

Renter:

PO Box 314 Oregon, WI 53575

Phone: 608-238-3448 or 1-888-400-5974

Fax: 608-238-2084

Email: wrhewisconsinruralhousing.org

## LANDLORD VERIFICATION for Security Deposit – to be filled out by your landlord

(This NOT an application for assistance – renter must fill out the application on our website)

This form is required to be completed by your landlord or agent of the landlord. This form must be returned to our office with your application. Failure to do so will delay the processing of your application.

**Co-Renter** 

Rental Address:								
City:		State:	Zip:					
Security Deposit Amount \$	Has this been p	aid:	How much \$					
	Yes	or No						
Monthly Rent Amount \$	Has this been p	aid:	How much \$					
	Yes	or No						
When can the renter occupy the	Is this unit subsidized	?						
unit?	Yes or I	No						
Landlord Name:		Phone:						
Landiord Name:		Priorie:						
Email:								
Mailing Address:		City:						
State: Zi	p:							
y accepting this assistance, you are n	otified that any refund	on the security c	leposit up to the amount originally paid					
			to pay for any damage or charges that are					
		•	<b>NOT</b> be used to pay last month's rent. By					
			to Foundation for Rural Housing, Inc. as					
greed in the above paragraph and cer ccurate.	tify to the best of your i	knowledge that tr	ie information provided by you is					
ccurate.								
andlord or representative signature			Date					



# **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.

Befor	е у	<b>bu begin.</b> For guidance related to the purpose of Form W-9, see <i>Purpose of Form</i> , below.												
	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the orentity's name on line 2.)	wner's na	me on	line 1, a	and ent	ter the	busi	ness/d	isregard	led			
	2 Business name/disregarded entity name, if different from above.													
Print or type. See Specific Instructions on page 3.	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.  □ Individual/sole proprietor □ C corporation □ S corporation □ Partnership □ Trust/estate □ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)  Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead 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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any)								
P Specific	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions							(Applies to accounts maintained outside the United States.)						
See	5	Address (number, street, and apt. or suite no.). See instructions.						and address (optional)						
	6	City, state, and ZIP code												
	7	List account number(s) here (optional)												
Pai	t I	Taxpayer Identification Number (TIN)												
Enter	VOL	r TIN in the appropriate box. The TIN provided must match the name given on line 1 to av	oid	Social	secur	ity nun	nber							
backı reside entitie	p w nt a s, i	withholding. For individuals, this is generally your social security number (SSN). However, fallien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other is your employer identification number (EIN). If you do not have a number, see <i>How to ge</i>	ora	or		-		_						
TIN. later.							r identification number							
		ne account is in more than one name, see the instructions for line 1. See also What Name To Give the Requester for guidelines on whose number to enter.	and		-									
Par	i II	Certification	l			-	-							
Unde	· pe	nalties of perjury, I certify that:												
1. The	nu	mber shown on this form is my correct taxpayer identification number (or I am waiting for	a numbe	er to be	issue	d to n	ne); aı	nd						
Sei	vice	of subject to backup withholding because (a) I am exempt from backup withholding, or (b) a (IRS) that I am subject to backup withholding as a result of a failure to report all interest oper subject to backup withholding; and									ım			
3. I ar	n a	U.S. citizen or other U.S. person (defined below); and												
4. The	FA	TCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reportin	a is corr	ect.										

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	Signature of	
	U.S. person	Dat

## **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.

#### What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they