



**BOSTON HOUSING AUTHORITY**  
Leased Housing  
52 Chauncy Street, Floors 1, 4, & 5  
Boston, Massachusetts 02111

Phone: 617-988-4000  
Fax: 617-988-4147  
TDD: 800-545-1833 x420  
[www.BostonHousing.org](http://www.BostonHousing.org)

## **Request for Tenancy Approval – Owner Information**

Please read the following regarding the Boston Housing Authority tenancy approval process. An understanding of the following process will help to ensure prompt receipt of housing assistance payments:

1. Complete the enclosed Relocation Package.
2. In addition to the completed package, you must also provide:
  - ✓ **Management Agreement:** A current management agreement or letter from the owner authorizing the management company or property manager to conduct business on behalf of the owner, if applicable.
  - ✓ The BHA has a **Model Lease** that you may utilize for the Section 8 tenancy. However, if you decide to use your own lease, **you must submit it for BHA review.**
  - ✓ **Water Sub-metering Form:** If you wish to charge the tenant for water, you must provide a valid sub-metering form and a lease addendum for billing water utility.
3. Contact the BHA Inspection Department approximately **three (3) business days** after submitting a completed RFTA. Contact the inspections department by calling (617) 522-0048.
4. The unit and any common areas must pass inspection prior to lease-up. The unit must be vacant to conduct an inspection. Typically, an inspection approval prior to the 20<sup>th</sup> of the month will result in a lease effective date on the 1<sup>st</sup> of the following month.
5. The BHA now requires Direct Deposit to receive payment. The Direct Deposit form and a W-9 will be collected by the Owner Services team during the Leasing Process. You can find these forms on our web site: [www.bostonhousing.org/ownerdocs](http://www.bostonhousing.org/ownerdocs). You may submit completed forms in advance to [payments@bostonhousing.org](mailto:payments@bostonhousing.org)
6. The rent for the apartment must be approved by BHA prior to lease up.
7. If a child under the age of 6 will reside in the unit, proof of compliance with Massachusetts lead laws will be required.
8. You may not rent to a tenant who is your spouse, child, parent, grandparent, brother or sister.
9. The Owner is responsible for obligations under the HAP contract and the lease and enforcing the terms of the lease against the tenant. Please review the terms of the Housing Assistance Payments Contract to understand all of your obligations as an owner: [www.bostonhousing.org/ownerdocs](http://www.bostonhousing.org/ownerdocs)



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**RELOCATION PACKAGE – REQUEST FOR TENANT APPROVAL (RFTA)**

Eligible families submit this information to the Boston Housing Authority (BHA) when applying for housing assistance under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The BHA uses the information to determine if the family is eligible, if the unit is eligible, and if the lease complies with program and statutory requirements. Responses are required to obtain a benefit from the Federal Government. The information requested does not lend itself to confidentiality.

<b>Tenant:</b>	<b>Leasing Officer:</b>	<b>Entity ID:</b>
----------------	-------------------------	-------------------

Unit Address:		Apt:
City:	State:	Zip:
<b>Requested Rent: \$</b>	<b># of Bedrooms:</b>	Date Available for Inspection:
Lease Start Date:	Year Constructed:	Security Deposit Amount: \$
Type of House / Apt : <input type="checkbox"/> Single Family <input type="checkbox"/> Duplex/Triple Decker <input type="checkbox"/> Elevator High Rise <input type="checkbox"/> Garden Walk-up <input type="checkbox"/> Other		
If this unit is subsidized, indicate type: <input type="checkbox"/> Section 202 <input type="checkbox"/> Section 221 <input type="checkbox"/> Section 236 <input type="checkbox"/> Section 515 Rural Dev. <input type="checkbox"/> Home <input type="checkbox"/> Tax Credit Other subsidy (Describe subsidy, including any State or local subsidy):		

Utilities	Specify Type	Paid by Family	Paid by Owner
Heating	<input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric	<input type="checkbox"/>	<input type="checkbox"/>
Cooking Fuel	<input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric	<input type="checkbox"/>	<input type="checkbox"/>
Hot Water Heating	<input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric	<input type="checkbox"/>	<input type="checkbox"/>
Electricity		<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator	Check the box for who will supply the refrigerator	<input type="checkbox"/>	<input type="checkbox"/>
Water	Sub-metering form required if family pays for water	<input type="checkbox"/>	<input type="checkbox"/>

<b>Legal Owner's Name (Name on Deed):</b>			
Owner's Address:			
City:	State:	Zip:	
Owner is a BHA employee? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Contact for Financial Statements:</b>			
Address:		Email:	
City:	State:	Zip:	Tel:
<b>Contact for Inspection Reports and Share Letters:</b> <i>All units with the same tax ID can only have one correspondence address.</i>			
Address:		Email:	
City:	State:	Zip:	Tel:

Please provide a management agreement if applicable.



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**Owner Disclosure** (Check one of the following):

- ☐ Lead-based paint disclosure requirements do not apply because this property was built on or after January 1, 1978.
- ☐ The unit, common areas servicing the unit, and exterior painted surfaces associated with such unit or common areas have been found to be lead-based paint free by a lead-based paint inspector certified under the Federal certification program or under a federally accredited State certification program.
- ☐ A completed statement is attached containing disclosure of known information on lead-based paint and/or lead-based paint hazards in the unit, common areas or exterior painted surfaces, including a statement that the owner has provided the lead hazard information pamphlet to the family.

**Owner's Certifications**

1. The owner (including a principal or other interested party) is not the parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving leasing of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.
2. **The BHA has not screened the family's behavior or suitability for tenancy. Such screening is the owner's own responsibility.**
3. The owner's lease must include word-for-word all provisions of the HUD tenancy addendum. ***If you would like to use a lease other than the BHA model lease, you must return it to BHA with this relocation package for approval.***
4. The BHA will arrange for inspection of the unit and will notify the owner and family as to whether or not the unit will be approved.

***LANDLORD SIGNATURE***

***TENANT SIGNATURE***

Print Name of Owner / Owner Representative / Agent		Print or Type Name of Head of Household	
Signature		Signature (Household Head)	
Business Address		Present Address of Family	
Telephone Number	Date (mm/dd/yyyy)	Telephone Number	Date (mm/dd/yyyy)

\*\*\*\*\* ***BHA Internal Use Only*** \*\*\*\*\*

Entity ID:		Rec'd By:		Visual Detector?: Y / N		Lease Attached? Y / N	
Voucher Size:	# in Family:	Child < 6? Y / N	EBL? Y / N	LO		Date Rec'd	



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### **Rent Roll Comparable Information – Owner MUST Complete**

Please provide the data requested below on any similarly sized units in the same building as the proposed unit. Program regulations require that the rent does not exceed that of unassisted units.

**Total Number of Units in Subject Property?**

Comparable Unit #:	Number of Bedrooms:	Current Rent: \$
Address:		
Initial date of occupancy:	Utilities Paid by: Owner / Tenant	
Is Unit Subsidized: Yes / No	Subsidy Type / Agency:	
List Amenities:		
Is unit similar to unit in request in condition and amenities? Y / N		
If No to above, Why not?		
Comparable Unit #:	Number of Bedrooms:	Current Rent: \$
Address:		
Initial date of occupancy:	Utilities Paid by: Owner / Tenant	
Is Unit Subsidized: Yes / No	Subsidy Type / Agency:	
List Amenities:		
Is unit similar to unit in request in condition and amenities? Y / N		
If No to above, Why not?		
Comparable Unit #:	Number of Bedrooms:	Current Rent: \$
Address:		
Initial date of occupancy:	Utilities Paid by: Owner / Tenant	
Is Unit Subsidized: Yes / No	Subsidy Type / Agency:	
List Amenities:		
Is unit similar to unit in request in condition and amenities? Y / N		
If No to above, Why not?		

**Certification by Owner / Agent**

I hereby certify that the information is true and accurate. Warning: It is a federal offense to submit false information in connection with receiving funds from any federal assistance program [18 USC 1001].

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Owner's Name (Please Print):** \_\_\_\_\_



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**Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards**

**Lead Warning Statement**

*Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.*

**Lessor's Disclosure**

(a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

(i) \_\_\_\_\_ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

\_\_\_\_\_

(ii) \_\_\_\_\_ Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the lessor (check (i) or (ii) below):

(i) \_\_\_\_\_ Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

\_\_\_\_\_

(ii) \_\_\_\_\_ Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

**Lessee's Acknowledgment (Initial)**

(c) \_\_\_\_\_ Lessee has received copies of all information listed above.

(d) \_\_\_\_\_ Lessee has received the pamphlet *Protect Your Family from Lead in Your Home*.

**Agent's Acknowledgment (Initial)**

(e) \_\_\_\_\_ Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4852(d) and is aware of his/her responsibility to ensure compliance.

**Certification of Accuracy**

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

_____ Lessor	_____ Date	_____ Lessor	_____ Date
_____ Lessee	_____ Date	_____ Lessee	_____ Date
_____ Agent	_____ Date	_____ Agent	_____ Date



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## **Request for Tenancy Approval—Tenant Information and Certification**

**Answer the questions below:**

**1. Who will be residing in your new apartment?**

First Name / Last Name	Relation to Head	Sex	Current Age	Date of Birth
1.	<b>HEAD</b>	<b>M / F</b>		
2.		<b>M / F</b>		
3.		<b>M / F</b>		
4.		<b>M / F</b>		
5.		<b>M / F</b>		
6.		<b>M / F</b>		
7.		<b>M / F</b>		

**2. Will a child under 6 be residing in your apartment?**

**CIRCLE ONE: YES / NO**

**If YES, Complete the chart below:**

Child Name	Tested?	Results	Date	Testing Agency
	Yes / No	Pos / Neg		
	Yes / No	Pos / Neg		
	Yes / No	Pos / Neg		
	Yes / No	Pos / Neg		
	Yes / No	Pos / Neg		

**3. Does your family include someone who is Deaf or Hard of Hearing?**

**CIRCLE ONE: YES / NO**



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## **Request for Tenancy Approval—Tenant Information and Certification**

### **Review and Certify to the information below:**

1. If you currently receive subsidy and you are relocating, you must give proper notice to your landlord to vacate the unit. ***See the enclosed model 30-day notice to vacate.***
2. Your share of rent and utilities at your new apartment cannot exceed 40% of your monthly adjusted income. BHA will let you know if your new apartment is affordable or not.
3. The BHA may deny your relocation if you have a termination hearing pending or you owe money to the BHA.
4. You may choose to lease an apartment with fewer bedrooms than your voucher size, so long as the apartment meets the appropriate square footage requirements.
5. You may not rent from your spouse, child, parent, grandparent, brother, or sister, unless renting from your relative is approved as a reasonable accommodation for a family member who is a person with disabilities.
6. The BHA shall not schedule an inspection if the Request for Tenancy Approval (RFTA) is incomplete or improperly completed.
7. The unit and building must pass inspection before you can move in. Typically, an inspection approval prior to the 20th of the month will result in a lease effective date on the 1st of the following month.
8. Only your Leasing Officer will be able to tell you when you may move to your new unit.
9. ***Lead Paint Certification of Understanding:*** (1) Any child living with me under six (6) years old should be tested for an elevated blood level of lead ("EBL"), (2) BHA inspectors do not test apartments for lead-based paint, (3) the BHA will order the landlord to conduct a test for lead-based paint only upon request and if a family member under the age of six (6) years old has an EBL equal to or exceeding 20 ug/dl for a single test or 15-19 ug/dl in two consecutive tests three to four months apart or has lead poisoning.

I further certify that I received a copy of the Environmental Protection Agency (EPA) brochure entitled, "Protect Your Family From Lead in Your Home". This brochure should have been provided to you at the inception of your tenancy by your landlord.

Certify your understanding of the requirements by signing below. False statements may be grounds for termination. Signed under the pains and penalties of perjury.

\_\_\_\_\_  
Head of Household (Sign)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Head of Household (Print)



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**This is an important document. If you require interpretation, please call the telephone number below or come to our offices.**

Este es un documento importante. Si requiere de interpretación, por favor llame al número telefónico que aparece a continuación o acuda a nuestras oficinas.

這是一份非常重要的文件。如果您需要翻譯服務，請撥下面的電話或前往我們的辦公室

Isto é um documento importante. Se exige interpretação, por favor chama o número de telefone embaixo ou vem a nossos escritórios.

Это важный документ. Если Вам требуется перевод, пожалуйста позвоните нам (телефонный номер ниже). Или придите в наш офис.

Đây là một tài liệu quan trọng. Nếu quý vị cần phiên dịch, vui lòng hãy gọi cho số điện thoại bên dưới hoặc đến các văn phòng của chúng tôi.

នេះ គឺជាឯកសារសំខាន់មួយ។ ក្នុងករណីលោកអ្នក ចាំបាច់ត្រូវចង់បានការបកប្រែ

សូមទូរស័ព្ទលេខខាងក្រោមនេះមកកាន់ ឬ អញ្ជើញមកទាក់ទងដោយផ្ទាល់នៅការិយាល័យយើងខ្ញុំ។

Sa a se yon dokiman enpòtan. Si ou bezwen entèpretasyon, tanpri rele nimewo telefòn ki anba la a oswa vini nan biwo nou.

Tani waa dhokomenta muhiim ah. Haddii aad rabto tarjumad, fadlan wac lambarka hoos ku qoran ama imow xafiisyadayada.

هذه وثيقة مهمة، وإذا كنت في حاجة إلى ترجمة فورية، يرجى الاتصال على رقم الهاتف المذكور أدناه أو أن تتفضل بالمجيء إلى مكتبنا.

این یک سند بسیار مهم است. اگر به ترجمه آن نیاز دارید، لطفاً با شماره تلفن زیر تماس بگیرید یا به دفتر ما مراجعه کنید.

Telephone Number: (617) 988-4531





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**BHA Model Notice to Vacate**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

RE: NOTICE TO VACATE

Dear Landlord:

I, \_\_\_\_\_, tenant residing at \_\_\_\_\_  
(name) (address)

\_\_\_\_\_, will be vacating my apartment on

the last day of \_\_\_\_\_, 20\_\_\_\_, provided that my next apartment passes  
(month)

Inspection and is approved by BHA.

If I am not able to move out on the date indicated above, I shall provide you with a new notice indicating the date I will relocate.

Sincerely,

\_\_\_\_\_  
Tenant  
Telephone:

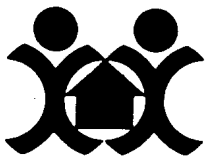
CC: Leasing Officer, Boston Housing Authority

***For Landlord Use Only:***

Landlord Acknowledgement of Receipt: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature)

If notice was not provided to you in a timely manner, do you still agree to release the tenant from their lease obligations on the date above?

**(Circle one) YES / NO**

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**Direct Deposit Enrollment / Change Form**

VENDOR ID#:

**ACTION**

☐ set up new account ☐ change existing account

**PROPERTY OWNER INFORMATION**

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

Owner Name: \_\_\_\_\_ Tel: \_\_\_\_\_

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

**DIRECT DEPOSIT INFORMATION – INCLUDE A VOIDED CHECK**

1. NAME OF BANK: \_\_\_\_\_
2. ACCT # \_\_\_\_\_
3. ACCT Type: ☐ Personal ☐ Business
4. Checking / Savings: ☐ Checking ☐ Savings
5. ROUTING # \_\_\_\_\_
6. TAX ID OR SSN#: \_\_\_\_\_

I certify that I am the owner, or joint owner, of the account designated to receive payment and am entitled to provide this authorization. I authorize the Boston Housing Authority to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my account listed above. **This authorization will remain in effect until the Boston Housing Authority receives written notice of direct deposit termination from me**, in such time and manner as to afford reasonable opportunity for Boston Housing Authority and the Financial Institution(s) to act on it. If I change or terminate my account(s) without notifying the Boston Housing Authority in writing, I understand that my payment(s) may be delayed. This authorization may be discontinued only by my written request or upon termination of all Housing Assistance Payments Contracts with the Boston Housing Authority. Signed under the pains and penalties of perjury.

\_\_\_\_\_  
Signature of Owner\_\_\_\_\_  
Date**PAYMENT CERTIFICATION**

The Owner must promptly notify the BHA for any reason that requires a change to payments under the Housing Assistance Payment Contract. The Owner agrees that continued acceptance of a direct deposit without a prompt written notification to BHA: (1) shall be conclusive evidence that the Payee has received full and correct payment from the BHA, (2) shall certify that the contract unit is in compliance with the Massachusetts State Sanitary Code, (3) shall certify that the contract unit for which the payments are received is occupied by the family, (4) and that the owner will promptly notify the BHA of any vacancy during the lease term. Signed under the pains and penalties of perjury.

\_\_\_\_\_  
Signature of Owner\_\_\_\_\_  
Date

# 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.

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 <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <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. <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) _____  <small>(Applies to accounts maintained outside the U.S.)</small>
	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										
				-				-		
or										
Employer identification number										
				-						

## 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](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.*