RENO-SPARKS INDIAN COLONY
HOMEOWNER ASSISTANCE FUND POLICY

Objective

The Reno Sparks Indian Colony (RSIC) is a grantee of funding from the U.S. Department of Treasury for the implementation of the Homeowner Assistance Fund (HAF) Program. The RSIC Housing Department (RSICHD) is providing temporary mortgage, and home energy assistance to Low-income Native Americans and Alaska Natives enrolled in a Federally Recognized Tribe to mitigate financial hardships associated with the coronavirus pandemic COVID-19 public health emergency. Preference for assistance will be given to RSIC members.

Eligible areas and eligible applicants for assistance under this Policy are as follows:

<table>
<thead>
<tr>
<th>COUNTY</th>
<th>ELIGIBLE APPLICANT</th>
</tr>
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<tbody>
<tr>
<td>Washoe County</td>
<td>RSIC Tribal Member &amp; Native American Enrolled in a Federally Recognized Tribe</td>
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<tr>
<td>Carson City</td>
<td>RSIC Tribal Member &amp; Native American Enrolled in a Federally Recognized Tribe</td>
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<tr>
<td>Douglas County</td>
<td>RSIC Tribal Member &amp; Native American Enrolled in a Federally Recognized Tribe</td>
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<tr>
<td>Lyon County</td>
<td>RSIC Tribal Member &amp; Native American Enrolled in a Federally Recognized Tribe</td>
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<td>Humboldt County</td>
<td>RSIC Tribal Member &amp; Native American Enrolled in a Federally Recognized Tribe</td>
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<td>Pershing County</td>
<td>RSIC Tribal Member &amp; Native American Enrolled in a Federally Recognized Tribe</td>
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<tr>
<td>Storey County</td>
<td>RSIC Tribal Member &amp; Native American Enrolled in a Federally Recognized Tribe</td>
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</table>

Policy

The Reno Sparks Indian Colony (RSIC) Housing Department has responded to COVID-19 by mitigating financial hardships associated with the coronavirus pandemic by providing funds to applicants experiencing homeowner mortgage delinquencies, defaults, foreclosures, loss of utilities or home energy services from January 21, 2020 to present.

Financial hardships are material reduction in income or material increase in living expenses associated with the coronavirus pandemic that has created or increased a risk of mortgage delinquency, mortgage default, foreclosure, loss of utilities or home energy services for a homeowner.

This policy is strictly limited to the Homeowner Assistance Fund (HAF) in accordance with Section 3206 of the American Rescue Plan Act of 2021, which authorizes the U.S. Department of Treasury to mitigate financial hardships associated with the coronavirus pandemic by providing funds to eligible entities for the purpose of preventing homeowner mortgage delinquencies, defaults, foreclosures, loss of utilities or home energy services of homeowners experiencing financial hardship after January 21, 2020. The Reno Sparks Indian Colony shall use funds
disbursed under this award only for the purposes set forth in Section 3206 of the American Rescue Plan Act of 2021 (the HAF Statute) and the Guidance for the Homeowner Assistance Fund issued by Treasury on April 14, 2021, as amended from time to time, and any other guidance issued by Treasury regarding HAF (the Guidance).

This policy will remain in effect as long as RSIC deems it necessary, funds have been exhausted or the Department of Treasury has ended the HAF program.

**Purpose**

To provide temporary financial assistance to mitigate financial hardships associated with the coronavirus pandemic by providing funds to families experiencing homeowner mortgage delinquencies, defaults, foreclosures, loss of utilities or home energy services from January 21, 2020 to present.

**Management Plan**

RSIC delegated to the RSIC Housing Department the responsibility to develop a plan to implement this program. RSIC maintains a Financial Department and Contracts & Grants Department, experienced in managing multiple federal funds. The system for identifying participants, application intake, selecting participant and verifying applicant data are functions of the RSIC Housing Department. RSIC Housing Department currently has in place for the Treasury Emergency Rental Assistance Program.

**Qualified Expenses**

HAF participants may use funding from the HAF only for the following types of qualified expenses that are for the purpose of preventing homeowner mortgage delinquencies, homeowner mortgage defaults, homeowner mortgage foreclosures, homeowner loss of utilities or home energy services of homeowners experiencing financial hardship:

A. Mortgage payment assistance;

B. Financial assistance to allow a homeowner to reinstate a mortgage or to pay other housing-related costs related to a period of forbearance, delinquency, or default;

C. Mortgage principal reduction, including with respect to a second mortgage provided by a nonprofit or government entity;

D. Facilitating mortgage interest rate reductions;

E. Payment assistance for:

1. Homeowner’s utilities, including electric, gas, home energy, and water;

2. Homeowner’s internet service, including broadband internet access service, as defined in 47 CFR 8.1(b) (or any successor regulation);
3. Homeowner’s insurance, flood insurance, and mortgage insurance;

4. Homeowner’s association fees or liens, condominium association fees, or common charges; and

5. Down payment assistance loans provided by nonprofit or government entities; payment assistance for delinquent property taxes to prevent homeowner tax foreclosures;

Conditions Governing Applications and Eligibility

A. Application Requirements:

In order to be eligible for HAF applicants must satisfy the following requirements:

1. Be in enrolled member of the RSIC.

2. Be a Native American or Alaskan Native enrolled in a Federally Recognized Tribe. Tribal preference will apply as determined in this policy.

3. Have income at 150% or below the Area Median Income established by the U.S. Dept. of Housing and Urban Development, which includes the current county Area Median Income, whichever is greater.

   a) Household income is to be determined by household’s income for calendar year 2020 or household's monthly income at the time of application.

   b) Attestation from a caseworker or other professional with knowledge of a household’s circumstances to certify that an applicant’s household income qualifies for assistance is acceptable.

4. Provide address of the homeowner’s principle residence.

5. Provide name, address, social security number, tax identification number or DUNS number, as applicable, for lender and utility provider.

6. Provide amount and percentage of the monthly mortgage payment to be assisted by THAF assistance.

7. Provide amount and percentage of separately-stated utility and home energy costs to be assisted by THAF.

8. Provide total amount of each type of assistance and other costs associated with being a homeowner such as mortgage arrears, penalties/fees, utilities and home energy costs, utilities.

9. Amount of outstanding mortgage arrears for each household.
10. Provide number of months of mortgage payments and number of months of utility or home energy cost payments for which HAF assistance is requested.

11. Homeowner's income and number of individuals in the household along with their income.

12. Certification from the applicant that NO OTHER ASSISTANCE HAS BEEN OBTAINED THAT IS DUPLICATIVE OF THE THAF ASSISTANCE.

13. Attestation from the applicant that all information included is correct and complete.

B. By applying for any assistance under this policy, the applicant will provide certification that neither he/she nor any household member is being provided funding from any other federally funded HAF program. Applicant must provide a written attestation that all information submitted is accurate and correct along with certifying they are not receiving any other assistance from another Tribe TDHE, state, local government or agency.

C. Homeowners who are requesting assistance, living in the home, and renting a room to a tenant in the same, cannot receive assistance if the tenant has already received Emergency Rental Assistance Program funds.

D. HAF Program Requirements Are As Follows:

1. Attest to experiencing a financial hardship due to COVID-19 after January 21, 2020;

2. Describe the nature of the financial hardship (for example, job loss, reduction in income, or increased costs due to healthcare or the need to care for a family member);

3. Possess income equal to or less than 150% of the area median income.

4. Dwelling unit must be homeowner's principal residence.

HAF Payment Assistance

A. HAF Assistance for Monthly Mortgage Charges, Insurance, Taxes, Fees, and Arrears

1. HAF may be utilized for the payment of monthly mortgage, insurance, taxes or other housing related costs related to a period of forbearance, delinquency or default. Payments will be made each month for approved applicants. Payments will be made each month the applicant is eligible. If an applicant has applied for assistance to pay for mortgage payment arrears and monthly mortgage payment assistance, the arrears will be paid first. See the Qualified Expenses section above for the detailed list of qualified expenses.

2. The eligible applicant is required to be identified as the homeowner and a party to the mortgage loan documents.
3. Eligible applicant must submit a copy of loan documents, promissory note, amortization schedule, deed of trust or equivalent, homeowner’s insurance policy or tax bill.

4. Documentation detailing the past due amount of accrued interest charges and/or penalties, and the total amount in arrears.

5. Name and current address of the lender, loan servicer, insurance company, taxing entity, etc. to whom payment must be made.

6. Payments will be made directly to lender, loan servicer, insurance company, taxing entity, etc. only. Payments will not be made to the applicant or family members for any reason.

7. Eligible individuals/families will be allowed to utilize the HAF for up to 12-months.

8. The applicant will be required to recertify every 6-months to determine continued eligibility. A new application must be submitted to determine continued eligibility. It is the responsibility of the applicant to submit a complete application in order to reduce any delays.

9. Applicant and lender, loan servicer, insurance company, taxing entity, etc. understand that the RSIC is not a party to the mortgage loan agreement and is not liable for any payments, damages, etc.

B. **Utility Assistance:**

1. Utility Assistance may be utilized for payment of utility and home energy costs for up to 12-months. Payments will be made monthly for approved applicant. Utility and home energy costs are identified as electricity, gas, water & sewer, fuel oil, propane and internet service. Energy costs such as propane may be made as a lump purchase depending on the requirement of the supplier.

2. Utility assistance may be utilized for delinquent utility or home energy charges. Payments are made directly to the utility company or home energy supplier. Payments will not be made to the individual or family members for any reason. Payments assistance utilized for delinquent utility or home energy charges will apply to the 12-month of eligible utility assistance.

3. All payments for utilities and home energy costs shall be supported by a bill or invoice. Interest charges and/or penalties are eligible to be paid with the utility assistance.

C. **Pending Foreclosure:**

1. The eligible applicant is required to be identified as the homeowner and a party to the mortgage loan documents.
2. Eligible applicant must submit a copy of loan documents, promissory note, amortization schedule, deed of trust or equivalent, homeowner’s insurance policy or tax bill.

3. Documentation detailing the past due amount of accrued interest charges and/or penalties, and the total amount in arrears.

4. Name and current address of the lender, loan servicer, insurance company, taxing entity, etc. to whom payment must be made.

5. Any loan mitigation application.

Application Requirements

A. Submittal of the HAF and Utility Assistance Applications:

1. Applicants are to submit a complete HAF application. Each applicant will be required to submit the required information as called for on the application and Section I., A. Application Requirements of this policy. Applicant is required to sign the application, certification and related forms attesting to the accuracy of the information provided. The date the complete application is received will be the application date. All information provided will be confidential and will not be released to others without the written consent of the applicant.

2. If the application is incomplete the applicant will be contacted to provide the required information.

3. The date the last corrections and/or documents that are submitted to complete the application will be the application date. Any necessary corrections are to be dated and initialed by the applicant or confirmed by email confirmation of such change.

B. Documents and Information:

1. The following information and documents are required to be submitted with the application. The documents to be provided may be photocopies or digital photographs of documents, e-mails, or attestations from employers, lending companies or caseworkers. All required documents submitted by the applicant will be date stamped and placed in the applicant file.

   a) Eligible applicant must submit a copy of loan documents, promissory note, amortization schedule, deed of trust or equivalent, homeowner’s insurance policy or tax bill.

   b) Disclosure of Social Security Numbers. All household members are required to disclose and verify social security numbers at the time eligibility is determined and for each application submitted.

   c) Consent to obtain Wage and Claim Information. All household members over
the age of 18 must sign consent forms for the purpose of obtaining wage and claim information from employers, state, federal, and wage agencies.

d) Signed Application. Application is to be completed with all required information.

e) Utility Bills or Invoices, if applicable.

f) Tax Documents, W-2s, Paystubs, Bank Records, Lien Documentation, HOA Documentation, etc.

g) Attestation from the applicant that all information included is correct, complete and applicant is not receiving similar financial assistance from another Tribe, TDHE, state, local government or agency.

h) Documentation from homeowner demonstrating a reduction in income, incurred significant costs, or other financial hardships due directly or indirectly to COVID-19 that threaten the household’s ability to pay the mortgage, (principal, interest, taxes, and insurance) and other costs associated with being a homeowner.

**Determination of Eligibility**

A. *Eligibility Determination and Notification*

1. Documents will be reviewed and evaluated as received, for completeness, accuracy, and conclusiveness. A Housing department staff member will complete the review and sign the application certifying eligibility or ineligibility. If during the verification process it becomes evident that for one or more reasons applicants are not eligible, the verification process will be discontinued.

2. All applicants will be notified in writing of their eligibility or ineligibility.

**Application Selection Criteria**

A. Applications will be processed based on the date a complete application is received by the RSICHD. It shall be the policy of the RSICHD to give preference in the order outlined below:

1. *Preferences*

   a) Enrolled Members of RSIC (Card or letter).

   b) Native Americans and Alaska Natives enrolled in a federally recognized tribe (Card or letter).

   c) Household income at or below 100% of Area Median income.
2. **Selection & Payment Priority**

   a) 60% of funds made available to each HAF participant must be used for qualified expenses that assist homeowners having incomes equal to or less than 100% of the area median income.

   b) If any eligible household has any mortgage arrears, utility costs arrears, RSIC must first provide financial assistance under this THAF Program to pay all or a portion of those arrears prior current or prospective payments.

**Liability**

RSIC will not be a party to any mortgage the applicant has entered into. RSIC will not be liable for any payments, damages, etc. to the housing unit that the applicant is purchasing.

**Certification**

By signing the required certification, applicant certifies that neither he/she nor anyone in his/her household has received mortgage or utility assistance from the RSIC Human Services Department, RSIC Education Department, another Tribe, TDHE, state, local government or agency for the same assistance being requested in this application.

**Appeals**

A. **Appeals Process**

1. An Applicant who has been denied assistance under this policy may submit an appeal to the ERA and Utility Assistance Committee. Appeals shall be in writing. The Applicant may choose to make a verbal presentation to the Committee to supplement their written appeal. Appeals will be considered by the Committee as soon as possible, taking into consideration the urgent nature of the assistance. The applicant has five (5) business days from the date of the denial to file an appeal.

2. The Committee shall be comprised of a member of the RSIC Housing Department staff, an RSIC Program Director or Manager, and the Tribal Administrator or his/her designee who shall be an employee of the RSIC. The Committee shall be made of up of no less than three (3) people.

3. The Committee’s decision shall be provided verbally and in writing to the Applicant within five working days. Written correspondence will be delivered to the address on the application, via email or in person.

4. The Committee’s decision shall be final and binding, with no further right to appeal.
HOMEOVER ASSISTANCE FUND (HAF) APPLICATION
For Assistance Provided under the US Dept. of the Treasury

Date: ____________________

All information obtained must be accompanied by the signed Release of Information form and will remain confidential.

1. Applicant: ____________________________________________ (Please Print)

2. RSIC Enrolled? □ Yes □ No Tribal Enrollment #: ________________

3. Member of any other Federally Recognized Tribe? □ Yes □ No Tribal Enrollment #: __________

4. Current Address:
   Physical Address/PO Box ____________________________
   City _______ State _______ Zip Code _________________

5. Telephone #: ______________________ Message #: __________________________

6. List names of all persons living in Household:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to Applicant</th>
<th>DOB</th>
<th>Age</th>
<th>Working (Yes</th>
<th>No)</th>
<th>Name of School (if Attending)</th>
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<tbody>
<tr>
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<td>(head of household)</td>
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7. Amount requested: $ __________

8. Please describe the assistance you are requesting.

__________________________________________________________

__________________________________________________________

HAF Application (Revised Form 12/6/21)
I hereby certify all information provided is true and correct to the best of my knowledge. I understand false information shall be cause for disqualification for assistance as outlined in the abuse & fraud policy.

Applicant Name (Print)   

Applicant Signature

➢ HAF Program Requirements are as Follows:

1. Attest to experiencing a financial hardship due to COVID-19 after January 21, 2020
2. Describe the nature of the financial hardship (For example, job loss, reduction in income, increased costs due to healthcare, need to care for family member, etc.)
3. Possess income equal of less than 150% of the area median income.
4. Dwelling must be homeowner’s primary residence.

FOR OFFICE USE ONLY

☐ APPLICATION COMPLETE   ☐ INCOMPLETE - __________________________

☐ ANNUAL HOUSEHOLD INCOME ___________________ 80% MEDIAN INCOME _______________

☐ APPROVED   ☐ DISAPPROVED

COMMENTS: __________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Housing Director Signature   

Date
Date ________________

RSIC
Housing Department
9055 Eagle Canyon Dr.
Sparks, NV 89441

RE: LETTER OF ATTESTATION

To Whom It May Concern;

I, __________________________, hereby attest that since January 21, 2020 my household has experienced financial hardship associated with the COVID-19 pandemic that has resulted in a reduction in household income, increase in living expenses, loss of employment/temporary layoff, increased costs due to healthcare or need to care for a family member or other financial hardships. I do hereby attest that this information is true, accurate, and complete to the best of my knowledge and I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability.

Sincerely,

__________________________

Signature
VERIFICATION OF EMPLOYMENT

The U.S. Department of Housing and Urban Development regulations require the Reno-Sparks Indian Colony Housing Department to verify employment/income of household family members for the purpose of determining the family’s eligibility for housing assistance.

Name: ___________________________ Soc. Sec. #: ___________________________

Address: ________________________________________________________________

                   Street        City/State        Zip Code

Name of Employer: ___________________________________________ Phone: __________

Address of Employer: ____________________________________________

                   Street        City/State        Zip Code

I hereby authorize my employer to release the requested information to the Reno-Sparks Indian Colony Housing Department regarding my employment/income status. I understand that the information will be kept confidential and will be used only for the program purpose.

Signature: ___________________________________________ Date: __________________

Applicant/Participant/Other Adult

*****************************************************************************  EMPLOYER TO COMPLETE  *****************************************************************************

Position Title: ___________________________________________________________

Date of Employment: ___________________________ Current hourly rate: $ __________

Hours per week: ______

    Hourly ☐   Weekly ☐   Bi-Weekly ☐   Monthly ☐   Annual ☐

    Full time ☐  Part-time ☐  Temporary ☐  On-call ☐

If no longer employed, when was last date of employment? __________________________

CERTIFICATION

This form should be completed and signed by a bona fide representative of the employer. Federal statutes provide severe penalties for any fraud or intentional misrepresentation.

Signature of Authorized Representative: __________________________________________

Title: ___________________________ Date: ___________________________
VERIFICATION OF EMPLOYMENT

The U.S. Department of Housing and Urban Development regulations require the Reno-Sparks Indian Colony Housing Department to verify employment/income of household family members for the purpose of determining the family’s eligibility for housing assistance.

Name: ________________________________________ Soc. Sec. #: ____________________________

Address: _____________________________________________ Street _____________________________

City/State Zip Code

Name of Employer: ____________________________ Phone: ________________________________

Address of Employer: ____________________________ Street _____________________________

City/State Zip Code

I hereby authorize my employer to release the requested information to the Reno-Sparks Indian Colony Housing Department regarding my employment/income status. I understand that the information will be kept confidential and will be used only for the program purpose.

Signature: ____________________________ Date: ____________

Applicant/Participant/Other Adult

**************************************** EMPLOYER TO COMPLETE ****************************************

Position Title: ____________________________

Date of Employment: ______________ Current hourly rate: $ __________

Hours per week: ________

Hourly ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Annual ☐

Full time ☐ Part-time ☐ Temporary ☐ On-call ☐

If no longer employed, when was last date of employment? ______________

CERTIFICATION

This form should be completed and signed by a bona fide representative of the employer. Federal statutes provide severe penalties for any fraud or intentional misrepresentation.

Signature of Authorized Representative: ____________________________

Title: ____________________________ Date: ____________
STATION OF NO INCOME

I, ________________________________, certify that I have no income and therefore, I submit the following statement of how I am presently living with no income:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signed: ___________________________ Date: __________________________

Revised 7/06
Attention Client – DO NOT fill out the W-9 with your personal social security info.

W-9 to be filled out by Mortgage Co/Lender. Please fill out with Tax ID information in order to be entered into system for check production. Check will be made payable to W-9 name and address. Please verify that the name and address on W-9 is correct.

Thank You.
Form W-9

Request for Taxpayer Identification Number and Certification

Give Form to the requestor. 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

3. Check appropriate box for federal tax classification; check only one of the following seven boxes:
   - Individual/sole proprietor or
   - Corporation
   - Partnership
   - Trust/estate
   - Limited liability company. Enter the tax classification (C=corporation, S=corporation, P=partnership)
   - Note: For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
   - Other (see instructions)

4. Exemptions (codes apply only to certain entities, see instructions on page 9):
   - Exempt payee code (if any)
   - Exemption from FATCA reporting code (if any)

5. Address (number, street, and apt. or suite no.)

6. City, state, and Zip code

7. List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). You do not have to enter a TIN in the chart on page 4.

Note: If the account is in more than one name, see the instructions on page 3. For guidelines on whose number to enter.

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.

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, acquistion or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here

Signature of U.S. person

Date

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted. Future developments, information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/w9.

Purpose of Form

An individual or entity (Form W-9 requestor) 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 (broker or mutual fund sales and certain other transactions by brokers)
- Form 1098-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1099 (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)
- Form 1099-O (as a beneficial owner of a payee)

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 requestor, or a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the check-off form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting is correct. See What is FATCA reporting? on page 2 for further information.