



# CHDO Down Payment Assistance Application Checklist

Homebuyer/Applicant Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address of Subject Property: \_\_\_\_\_

To process your application, please provide REBOUND, Inc. with the following checklist. You must provide a completed application to be considered for assistance. Incomplete applications will not be processed.

**Copy of Pre-Approval Letter from Lending Institution** -The preapproval letter must include the maximum loan amount the lender is willing to loan and the mortgage loan type (FHA, Conventional, VA)

**Copy of Homeownership Counseling / Homebuyer Education Certificate**

**Home Buyer Application & Intake Form**

**IRS W9 Form – Request for Taxpayer Information**

**Down Payment Assistance Program Handbook Acknowledgement**

**Declaration of 214 Status for all household members**

**HUD Direct Benefit Form**

**Verification of Household Income**

Signed Verification of Employment (VOE) Form for all employed adults 18 & over.

(If applicable) For all adults with no income, a Certification of Zero Income must be completed.

Two (2) months of current consecutive paycheck stubs from all employed adults 18 & over.

(Paystubs must show YTD income)

(If applicable) Copy of Statement from SSI and/or Social Security - (Cannot be over 120 days old)

(If applicable) Copy of Child Support Affidavit for each child dependent.

(If applicable) Welfare Agency; K-TAP Print-Out - (Cannot be over 120 days old)

(If applicable) Copy of Workers Compensation

(If applicable) Copy of Unemployment Compensation

(If applicable) Copy of 1099 Tax Form if you are Self-Employed

HUD Direct Benefit Form

**Verification of Household Assets**

Copy of signed Banking Verification Form for each adult age 18 & over. (Attached)

Copies of any interest-bearing account statement (checking or saving), 401K, dividends, And/or other net income from real or personal property (All household members age 18 or older)

**Additional Documentation**

(If applicable) Copy of Divorce Decree

(If applicable) Copy of Housing Choice Voucher Homeowner Worksheet – Section 8

Copies of Photo ID from the applicants; AND Copies of Social Security Card for each Household Member

**Lender Provided Documents:** Most Recent Credit Report, 1003 Form, Closing Cost Worksheet, Appraisal, Title Commitment, Results of 4506 Inquiry, 1008 Transmittal Summary

**Please note:** REBOUND may contact your employer and your bank to request third-party verifications

**PLEASE EMAIL OR HAND-DELIVER THE COMPLETED APPLICATION PACKET TO:**

Submit to: [REBOUND@lul.org](mailto:REBOUND@lul.org)

REBOUND, Inc. | 1535 W. Broadway | Louisville, KY 40203 | 502-566-3416



# APPLICATION INTAKE FORM



REBOUND, Inc. is required by federal regulations to determine the amount of a family's gross household income before the family is allowed to purchase/move into any income-restricted and/or CHDO-assisted housing. Please complete all of the information below for the person listed above. Thank you for your assistance.

## BORROWER INFORMATION

Name of Applicant: \_\_\_\_\_ Social Security #: \_\_\_\_\_ DOB (mm/dd/yyyy): \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  I currently own  I currently rent

Years at Current Address: \_\_\_\_\_ Monthly Rent/Mortgage Payment: \$ \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Are you currently employed?:  Yes  No Name of Employer: \_\_\_\_\_

Marital Status:  Single  Married  Separated  Divorced

Household Size: \_\_\_\_\_ Number of dependents: \_\_\_\_\_

## CO-BORROWER INFORMATION

Name of Co-Applicant: \_\_\_\_\_ Social Security #: \_\_\_\_\_ DOB (mm/dd/yyyy): \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  I currently own  I currently

Years at Current Address: \_\_\_\_\_ Monthly Rent/Mortgage Payment: \$ \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Are you currently employed?:  Yes  No Name of Employer: \_\_\_\_\_

Marital Status:  Single  Married  Separated  Divorced

### Check all that apply:

### Additional Information:

Yes  No Were you a member of the U.S. Armed Forces? \_\_\_\_\_

Yes  No Are you a current HPI resident? \_\_\_\_\_

Yes  No Are you a full-time student? \_\_\_\_\_

Yes  No Does anyone in your household have a disability? \_\_\_\_\_

Yes  No Have you owned a home in the last three (3) years? \_\_\_\_\_

Yes  No Do you receive a Housing Choice Voucher? \_\_\_\_\_

Yes  No Do you need to complete homebuyer education? \_\_\_\_\_

Yes  No Do you currently own any real estate? \_\_\_\_\_



**REBOUND, Inc.** is required by federal regulations to determine the amount of a family's gross household income before the family is allowed to purchase/move into any income-restricted and/or CHDO-assisted housing. Please complete all of the information below for the person listed above. Thank you for your assistance.

HOUSEHOLD COMPOSITION INFORMATION							
#	Last Name	First Name & Middle Initial	Marital Status	Relationship to Head of Household	Date of Birth (mm/dd/yyyy)	Last 4 Digits of Social Security	F/T Student Yes or No
1				HEAD			
2							
3							
4							
5							
6							
7							
8							

EMPLOYMENT INFORMATION	
<b>APPLICANT</b>	
<input type="checkbox"/> I am self-employed	
Employer: _____	Address: _____
Your Position/Job Title: _____	Date Hired: _____
Employer Contact Person: _____	Title: _____
Phone: _____	Fax: _____
	Email: _____
<b>CO-APPLICANT</b>	
<input type="checkbox"/> I am self-employed	
Employer: _____	Address: _____
Your Position/Job Title: _____	Date Hired: _____
Employer Contact Person: _____	Title: _____
Phone: _____	Fax: _____
	Email: _____

GROSS MONTHLY HOUSEHOLD INCOME INFORMATION				
Household Member	Wages / Employment Income	Self-Employment Income	Social Security / Pensions / Retirement Income	Other Income
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

**REBOUND, Inc.** is required by federal regulations to determine the amount of a family's gross household income before the family is allowed to purchase/move into any income-restricted and/or CHDO-assisted housing. Please complete all of the information below for the person listed above. Thank you for your assistance.

## HOUSEHOLD ASSET INFORMATION

<b>Check all that apply:</b>					
<input type="checkbox"/> Checking Account	Value \$ _____	<input type="checkbox"/> Real Estate	Value \$ _____	<input type="checkbox"/> CDs	Value \$ _____
<input type="checkbox"/> Savings Account	Value \$ _____	<input type="checkbox"/> IRAs	Value \$ _____		
<input type="checkbox"/> Pension	Value \$ _____	<input type="checkbox"/> Money Market	Value \$ _____		
<input type="checkbox"/> Stocks/Bonds	Value \$ _____	<input type="checkbox"/> 401K	Value \$ _____		

## APPLICATION CERTIFICATION

**By signing below, I certify I/We certify that the above information in this application is true and correct.**

**APPLICANT:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CO-APPLICANT:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## INFORMATION FOR MONITORING PURPOSES

You are not required to provide this information but are encouraged to do so. If you do not wish to furnish the information, please check the box below.

**APPLICANT**     I do not wish to furnish this information.    **CO-APPLICANT**     I do not wish to furnish this information.

<p><b>APPLICANT</b></p> <p><b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino    <input type="checkbox"/> Not Hispanic or Latino</p> <p><b>Race:</b></p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> White</p> <p><b>Sex:</b> <input type="checkbox"/> Female    <input type="checkbox"/> Male</p>	<p><b>CO-APPLICANT</b></p> <p><b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino    <input type="checkbox"/> Not Hispanic or Latino</p> <p><b>Race:</b></p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> White</p> <p><b>Sex:</b> <input type="checkbox"/> Female    <input type="checkbox"/> Male</p>
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# EMPLOYMENT VERIFICATION FORM



**THIS SECTION IS TO BE COMPLETED AND EXECUTED BY THE APPLICANT/BORROWER**

TO: (Name & Address of Employer)

FROM: (Contact Name & Address of REBOUND, Inc. )

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

RE: \_\_\_\_\_  
Applicant/Borrower Name

Email: [REBOUND@lul.org](mailto:REBOUND@lul.org) Phone: [502-566-3416](tel:502-566-3416)

\_\_\_\_\_  
Current Address

**PERMISSION FOR RELEASE OF INFORMATION**

The above-named individual has applied for assistance from the [REBOUND, Inc. CHDO Down Payment Assistance Program](#). To determine eligibility, the program must have verification of income and employment status. Please submit as quickly as possible.

\_\_\_\_\_  
Signature of Applicant/Borrower Name

\_\_\_\_\_  
Date

**THIS SECTION IS TO BE COMPLETED BY THE EMPLOYER**

*Employer, please fill in all blanks. Enter N/A if an item does not apply to the above employee.*

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Presently Employed: Yes: \_\_\_ Date First Employed \_\_\_\_\_ No: \_\_\_ Last Day of Employment \_\_\_\_\_

Current gross wages/salary: \$ \_\_\_\_\_ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other \_\_\_\_\_

Average # of regular hours per week: \_\_\_\_\_

Overtime Rate: \$ \_\_\_\_\_ per hour Average # of overtime hours per week (not included in regular hours): \_\_\_\_\_

Shift Differential Rate: \$ \_\_\_\_\_ per hour Average # of shift differential hours per week (not included in regular hours): \_\_\_\_\_

Commissions, bonuses, tips, other: \$ \_\_\_\_\_ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other \_\_\_\_\_

Year-to-date earnings: \$ \_\_\_\_\_ From \_\_\_/\_\_\_/\_\_\_ through \_\_\_/\_\_\_/\_\_\_

List any anticipated change in the employee's rate of pay within the next 12 months; \_\_\_\_\_ Effective date: \_\_\_\_\_

Is the employee's work seasonal or sporadic? Yes \_\_\_ No \_\_\_ If yes, indicate the average number of weeks in the layoff period(s): \_\_\_\_\_

Does this employee have a 401(k), 403(b), or other retirement accounts? Yes \_\_\_ No \_\_\_ If yes, can the employee withdraw the funds from this account? Yes \_\_\_ No \_\_\_

What is the appropriate agency/contact information to verify retirement account information? \_\_\_\_\_

Additional remarks: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Your Name: \_\_\_\_\_

Tel. #: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.**



# BANKING VERIFICATION FORM



**THIS SECTION IS TO BE COMPLETED AND EXECUTED BY THE APPLICANT/BORROWER**

TO: (Applicant/Borrower Name)

FROM: (Contact Name & Address of REBOUND, Inc. )

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Social Security No

\_\_\_\_\_

RE: \_\_\_\_\_

Email: [REBOUND@lul.org](mailto:REBOUND@lul.org) Phone: [502-566-3416](tel:502-566-3416)

Banking/Financial Institution

\_\_\_\_\_ Branch Location

\_\_\_\_\_ Branch Phone

**PERMISSION FOR RELEASE OF INFORMATION**

The above-named individual has applied for assistance from the [REBOUND, Inc. CHDO Down Payment Assistance Program](#). To determine eligibility, the program must have verification of income and assets. Please submit as quickly as possible.

\_\_\_\_\_ Signature of Applicant/Borrower Name

\_\_\_\_\_ Date

**THIS SECTION IS TO BE COMPLETED BY THE BANKING/FINANCIAL INSTITUTION**

Checking Account:	Last 6 Months' Average Balance	Last 6 Month's Interest Income	Date Account Opened
No:			
No:			
No:			

Savings Account:	Current Account Balance	Current Interest Rate	Date Account Opened
No:			
No:			
No:			

Other Account (list):	Current Account Balance	Current Interest Rate	Date Account Opened
No:			
No:			
No:			

Additional remarks: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Your Name: \_\_\_\_\_

Tel. #: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.**



# CHILD SUPPORT AFFIDAVIT FORM



Applicant/Borrower Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child support payments that are received shall be included as income whether or not there is yet a court order awarding payment.

Child support amounts awarded by the courts but not received can be excluded only when the applicant/resident certifies that payments are not being made and further documents that all reasonable legal actions to collect the amount due, including filing with the appropriate courts or agencies responsible for enforcing payment, have been taken.

<b>A. Do you receive child support?</b>	<b>Yes Go to B</b>	<b>No Go to C.1</b>
	<input type="checkbox"/>	<input type="checkbox"/>
<b>B. I receive:</b>		
1. Payment amount		
2. Frequency		
3. Name of source _____		
4. Go to C.1	Complete multiple affidavit forms if there are multiple sources.	
<b>C. 1. Have you been awarded child support by court order?</b>		
	<b>Yes Go to C.2</b>	<b>No Go to D.</b>
2. Provide a copy of the entire document (court order), enter the amount of award \$ _____, and frequency; go to C.3.		
3. Is payment being received as awarded?	<b>Yes Go to 3.a</b>	<b>No Go to 3.b</b>
<b>a. Indicate how payment is received and sign the form.</b>		
i. _____ Enforcement Agency	_____ Name agency and provide agency print out	
ii. _____ Court of Law	_____ Name Court of Law	
iii. _____ Direct from the responsible party	_____ Name source and provide affidavit or statement from the source.	
iv. _____ Other	_____ Explain	
<b>b. If payment is not received or if the amount received is less than the amount awarded provide details and documentation of collection efforts.</b>		
<b>D. Do you receive child support not awarded by court order?</b>		
If yes, please list amount: _____ " Per Wk " Per Mon	<b>Yes Sign Form</b>	<b>No Sign Form</b>
Under penalty of perjury, I certify that the information presented in this affidavit is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.		
_____ Applicant/Borrower Signature	_____ Date of signature	

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

## Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

<b>Print or type.</b> <b>See Specific Instructions on page 3.</b>	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.	<b>4</b> 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) ▶ _____ <b>Note:</b> 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 <b>not</b> 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) ▶	<small>(Applies to accounts maintained outside the U.S.)</small>
	<b>5</b> Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code		
<b>7</b> List account number(s) here (optional)		

<b>Part I Taxpayer Identification Number (TIN)</b>																																		
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 <i>How to get a TIN</i> , later.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="11" style="text-align: center;"><b>Social security number</b></td> </tr> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> <tr> <td colspan="4" style="text-align: center;">-</td> <td colspan="3" style="text-align: center;">-</td> <td colspan="4"></td> </tr> </table>	<b>Social security number</b>																						-				-						
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-				-																														
<b>Note:</b> If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="11" style="text-align: center;"><b>Employer identification number</b></td> </tr> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> <tr> <td colspan="4" style="text-align: center;">-</td> <td colspan="7"></td> </tr> </table>	<b>Employer identification number</b>																						-										
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<b>Part II Certification</b>			
Under penalties of perjury, I certify that:			
<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. I am a U.S. citizen or other U.S. person (defined below); and</li> <li>4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.</li> </ol>			
<b>Certification instructions.</b> 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.			
<b>Sign Here</b>	<table style="width: 100%;"> <tr> <td style="width: 60%;">Signature of U.S. person ▶</td> <td style="width: 40%;">Date ▶</td> </tr> </table>	Signature of U.S. person ▶	Date ▶
Signature of U.S. person ▶	Date ▶		

### 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](http://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.*



By signing the filled-out 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*, later, for further information.

**Note:** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

## What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note: ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or “doing business as” (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity’s name as shown on the entity’s tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a “disregarded entity.” See Regulations section 301.7701-2(c)(2)(iii). Enter the owner’s name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner’s name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity’s name on line 2, “Business name/disregarded entity name.” If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

### Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

### Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

### Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

#### Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys’ fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note:** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

### Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

### Line 6

Enter your city, state, and ZIP code.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note:** See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.SSA.gov](http://www.SSA.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/Businesses](http://www.irs.gov/Businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. Go to [www.irs.gov/Forms](http://www.irs.gov/Forms) to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to [www.irs.gov/OrderForms](http://www.irs.gov/OrderForms) to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.**

You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.**

You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.**

You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

**What Name and Number To Give the Requester**

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
6. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

\*Note: The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

**Secure Your Tax Records From Identity Theft**

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.**

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at [spam@uce.gov](mailto:spam@uce.gov) or report them at [www.ftc.gov/complaint](http://www.ftc.gov/complaint). You can contact the FTC at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see [www.IdentityTheft.gov](http://www.IdentityTheft.gov) and Pub. 5027.

Visit [www.irs.gov/IdentityTheft](http://www.irs.gov/IdentityTheft) to learn more about identity theft and how to reduce your risk.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

## **DECLARATION OF SECTION 214 STATUS**

**INSTRUCTIONS:** EACH HOUSEHOLD MEMBER MUST COMPLETE THIS DECLARATION.  
A PARENT/GUARDIAN MUST SIGN FOR FAMILY MEMBERS UNDER AGE 18.

**LAST NAME:** \_\_\_\_\_

**FIRST NAME:** \_\_\_\_\_

**RELATIONSHIP TO HEAD OF HOUSEHOLD** \_\_\_\_\_ **SEX** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_

**SOCIAL SECURITY #** \_\_\_\_\_ **ALIEN REGISTRATION NO.** \_\_\_\_\_

**ADMISSION NUMBER** \_\_\_\_\_ IF APPLICABLE, (THIS IS AN 11-DIGIT NUMBER FOUND ON INS FORM I-94, DEPARTURE RECORD)

**NATIONALITY** \_\_\_\_\_ (ENTER THE FOREIGN NATION OR COUNTRY TO WHICH YOU OWE LEGAL ALLEGIANCE. THIS IS NORMALLY, BUT NOT ALWAYS THE COUNTRY OF BIRTH.)

<b>INS/SAVE VERIFICATION NO.</b> _____ (TO BE ENTERED BY OFFICE PERSONNEL)	<b>Date verified</b> _____
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<p><b>INSTRUCTIONS:</b> COMPLETE THE DECLARATION BELOW BY PRINTING OR TYPING THE PERSON'S FIRST NAME, MIDDLE INITIAL, AND LAST NAME IN THE SPACE PROVIDED. THEN REVIEW THE BLOCKS DESIGNATED BELOW AND COMPLETE EITHER BLOCK NUMBER 1, 2, OF 3.</p>
---

### **DECLARATION**

I, \_\_\_\_\_ (*print name*) hereby declare, under penalty of perjury, that I am:

<p>____ <b>1. A CITIZEN OR NATIONAL OF THE UNITED STATES</b></p>
--

<p><b>If you checked this block, no further information is required.</b> Sign and date below and forward this Form to the Down Payment Assistance Office. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.</p>
---

_____ Signature	_____ Date
--------------------	---------------

Check here if adult signed for a child: _____
---

**2. A NONCITIZEN WITH ELIGIBLE IMMIGRATION STATUS IN THE CATEGORY CHECKED BELOW:**

- \_\_\_(i) A noncitizen lawfully admitted for permanent residence, as defined by section 101(a) (20) of the Immigration and Nationality Act (INA) as an immigrant, as defined by section 101(a) (15), respectively). {Immigrants} (This category includes a noncitizen admitted under Section 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker]., who has been granted lawful resident status);
- \_\_\_(ii) A noncitizen who entered the United States before January 1, 1972, or such later date as enacted by law and has continuously maintained residence in the United States since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under Section 249 of the INA (8 U.S.C. 1259);
- \_\_\_(iii) A noncitizen who is lawfully present in the United States pursuant to an admission under Section 207 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under Section 203 (a) (7) of the INA (8U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity;
- \_\_\_(iv) A non citizen who is lawfully present in the United States as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under Section 212(d)(5) of the INA (8 U.S.C. 1182(D)(5)) [parole status];
- \_\_\_(v) A noncitizen who is lawfully present in the United States as a result of the Attorney General's withholding deportation under Section 243(h) of the INA (8 U.S.C. 1253(h)) [threat to life of freedom]; or
- \_\_\_(vi) A noncitizen lawfully admitted for temporary or permanent residence under Section 245A of the INA (8 U.S.C. 1255A) [amnesty granted under INA 245A].

**3. NOT CONTENDING ELIGIBLE IMMIGRATION STATUS AND I UNDERSTAND THAT I AM NOT ELIGIBLE FOR FINANCIAL ASSISTANCE.**

If you checked this block, no further information is required and the person named above is not eligible for assistance. Sign and date below and forward this form to the Department of Housing & Family Services Housing & Community Development Division, Down Payment Assistance Program Office.

If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_

If you checked this block and you are 62 years of age or older and receiving US Government Assistance on June 19, 1995, you should submit proof of age document together with this form,

and sign here:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**OR**

If you checked this block and you are under 62 years of age, you must submit one of the following documents:

- \_\_\_ 1. Form I-551, Alien Registration Receipt Card (for permanent resident aliens);
- \_\_\_ 2. Form I-94, Arrival-Departure Record, with one of the following annotations:
  - “Admitted as Refugee Pursuant to Section 207;
  - “Section 208” or “Asylum”
  - “Section 243(h)” or “Deportation stayed by Attorney General”;
  - “Paroled Pursuant to Section 212(d)(5) of the INA”
- \_\_\_ 3. Form I-94, Arrival-Departure Record, is not annotated, then accompanied by one of the following documents:
  - A final court decision granting asylum (but only if no appeal is taken);
  - A letter from an INS asylum officer granting asylum (if application is filed on or after October 1, 1990) or from an INS district director grant asylum (if application filed before October 1, 1990);
  - A court decision granting withholding or deportation; or
  - A letter from an INS asylum officer granting withholding of deportation (if application filed on or after October 1, 1990).
- \_\_\_ 4. Form I-688, temporary Resident Card, which must be annotated “Section 245A” or “Section 210”;
- \_\_\_ 5. Form I -688b, employment authorization card, which must be annotated “provision of law 274a.12(11)” or “provision of law 274a.12;
- \_\_\_ 6. A receipt issued by the ins indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant’s entitlement to the document has been verified;
- \_\_\_ 7. Form I -151, alien registration receipt card.

If this block is checked, sign and date below, and submit the documentation required to: Department of Housing & Family Services Housing and Community Development Division, Down Payment Assistance Program. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_







# CHDO DOWN PAYMENT ASSISTANCE PROGRAM



## HUD Direct Benefit Form FOR FEDERAL REPORTING PURPOSES ONLY

The following information is required for reporting purposes to the U. S. Department of Housing and Urban Development and will not be used in the determination of eligibility.

Number of bedrooms: \_\_\_\_\_ Household Monthly Gross Income: \$ \_\_\_\_\_

### HEAD OF HOUSEHOLD INFORMATION:

*Please check all that apply*

- |   |   |
|---|---|
| <input type="checkbox"/> Single/Non-Elderly | <input type="checkbox"/> Parent Related/Parent    |
| <input type="checkbox"/> Elderly            | <input type="checkbox"/> Female Head of Household |
| <input type="checkbox"/> Related/Single     | <input type="checkbox"/> Handicap                 |
| <input type="checkbox"/> Other: _____       |   |

### RACE / ETHNICITY:

*Please check all that apply*

**Ethnicity:**  Hispanic or Latino       Not Hispanic or Latino

**Race:**

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Asian                            | <input type="checkbox"/> White                                     |
| <input type="checkbox"/> Black or African American        |  |
| <input type="checkbox"/> Other / Multiracial              |  |

-----  
Please list all household members, including live in aides, and those that may reside at home part time.

**Number of Household Members** \_\_\_\_\_

Other members of Household:    Relation to Head                      Age                      Social Security #

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_



# CHDO DPA Program Handbook Acknowledgement

## Applicant:

I, \_\_\_\_\_ (**Print Name**) acknowledge that I have read and understand the REBOUND, Inc. CHDO Homebuyer Down Payment Assistance Program Handbook I agreed to the terms and conditions outlined in the handbook.

**By signing below you are attesting that you have received, read, and understand the “REBOUND, Inc. CHDO Homebuyer Down Payment Assistance Program Handbook”**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

## Co-Applicant:

I, \_\_\_\_\_ (**Print Name**) acknowledge that I have read and understand the REBOUND, Inc. CHDO Homebuyer Down Payment Assistance Program Handbook. I agreed to the terms and conditions outlined in the handbook.

**By signing below you are attesting that you have received, read, and understand the “REBOUND, Inc. CHDO Homebuyer Down Payment Assistance Program Handbook”**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)