



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.**

TENANT NAME: _____ DATE OF OCCUPANCY: _____

RENTAL STREET ADDRESS: _____

CITY/TOWN : _____ PHONE: _____

Number adults in household: _____ Number of children: _____

TYPE OF DWELLING: Circle one: Single-family Multi-family (3+Apts) Duplex Mobile home Rooming house

Year Dwelling was built: _____

PLEASE LIST EVERYONE LIVING IN THE HOUSEHOLD

Total Number of rooms _____ (do not count bathrooms or hallways)

Type of fuel used for heat: Oil Kero Propane NatGas Wood Electric Other _____

Is the tenant responsible for full rent: ___Yes ___No **(NOTE: City and Town Welfare is not a subsidy)**

IF NOT: Agency paying _____ Amount of subsidy \$ _____

Rental Amount: \$ _____ PER: Month or Week Past Due \$ _____

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

Signature of Landlord/Manager (required)

PHONE (required)

DATE (required)

Requirement for payment

*When the heat is included in the rent, the FAP payment will be made towards the rent. **The landlord must complete an Alternate W-9 Payers Request for Taxpayer Identification Number and Certification and the NH Employment Security Form** (New Hire Reporting Law Requirement). Submit these completed forms to the local Community Action Program office. Please read the instructions carefully. Should you have questions please contact your nearest Area Center.

Concord Area Resource Center
 603-225-6880
CARC@capbm.org

Laconia Area Resource Center
 603-524-5512
LARC@capbm.org

Warner Area Resource Center
 603-456-2207
WARC@capbm.org

Suncook Area Resource Center
 603-485-7824
SARC@capbm.org

Meredith Area Resource Center
 603-279-4096
MARC@capbm.org

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. <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 <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. <input type="checkbox"/> 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 FATCA reporting code (if any) _____ <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																										
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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.



COMMUNITY ACTION PROGRAM
BELKNAP-MERRIMACK COUNTIES, INC.
EMPOWERING COMMUNITIES SINCE 1965



Po Box 1016

Concord, NH 03302

Phone: 225-3295 Fax: 228-1898

Email: Fuelassistance@capbm.org

Please Print

Name: _____

Mailing Address: _____

Town/City: _____ State: _____ Zip code: _____

Telephone: __ (____) _____

Social Security Number: _____ - _____ - _____

Printed Name: _____

Authorized Signature: _____

Tenants Name: _____

Information on this form must match information on the W-9.

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