Community Action Program Belknap-Merrimack Counties, Inc.

FUEL ASSISTANCE PROGRAM

Landlord/Tenant Information and Verification Form

THIS FORM MUST BE COMPLETED ENTIRELY BY THE LANDLORD/MANAGER ONLY

By completing this form, your Tenant may be assisted through the Fuel/Electric Assistance Programs. Please return the completed form to the Tenant as soon as possible Please complete in ink or type.

TENANT NAME:	DATE OF OCCUPANCY:				
RENTAL STREET ADDRESS:					
CITY/TOWN:	PHONE:				
Number adults in household: Num	ber of children:				
TYPE OF DWELLING: Circle one: Single-family Mult Year Dwelling was built:	ci-family (3+Apts) Duplex Mobile home Rooming house				
	YONE LIVING IN THE HOUSEHOLD				
	and the side construction and the first that the side of the side				
otal Number of rooms (do not count bathrooms or hallways)					
Type of fuel used for heat: Oil Kero Propane N	latGas Wood Electric Other				
Is the tenant responsible for full rent:Yes	No (NOTE: City and Town Welfare is not a subsidy) Amount of subsidy \$				
Rental Amount: \$ PER: Month or					
Utilities included in rent: Heat Electric	Utility Allowance \$				
Name & address of Landlord/Management Co: (No PO Box)	*If heat is included in rent, payment is to be made to: (Must match info on W9 and NH Hires Form)				
Please Print	Please Print				
	ting white in the first of a second of the same and the same and the same and the first of the same and the s				
Signature of Landlord/Manager (required)	PHONE (required) DATE (required)				
Requi	rement for payment				
*When the heat is included in the rent, the FAP payment will be Request for Taxpayer Identification Number and Certification a	made towards the rent. The landlord must complete an Alternate W-9 Pay and the NH Employment Security Form (New Hire Reporting Law Requireme rogram office. Please read the instructions carefully. Should you have quest				

Franklin Meredith Suncook Concord Laconia Warner 485-7824 456-2207 934-3444 279-4096 225-6880 524-5512

Community Action Program Belknap-Merrimack Counties, Inc. P.O. Box 1016 Concord, New Hampshire 03302-1016

NEW HAMPSHIRE EMPLOYMENT SECURITY FORM NEW HIRE REPORTING LAW REQUIREMENT RSA 282 A:117(a)

Please Print					
Name:					
Mailing Add	ress:				
City/Town: _					
State:			Zip Cod	le:	
Telephone N	lumber:				
Social Secur	ty Number:	-	-		
Signature:			Date		

Department of the Treasury

Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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

	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			
on page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Ch following seven boxes. Individual/sole proprietor or C Corporation S Corporation Partnership single-member LLC	eck only one of the	certain entities, not individuals; see instructions on page 3):	
/pe.		Miles N	Exempt payee code (if any)	
Print or type. Specific Instructions on	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partner Note: Check the appropriate box in the line above for the tax classification of the single-member of LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single disregarded from the owner should check the appropriate box for the tax classification of its own	Exemption from FATCA reporting code (if any)		
မွ	Other (see instructions) ▶		(Applies to accounts maintained outside the U.S.)	
S	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name a	and address (optional)	
See	6 City, state, and ZIP code			
	7 List account number(s) here (optional)	L		
Par	Taxpayer Identification Number (TIN)			
	our TIN in the appropriate box. The TIN provided must match the name given on line 1 to av	- L	curity number	
	o withholding. For individuals, this is generally your social security number (SSN). However, to not alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other	ora		
entities	s, it is your employer identification number (ÉIN). If you do not have a number, see How to $g\epsilon$	et a		
TIN, la		or		
	f the account is in more than one name, see the instructions for line 1. Also see What Name	and Employer	Employer identification number	
Numbe	er To Give the Requester for guidelines on whose number to enter.		-	
Part	II Certification	•		
Under	penalties of perjury, I certify that:			
2. I am Sen	number shown on this form is my correct taxpayer identification number (or I am waiting for not subject to backup withholding because: (a) I am exempt from backup withholding, or (bice (IRS) that I am subject to backup withholding as a result of a failure to report all interest onger subject to backup withholding; and) I have not been r	notified by the Internal Revenue	
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 reporti	ng is correct.		
you ha acquis	cation instructions. You must cross out item 2 above if you have been notified by the IRS that your failed to report all interest and dividends on your tax return. For real estate transactions, item to tion or abandonment of secured property, cancellation of debt, contributions to an individual retinan interest and dividends, you are not required to sign the certification, but you must provide your provid	2 does not apply. For rement arrangement	or mortgage interest paid, at (IRA), and generally, payments	
Sign Here	Signature of U.S. person ▶	Date ►		
Ge	• Form 1099-DIV (d	lividends, including	those from stocks or mutual	

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)

- 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.