payments provided through the ERA Funds for Rent Arrears, Utility and Home Energy Costs Arrears, Current and Prospective Rent, Current and Prospective Utility Costs, and Other Eligible Housing Expenses.

“Rent” is the monthly amount charged by a landlord for possession and occupancy of a dwelling unit. If Utility Costs are included in the monthly payment to the Landlord, they are deemed to be Rent.

“Utility Costs” means utility and home energy costs related to the occupancy of rental property (e.g. electricity, gas, water and sewer, trash removal, and energy costs (such as fuel oil)) that are separately-

stated charges. Utility Costs do not include telecommunication services (e.g. telephone, cable, and internet services).

A. Rent Arrears and Utility Costs Arrears¹

Do you have any Rent Arrears or Utility Costs Arrears?

(check all that apply)

If you check any of the boxes below, attach supporting documentation for each arrears payment (rental lease, documents showing rent or utility costs arrears and interest accrued, etc.)

Rent Arrears and Utility Costs Arrears:
Only includes Rent Arrears and Utility Costs Arrears incurred on or after March 13, 2020.
Arrears includes: interest charges and penalties accrued from the date on which the first missed payment after March 13, 2020 was due.
Arrears does not include: interest charges or penalties accrued for Rent Arrears or Utility Costs Arrears incurred before March 13, 2020.

Rent Arrears (*Rent payments in arrears*):

Total amount in Arrears \$ _____

Landlord Name: _____ Phone

Number: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Utility Costs Arrears (*Utility Cost payments in arrears*): Total amount in Arrears \$ _____

1. **Type of Utility:** _____ Amount \$ _____

Utility Provider: _____ Phone Number: _____

Billing Address: _____ City: _____

State: _____ Zip: _____

2. **Type of Utility:** _____ Amount \$ _____

Utility Provider: _____ Phone Number: _____

Billing Address: _____ City: _____

State: _____ Zip: _____

3. **Type of Utility:** _____ Amount \$ _____

Utility Provider: _____ Phone Number: _____

Billing Address: _____ City: _____

State: _____ Zip: _____

4. **Type of Utility:** _____ Amount \$ _____

Utility Provider: _____ Phone Number: _____

Billing Address: _____ City: _____

State: _____ Zip: _____

5. **Type of Utility:** _____ Amount \$ _____

Utility Provider: _____ Phone Number: _____

Billing Address: _____ City: _____ ST _____ Zip _____

¹ **Arrears Payments:** If any Applicant has any Rent Arrears or Utility Costs Arrears, GRHD will first pay those arrears payments before providing payments for any current or future Rent or Utility Costs payments.

B. Current Rent and Current Utility Costs

Do you expect to be unable to pay your Current Rent or Current Utility Costs payment, or required Deposit to obtain rental housing?

(check all that apply)

If you check any of the boxes below, attach supporting documentation for each Current Rent or Current Utility Costs payment, if available (rental lease, documents showing rent or utility costs due, etc.)

Current Rent Payment due (*Rent payment for the current month that is due and owing but not yet in arrears*):

Amount Due: \$ _____

Date Due: _____

Landlord Name: _____ Phone Number: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Current Utility Costs Payments due (*Utility Costs that are currently due and owing but not yet in arrears*).

1. **Type of Utility:** _____ Amount \$ _____ Due Date _____

Utility Provider: _____ Phone Number: _____

Billing Address: _____ City: _____

State: _____ Zip: _____

2. **Type of Utility:** _____ Amount \$ _____ Due Date _____

Utility Provider: _____ Phone Number: _____

Billing Address: _____ City: _____

State: _____ Zip: _____

3. **Type of Utility:** _____ Amount \$ _____ Due Date _____

Utility Provider: _____ Phone Number: _____

Billing Address: _____ City: _____

State: _____ Zip: _____

4. **Type of Utility:** _____ Amount \$ _____ Due Date _____

Utility Provider: _____ Phone Number: _____

Billing Address: _____ City: _____

State: _____ Zip: _____

5. **Type of Utility:** _____ Amount \$ _____ Due Date _____

Utility Provider: _____ Phone Number: _____

Billing Address: _____ City: _____

State: _____ Zip: _____

C. Prospective Rent and Prospective Utility Costs

Do you expect to be unable to pay your Prospective Rent or Prospective Utility Costs payments?
(check all that apply) ***You may request up to three (3) months of future Rent & Utility payments.**
If you check any of the boxes below, attach supporting documentation for each prospective payment if available (rental lease, documents showing rent or utility costs due, **W-9 for landlord and utility companies you are requesting assistance for, etc.**)

Prospective Rent Payments due (Rent payments expected to be owed up to 3 months):

Amount Due: \$ _____

Date Due: _____

Landlord Name: _____ Phone Number: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Prospective Utility Costs Payments due (Utility Costs payments expected to be owed up to 3 months):

1. **Type of Utility:** _____ Amount \$ _____ Due Date _____
Utility Provider: _____ Phone Number: _____
Billing Address: _____ City: _____
State: _____ Zip: _____

2. **Type of Utility:** _____ Amount \$ _____ Due Date _____
Utility Provider: _____ Phone Number: _____
Billing Address: _____ City: _____
State: _____ Zip: _____

3. **Type of Utility:** _____ Amount \$ _____ Due Date _____
Utility Provider: _____ Phone Number: _____
Billing Address: _____ City: _____
State: _____ Zip: _____

4. **Type of Utility:** _____ Amount \$ _____ Due Date _____
Utility Provider: _____ Phone Number: _____
Billing Address: _____ City: _____
State: _____ Zip: _____

5. **Type of Utility:** _____ Amount \$ _____ Due Date _____
Utility Provider: _____ Phone Number: _____
Billing Address: _____ City: _____
State: _____ Zip: _____

Current Deposit & Move-in costs: (Deposits for rental housing owing as a condition of obtaining rental housing).

_____ Security Deposit Amount Due: \$ _____

_____ First and / or last month rent Due: \$ _____

Landlord Name: _____ Mailing Address: _____

Phone No. _____ Email: _____

D. Other Housing Expenses

Do you expect to be unable to pay any other Housing Expenses? (*Expenses related to housing incurred due, directly or indirectly, to the novel coronavirus disease (COVID-19) outbreak, as defined by the Secretary of Treasury. Maintenance costs are not included in this definition.*)

(check all that apply)

If you check any of the boxes below, attach supporting documentation for each housing expenses payment due if available (bills showing payments due, documents showing interest accrued, etc.)

[Insert expense type] _____:

Amount Due: \$ _____

Date Due: _____

Provider: _____ Phone Number: _____

Billing Address: _____ City: _____

State: _____ Zip: _____ Email: _____

[Insert expense type] _____:

Amount Due: \$ _____

Date Due: _____

Provider: _____ Phone Number: _____

Billing Address: _____ City: _____

State: _____ Zip: _____ Email: _____

[Insert expense type] _____:

Amount Due: \$ _____

Date Due: _____

Provider: _____ Phone Number: _____

Billing Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Applicant Acknowledgements

TO THE APPLICANT: By signing this Form, you are certifying that you have not already received funding or benefit from another source for the same assistance being applied for with this Form (“Duplicative Benefit”). If you think you may have received such funding or direct benefit, or have a question about whether you have received a duplicative benefit, please note what that is below:

By my signature below, ***I hereby certify and attest*** that all of the foregoing information and attached documentation is true and correct. I understand that providing any false statements, false information, any misleading statements or information, or if I fail to notify GRHD of changes to my household's eligibility, will be grounds for denial of the application or, if assistance has already been granted, recapture of any funds granted, and may be grounds civil or criminal prosecution if GRHD determines it is appropriate to do so. In addition, I hereby irrevocably commit to use the assistance provided under this program only for the intended purpose (for payment of rents and rental arrears, for payment of utilities and utility arrears). I understand that GRHD is relying on these representations and commitments as the basis for providing the assistance requested.

APPLICANT SIGNATURE

DATE

If a landlord or owner of a residential dwelling submits this Form on behalf of the Applicant:

I, _____, the Applicant's landlord/residential dwelling owner, understand that I am required to provide this application to the Applicant after completing and submitting it.

LANDLORD SIGNATURE

DATE

Form Received by the Grand Ronde Housing Department:

STAFF MEMBER SIGNATURE

DATE

GRAND RONDE HOUSING DEPARTMENT (GRHD)
COVID-19 Emergency Rental Assistance Program Policy

LANDLORD NON-EVICTION AGREEMENT

1. Tenant's Name: _____
2. Landlord's Name: _____
3. Rental Unit/Address: _____
4. Household members:
 - a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____
 - f. _____
5. Lease Term: _____ to _____
6. Rent Paid to Landlord: _____
7. Form of Rental Assistance (Check all that apply):
 - Prospective Rent Assistance
 - Rent Arrears Assistance
 - Other (specify): _____

Under this Landlord Non-Eviction Agreement (Agreement), the landlord identified above in Section 2 (Landlord) will receive from Grand Ronde Housing Department (GRHD) financial assistance to cover the above-named tenant's (Tenant) rental obligations for a specified period of time ("Rental Assistance Payment"). Landlord acknowledges it will receive this Rental Assistance Payment through the GRHD's Emergency Rental Assistance Program Policy (Policy). Under the Policy, and pursuant to requirements of the United States Department of Treasury, a

landlord may not evict or in any way remove a tenant from a rental unit for nonpayment of rent while receiving Rental Assistance Payments.

I, _____, hereby acknowledge and agree that, in exchange for acceptance of Rental Assistance Payment under the Policy:

1. I will not evict Tenant or terminate Tenant’s rental agreement for nonpayment during the **period of tenancy for which the Rental Assistance Payment(s) are provided;**
2. I will not evict Tenant or terminate Tenant’s rental agreement for nonpayment for up to 90 days beyond the period covered by Rental Assistance Payment(s); (this program is to assist with **housing stability**)
3. If I evict Tenant or terminate Tenant’s rental agreement for nonpayment **for the time covered by the Rental Assistance Payment,** GRHD may immediately withhold any and all future payments made under the Policy and GRHD will be entitled to immediate repayment of any Rental Assistance Payment paid to me for rental assistance covering that period; and
4. I irrevocably commit **to use the Rental Assistance Payment(s) provided under this program only for the intended purpose (for payment of rents and rental arrears, for payment of utilities and utility arrears).** I further understand that GRHD is relying on **these representations and commitments as the basis for providing the assistance requested.**

***Landlord:** Please fill out and return the W-9 and if you agree, this form so payment can be issued.

You may mail the form(s) to:

GRHD

28450 Tye Road

Grand Ronde, Oregon 97347 **OR** email the form to grhd@grandronde.org

Call (503) 879-2401 with questions.

**** Failure to sign the non-eviction agreement does not prohibit applicant from receiving assistance. However, the W-9 is required.**

Signatures:

Grand Ronde Housing Department

Landlord

Name and Title

Name

Signature

Signature

Date

Date

Mail Payments To:

Request for Taxpayer Identification Number and Certification

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

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

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.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<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	Exempt payee code (if any) _____
	<input type="checkbox"/> 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.	Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____	<i>(Applies to accounts maintained outside the U.S.)</i>
	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 ▶
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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.

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.

