



COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
HOUSING ASSISTANCE PROGRAM - UNIVERSAL APPLICATION

INSTRUCTIONS FOR COMPLETING FORMS

HOUSING ASSISTANCE PROGRAMS CHECKLIST (pg. 2)

This checklist will identify all required documentation that must be submitted when applying for any housing assistance component.

- ◆ Use this checklist to ensure you have included all the required documents.

REQUEST FOR ASSISTANCE FORM (pg. 3)

This form must be completed when applying for any housing assistance program.

- ◆ Check the program where the applicant is currently receiving services or check “other” and include the name of the program.
- ◆ Check the type of housing assistance requested. If applying for more than one program, check all that apply.
- ◆ Check if the applicant is a recipient of a tenant-based subsidy, MHSA project-based housing, Market Rate Apartment or Other and indicate the other type of housing.
- ◆ Check if the applicant was released from a correctional facility.
- ◆ Check if the applicant is on Parole or Probation.
- ◆ Complete applicant and agency information.
- ◆ Must be signed by Applicant, Case Manager and Program Manager.

INCOME STATUS, FAMILY COMPOSITION and EVICTION PREVENTION FORM (pg. 4)

The top portion of the form must be completed when applying for any housing assistance program.

- ◆ Complete family composition, income status, location of most recent homeless episode sections, by checking all that apply.
- ◆ Only complete Eviction Prevention Section when applying for Eviction Prevention.

HOUSEHOLD GOODS AND/OR UTILITY DEPOSIT REQUEST FORM (pg. 5)

Complete these forms when applying for Household Goods and/or Utility Deposit

- ◆ Check type of utility being requested, if applying for more than one utility deposit, check all that apply.
- ◆ Complete vendor's name, amount requested, and itemized cost.
- ◆ When applying for Household Goods list the requested items and attach merchant's invoice.
- ◆ When requesting assistance with utilities' security deposits and turning on fees, attach utility bill.
- ◆ Must be signed by Case Manager and Program Manager.

TEMPORARY RENTAL ASSISTANCE AGREEMENT FORM (pg. 6)

This form is only applicable for DMH Directly-Operated FSP Programs applying for temporary rental assistance.

- ◆ Complete month(s) of rental assistance being requested, and the regular monthly rent amount.
- ◆ Complete housing plan section.
- ◆ Must be signed by Applicant, Case Manager and Program Manager.

LANDLORD VERIFICATION FORM (pg. 7)

This form must be completed by Landlord when applicant is applying for Security Deposit, Eviction Prevention, and/or Temporary Rental Assistance.

- ◆ Present to Landlord for completion along with W-9 form.
- ◆ Must be signed by Applicant and Landlord.

PATH PROGRAM INDIVIDUALIZED HOUSING PLAN (pg. 8)

This form must be completed when applying for any housing assistance component.

- ◆ Check the appropriate strategy, target date and accomplished date for each of the three goals.
- ◆ Must be signed by the applicant and the case manager.

AUTHORIZATION FOR USE/DISCLOSURE OF PROTECTED HEALTH INFORMATION FOR HMIS

This form must be completed when applying for any housing assistance program.

- ◆ Must be signed and dated by the applicant / personal representative.

AUTHORIZATION FOR USE/DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI) TO BRILLIANT CORNERS

This form must be completed when applying for any housing assistance program.

- ◆ Must be signed and dated by the applicant / personal representative. The application cannot be submitted to Brilliant Corners without this signed form.

PATH SUPPLEMENTAL INFORMATION FORM

This form must be completed when applying for any housing assistance program.

- ◆ Must be signed and dated by the agency staff. Completing these data elements is a requirement of the funding source. DMH Housing and Job Development Division staff will enter the data into HMIS.

AGENCY VERIFICATION OF HOMELESSNESS

This form must be completed when applying for Security Deposit, Utility Deposit, and Household Goods.

- ◆ Must be completed by the referring agency and signed by Case Manager and Program Manager.

CERTIFICATION OF RESIDENCE IN A HOMELESS FACILITY

This form must be completed when applying for Security Deposit, Utility Deposit, and Household Goods.

- ◆ Must be completed and signed by the homeless facility staff member.

HOUSING ASSISTANCE PROGRAMS - UNIVERSAL APPLICATION
CHECKLIST

REQUIRED DOCUMENTS FOR ANY HOUSING ASSISTANCE PROGRAM REQUEST

- ☐ If the applicant is a recipient of a **Tenant Based or Project Based** Subsidy,
 - applicant does not need to provide documents for minors;
 - applicant can submit homelessness document from Housing Authority application.
- ☐ Photo Identification of applicant and all household members 18 years of age and older.
- ☐ Verification of having a financial need by case manager.
- ☐ Authorization For Use/Disclosure of Protected Health Information for HMIS
- ☐ HAP HMIS Supplemental Information Form
- ☐ W-9 Form completed by the Vendor/property owner/property management agency
- ☐ Authorization For Use/Disclosure of Protected Health Information for Brilliant Corners
- ☐ Agency Verification of Homelessness (*not used for Eviction Prevention*)
- ☐ Certification of Residence in a Homeless Facility (*not used for Eviction Prevention*)
- ☐ Individualized Housing Plan

ADDITIONAL REQUIRED DOCUMENTS FOR SECURITY DEPOSIT

- ☐ If the applicant is a recipient of a **Tenant Based Subsidy such as Housing Choice Voucher or Continuum of Care**, attach one of the following items which stipulate the applicant and Housing Authority's shares of the rent and a statement that the unit has been inspected and approved.
 - ☐ **Letter of Determination*** from the Housing Authority of the City of Los Angeles, or;
 - ☐ Verification of **Lease Approval*** from the Los Angeles County Development Authority
- ☐ If the applicant is **NOT** a **Tenant Based Subsidy** recipient, a signed copy of the Lease Agreement.

ADDITIONAL REQUIRED DOCUMENTS FOR EVICTION PREVENTION

- ☐ Evidence that the applicant has resided in the unit for at least 6 months (lease agreement).
- ☐ Proof of Applicant's current income (i.e., payroll stubs, verification of receipt of SSI, SSDI or SDI Benefits).

ADDITIONAL REQUIRED DOCUMENTS FOR HOUSEHOLD GOODS

- ☐ The vendor's invoice which must be attached to the application.
- ☐ Signed copy of the Lease Agreement.

ADDITIONAL REQUIRED DOCUMENTS FOR UTILITY ASSISTANCE

(Utility assistance includes paying the utility deposits and turning on fees)

- ☐ Utility bill from the relevant utility company(s).
- ☐ Signed copy of the Lease Agreement.

**ADDITIONAL REQUIRED DOCUMENTS FOR ANY DIRECTLY OPERATED FSP CLIENT
APPLYING FOR TEMPORARY RENTAL ASSISTANCE**

- ☐ Signed Rental Assistance Agreement Form.

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
HOUSING ASSISTANCE PROGRAMS – UNIVERSAL APPLICATION

REQUEST FOR ASSISTANCE FORM

Please check all that apply:

Applicant is currently enrolled in: ☐ HOME ☐ PEI ☐ FSP ☐ Outpatient Care Services ☐ PATH ☐ Other _____

Type of assistance applicant is applying for:

☐ Security Deposit ☐ Eviction Prevention ☐ Temporary Rental Assistance **(DMH Directly-Operated FSP only)**

☐ Household Goods ☐ Utility Assistance ☐ PHAP

Is applicant a recipient of: ☐ Tenant Based Subsidy (Housing Choice Voucher/Continuum of Care) ☐ MHSA Project Based ☐ Market Rate Apartment ☐ Other Housing _____

Was applicant released from a correctional facility within the last 12 months ☐ Yes ☐ No

Is applicant currently on ☐ Parole or ☐ Probation

Applicant's Name: _____ Phone: (____) _____

Head of Household: _____ Phone : (____) _____
(If different from applicant)

Current Address: _____ City: _____ Zip: _____

IBHIS #: _____ SSN: _____ DOB: _____

Agency Name: _____

Address: _____ City: _____ Zip: _____

Case Manager: _____

Phone: (____) _____ Fax: (____) _____ Email: _____

The agency declares and certifies each of the following statements to be true and correct:

1. The agency is currently providing mental health services and case management to the applicant and has verified the income and identification of all members of the applicant's household.
2. The agency has provided information to the applicant on tenant-landlord rights and tenant responsibilities, including the appropriate treatment of rental property, appropriate behavior within the neighborhood, and the importance of timely payment of rent.
3. The applicant is eligible to participate in this program and has a documented income source that can reasonably be expected to cover the proposed rent and living expenses.

Applicant: _____
Signature Date

Case Manager: _____
Signature Date

Program Manager _____
Print Name Date

Program Manager: _____
Signature Date

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

HOUSING ASSISTANCE PROGRAMS – UNIVERSAL APPLICATION
INCOME STATUS / FAMILY COMPOSITION / EVICTION PREVENTION REQUEST FORM

INCOME STATUS	
<p>What is the applicant's total monthly income? \$ _____ Total monthly expenses? \$ _____</p> <p>Indicate the source(s) of income on the HMIS Intake and Enrollment Form, page 2.</p>	
FAMILY COMPOSITION	
<p>Family Type:</p> <p><input type="checkbox"/> Single Adult</p> <p><input type="checkbox"/> Adult w / child</p> <p><input type="checkbox"/> Adult w / children</p> <p><input type="checkbox"/> Two Adults</p> <p><input type="checkbox"/> Two Adults w / child</p> <p><input type="checkbox"/> Two Adults w / children</p>	<p>Number of Children</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5 or more</p>
<p>Give a brief description of why the applicant needs housing assistance:</p> 	

Location of the applicant's most recent episode of homelessness:	
<p><input type="checkbox"/> SA 1 Antelope Valley</p> <p><input type="checkbox"/> SA 2 San Fernando Valley</p> <p><input type="checkbox"/> SA 3 San Gabriel Valley</p> <p><input type="checkbox"/> SA 4 Metro LA</p>	<p><input type="checkbox"/> SA 5 West LA</p> <p><input type="checkbox"/> SA 6 South LA</p> <p><input type="checkbox"/> SA 7 South East</p> <p><input type="checkbox"/> SA 8 Harbor</p>
EVICTION PREVENTION REQUEST	
<p>(Only complete if applying for eviction prevention funding)</p>	
<p>Monthly rent \$ _____</p> <p>How many months has the applicant lived at the present address? _____ Months</p> <p>Amount behind in rent:</p> <p>\$ _____</p> <p style="color: red;"><i>Note: The payment of rent in arrears cannot exceed one month's rent plus a reasonable documented late charge.</i></p> <p>Is the client in imminent risk of losing his/her housing within the next 14 days? YES ___ NO ___</p> <p>Has the applicant received one of the following? <i>(Please state date notice was received)</i></p> <p><input type="checkbox"/> 3 Day Notice to Pay or Quit (Date: _____)</p> <p><input type="checkbox"/> 5 day Marshall Notice to Vacate (Date: _____)</p> <p><input type="checkbox"/> 30 day Notice (Date: _____)</p> <p><input type="checkbox"/> Unfavorable Court Judgment (Date: _____)</p>	

**ONLY COMPLETE IF APPLYING FOR HOUSEHOLD GOODS AND/OR UTILITY DEPOSIT**

Agency Name: _____

FURNITURE AND/OR UTILITY VENDOR INFORMATION:

Contact: _____ Phone: (____) _____

Please list Household Goods items that are being purchase (attach additional sheet if necessary)

VENDOR NAME	DESCRIPTION OF ITEMS	COST		
		UNIT COST	QUANTITY	TOTAL COST
TOTAL AMOUNT OF REQUEST:				

CERTIFICATION

The agency declares and certifies each of the following statements to be true and correct:

- ◆ The agency has verified that the applicant is in need of the requested items and that the requested expenditures are consistent with program guidelines.
- ◆ The agency has verified and explained to applicant that the request is not to exceed the limited allocation of \$2,000 for household goods unless the applicant is in a [Directly-Operated FSP program in which case the limit is not to exceed \\$2,500](#).

Date _____

Date _____

Date _____

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COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
HOUSING ASSISTANCE PROGRAMS - UNIVERSAL APPLICATION



TEMPORARY RENTAL ASSISTANCE REQUEST FORM
(DMH Directly-Operated FSP ONLY)

As a condition of the Full Service Partnership Temporary Rental Assistance Program, I agree to have the County of Los Angeles Department of Mental Health issue a check payable to my landlord each month up to 6 months with opportunities for extensions as approved. This rental assistance payment will be in the amount of \$....., for each of the months that I am eligible. In addition, I agree to disclose information related to eligibility for Federal Subsidies to inform the program administrators of the appropriate funding sources for the Temporary Rental Assistance Program and/or housing strategies to pursue permanent housing.

I agree to:

- ❖ Work with my Case Manager to (1) find other housing options, if needed, (2) participate in establishing income benefits to continue rental payments after the subsidy is terminated and, (3) assume responsibility of my entire monthly rent.
- ❖ Immediately notify my Case Manager of any changes in rent amount or housing composition (including receipt of any other subsidized housing, such as Continuum of Care, Housing Choice Voucher, Time Limited Subsidies or any other rent contributions program), but not later than 3 business days after the change occurs.

I understand that the rental assistance payments are temporary housing assistance issued to eligible FSP individuals and their families. I also understand that should my FSP services be discontinued within this agreement period, the rental assistance will be discontinued. T

Housing Plan: _____

TEMPORARY RENTAL ASSISTANCE

Type of housing for which you are requesting a subsidy:

- | | |
|--|---|
| <input type="checkbox"/> Sober Living Home | <input type="checkbox"/> Transitional Housing |
| <input type="checkbox"/> Shared/Collaborative Housing | <input type="checkbox"/> Apartment |
| <input type="checkbox"/> Residential Treatment Program | <input type="checkbox"/> Other _____ |

Requested length of subsidy in months: _____

I, _____, (*Applicant's Name*) accept rental assistance payments and agree to the terms indicated above. I also understand that although DMH is making a partial or full payment of rent, the County is in no way a party to the rental agreement I have with the landlord.

Applicant's Name (Print)

Address, City & Zip

Applicant's Signature

(_____) _____

Telephone

Date

Case Manager

Date

Program Manager

Date

COUNTY OF LOS ANGELES



HOUSING ASSISTANCE PROGRAMS - UNIVERSAL APPLICATION
SECURITY DEPOSIT/EVICTION PREVENTION/TEMPORARY RENTAL ASSISTANCE

LANDLORD VERIFICATION FORM
(To be completed by Landlord)

I intend to rent a unit/shared room to: _____
Print Name of Tenant

The property is located at _____
Street Address Apt. #

_____ City Zip Code

Type of Request:

☐ Security Deposit ☐ Temporary Rental Assistance (Directly-Operated FSP ONLY) ☐ Eviction Prevention

<p>Complete if applying for Security Deposit and/or Temporary Rental Assistance.</p> <p>Security deposit amount: \$ _____</p> <p>Regular month's rent: \$ _____</p> <p>Tenant's rent portion: \$ _____</p>	<p>Complete if applying for Eviction Prevention.</p> <p>Rent: \$ _____</p> <p>Late charges (as stated in lease): \$ _____</p> <p>Tenant's rent portion: \$ _____</p>
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Apartment/House is: ☐ Furnished ☐ Unfurnished

Rent Includes: ☐ Electricity ☐ Water ☐ Gas ☐ Trash

Date Tenancy Began/Will Begin: ____/____/____

Make checks payable to: _____
(Checks to be made only to the property owners or authorized Management Company)

Name of Property Owner: _____

Address: _____

Telephone Number: (____) _____/e-mail address _____

Property Owner Signature: _____ **Date:** ____/____/____
(or designee)

I understand that this is a Federal and/or State funded program and that abuse of this program is an offense. I certify under penalty of jury that all information that I have provided on this form is true and correct.

Applicant's Signature: _____ **Date:** ____/____/____

This form is not an agreement but only a confirmation of the amount of monies reflected in the rent/lease agreement and does not hold the County liable for any damages to the property caused by the tenant

DO NOT WRITE IN THIS BOX (For Office Use Only)	
Amount Approved for payment: \$ _____	Initialed
By: _____	

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
HOUSING AND JOB DEVELOPMENT DIVISION



Individualized Housing Plan

Applicant Name _____ **Date Completed** _____

Using Client's own words, identified Long-Term Housing Goal:				
Goals	Strategies	Responsibility (Applicant/Case Manager)	Target Date	Accomplished Date
Goal #1 To locate affordable housing	<u>Types of Housing:</u> <input type="checkbox"/> Project Based Housing with subsidy <input type="checkbox"/> Continuum of Care Certificate <input type="checkbox"/> Section 8 Voucher <input type="checkbox"/> Adult Residential Facility <input type="checkbox"/> Non-subsidized Apartment/Room/House <input type="checkbox"/> Other _____	Case Manager and Client		
Goal #2 To access financial resources for housing	<u>Apply for PATH funds:</u> <input type="checkbox"/> Move-In Assistance <input type="checkbox"/> Eviction Prevention <input type="checkbox"/> Household Goods Assistance <input type="checkbox"/> Utilities Assistance	Case Manager, Applicant and HAP program		
Goal #3 Participate in mental health and other supportive services in order to retain permanent housing	Participate in on-going mental health services including: <input type="checkbox"/> Psychiatric Services <input type="checkbox"/> Medication Support <input type="checkbox"/> Case Management <input type="checkbox"/> Individual and Group Therapy <input type="checkbox"/> Employment/Educ./Voc. Services <input type="checkbox"/> Substance Use Treatment	Case Manager and Applicant		

Client Signature

Date

Case Manager's Signature

Date

**AUTHORIZATION FOR USE/DISCLOSURE OF
PROTECTED HEALTH INFORMATION (PHI) TO
HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)**

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

I authorize the use and disclosure of my Protected Health Information (PHI) as described below:

CLIENT/INDIVIDUAL IDENTIFICATION

First Name

Last Name

Street Address

City, State, Zip

()

IS Number

Birth Date

Phone Number

DISCLOSING PARTY - RECIPIENT OF PHI

This authorization allows: Housing and Job Development Division to use and/or to disclose my PHI, as described below, to Los Angeles Homeless Services Authority (LAHSA) /Homeless Management Information System (HMIS).

REDISCLASURE NOTICE:

I understand that my PHI that is used or disclosed pursuant to this Authorization may no longer be protected by Federal Law and could be further used or disclosed by the recipient without my authorization. I also understand that once my information is disclosed, it may not be possible to retrieve.

DESCRIPTION OF PHI & PURPOSE

Description of PHI to be Used, Received and/or Disclosed:

The following information will be disclosed in accordance with Projects for Assistance in Transitioning from Homelessness (P.A.T.H.) grant reporting requirements such as: demographics, services, veteran status, co-occurring disorders, homeless history, outcome (whether client was assisted with household goods, security deposits, maintenance, rehabilitation/repair, eviction prevention and utility deposits.

Purpose of Disclosure:

My PHI may be used to coordinate services and comply with P.A.T.H. grant reporting and outcome data requirements.

Neither LACDM nor any person signing this Authorization will receive any direct or indirect remuneration.

AUTHORIZATION FOR USE/DISCLOSURE OF
PROTECTED HEALTH INFORMATION (PHI) TO
HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

NOTICE

COPY OF THIS AUTHORIZATION: I understand that if I agree to sign this authorization, which I am not required to do, I must be provided with a signed copy of the form.

CONDITIONS: I understand that I may refuse to sign this Authorization without affecting my ability to obtain treatment. *LACDMH will not take any intimidating or retaliatory acts against anyone who does not wish to disclose their PHI or sign this Authorization.*

EXPIRATION DATE

Expiration Date: This authorization remains valid until the individual or family has vacated the unit that a security deposit or ongoing rental assistance was paid on their behalf, and/or indicated completely satisfaction with any household goods or other service purchased on their behalf under the Housing Assistance Program.

I have had an opportunity to review and understand the content of this Authorization form. By signing this Authorization, I am confirming that it accurately reflects my wishes.

Signature of Client/Individual/Personal Representative

Date

If signed by other than client, state relationship and authority to do so:

REVOCATION OF AUTHORIZATION: I understand that I have the right to revoke this authorization at any time in writing. I may use the Revocation of Authorization Section of this form, mail or deliver the revocation to **LACDMH Housing and Job Development Division, 695 S. Vermont Ave., 10th Floor, Los Angeles, CA 90005**. I also understand that a revocation will be effective upon receipt, but will not be effective as to uses and/or disclosures of my protected health information already made in reliance on this Authorization.

REVOCATION OF AUTHORIZATION

Signature of Client/Individual/Personal Representative

Date

If signed by other than client, state relationship and authority to do so:

**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
AUTHORIZATION FOR USE OR DISCLOSURE OF
PROTECTED HEALTH INFORMATION**

CLIENT:

Name of Client/Previous Name	Birth Date	Client Number
Name of Legal Representative (If applicable)		
Street Address	City, State ZIP Code	

AUTHORIZES:

**USE OR DISCLOSURE OF
PROTECTED HEALTH INFORMATION TO:**

Name of Agency	Name of Health Care Provider/Other
Street Address	Street Address
City, State ZIP Code	City, State ZIP Code

INFORMATION TO BE RELEASED:

☐ Assessment/Evaluation ☐ Psychological Test Results ☐ Diagnosis
☐ Laboratory Results ☐ Medication History/Current Medication ☐ Treatment
☐ Entire Record (Justify): _____
☐ Other (Specify): _____

NOTE: Records may include information related to alcohol or drug use and HIV or AIDS. However, treatment records from drug and alcohol facilities or results of HIV test will not be disclosed unless specifically requested.

Check all that apply: ☐ Alcohol or Drug Records ☐ HIV Test Results

Method of delivery of requested records:

☐ Mail ☐ Pickup ☐ Electronic Device (CD, USB)

PURPOSE OF USE OR DISCLOSURE: (Check applicable category)

☐ Client Request
☐ Other (Specify): _____

Will the agency receive any benefits for the use or disclosure of information? ☐ Yes ☐ No

I understand that my Protected Health Information used or disclosed pursuant to this Authorization may no longer be protected by federal law and could be further used or disclosed by the recipient without my authorization. I also understand that once my information is used or disclosed, it may not be possible to recall.

EXPIRATION DATE: This Authorization is valid until ____ / ____ / ____.
Month Day Year

**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
AUTHORIZATION FOR USE OR DISCLOSURE OF
PROTECTED HEALTH INFORMATION**

YOUR RIGHTS WITH RESPECT TO THIS AUTHORIZATION:

Right to Receive a Copy of Authorization - I understand that if I agree to sign this Authorization, which I am not required to do, I must be provided with a signed copy of the form.

Right to Revoke Authorization - I understand that I have the right to revoke this Authorization at any time by notifying LACDMH in writing. I may use the Revocation of Authorization at the bottom of this form and mail or deliver the revocation to:

Contact Person

Agency Name

Address

City, State ZIP Code

I also understand that a revocation will not affect the ability of LACDMH or any health care provider to use or disclose the health information for reasons related to the prior reliance on this Authorization or otherwise allowed by law.

Conditions: I understand that I may refuse to sign this Authorization without affecting my ability to obtain treatment. However, LACDMH may condition the provision of research-related treatment on obtaining an authorization to use or disclose protected health information created for that research-related treatment. (In other words, if this Authorization is related to research that includes treatment, you will not receive that treatment unless this Authorization form is signed.)

I have had an opportunity to review and understand the content of this Authorization form. By signing this Authorization, I am confirming that it accurately reflects my wishes.

Signature of Client/Legal Representative

Date

If signed by someone other than the client, state relationship and authority:

REVOCATION OF AUTHORIZATION

Name of Client

Signature of Client/Legal Representative

Date

If signed by someone other than the client, print name and state relationship and authority.

Printed Name: _____

Relationship and Authority: _____

**Los Angeles County Department of Mental Health - Housing and Job Development Division
Housing Assistance Program**

Projects for Assistance in Transition from Homelessness (PATH) Supplemental Information

Date: _____ Client First Name: _____ Client Last Name: _____

SSN: _____ DOB: _____

Section 1: DMH Directly-Operated FSP Enrollment Determination

1. Is the client enrolled in a DMH directly-operated FSP program? ☐ No ☐ Yes, Specify Clinic: _____
2. If "No", complete Sections #2-11 below and sign on page 4.
3. If "Yes", skip Sections #2-11 below and sign on page 4.

Section 2: Demographics

Gender:	Ethnicity:	Race (Check all that apply):	Veteran Status:
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Female (MTF/Male to Female) <input type="checkbox"/> Trans Male (FTM/Female to Male) <input type="checkbox"/> Gender Non-Conforming (i.e., not exclusively Male or Female) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused

Section 3: Living Situation

- 1. On the night prior to the HAP Application being completed, what was the client's living situation?
(Check only one answer from A, B or C.)**

A. Literally Homeless Living Situation:

- ☐ Place Not Meant for Habitation (e.g., a vehicle, abandoned building, train station or anywhere outside incl. the streets)
- ☐ Emergency Shelter incl. a Hotel/Motel paid for with an Emergency Shelter Voucher
- ☐ Safe Haven

B. Institutional Living Situation:

- ☐ Foster Care Home or Foster Care Group Home
- ☐ Hospital or Other Residential Non-Psychiatric Medical Facility
- ☐ Jail, Prison or Juvenile Detention Center
- ☐ Long-Term Care Facility or Nursing Home
- ☐ Psychiatric Hospital or Other Psychiatric Facility
- ☐ Substance Abuse Treatment Facility or Detox Center

C. Transitional & Permanent Housing Living Situation:

- | | |
|--|--|
| <ul style="list-style-type: none"><input type="checkbox"/> Residential Project or Halfway House with No Homeless Criteria (including Sober Living)<input type="checkbox"/> Hotel/Motel Paid for <u>without</u> an Emergency Shelter Voucher<input type="checkbox"/> Transitional Housing for Homeless Persons (including Homeless Youth) as Defined by HUD<input type="checkbox"/> Host Home (Non-Crisis)<input type="checkbox"/> Staying or Living in a Friend's Room/Apt/House<input type="checkbox"/> Staying or Living in a Family Member's Room/Apt/House<input type="checkbox"/> Rental by Client with a VA GPD TIP Housing Subsidy<input type="checkbox"/> Rental by Client with a VASH Housing Subsidy<input type="checkbox"/> Permanent Housing (other than Rapid Re-Housing) for Formerly Homeless Persons | <ul style="list-style-type: none"><input type="checkbox"/> Rental by Client with Rapid Re-Housing or Equivalent Subsidy<input type="checkbox"/> Rental by Client with Housing Choice Voucher (HCV) (Tenant or Project Based)<input type="checkbox"/> Rental by Client in a Public Housing Unit<input type="checkbox"/> Rental by Client, No Ongoing Housing Subsidy<input type="checkbox"/> Rental by Client with Other Ongoing Housing Subsidy<input type="checkbox"/> Housing Owned by Client with an Ongoing Housing Subsidy<input type="checkbox"/> Housing Owned by Client, No Ongoing Housing Subsidy<input type="checkbox"/> Client Doesn't Know<input type="checkbox"/> Client Refused |
|--|--|

- 2. How long has the client been in this living situation?**

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> 1 Night or Less | <input type="checkbox"/> 1 Week or More but < 1 Month | <input type="checkbox"/> 90 Days or More but < 1 Year | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> 2 to 6 Nights | <input type="checkbox"/> 1 Month or More but < 90 Days | <input type="checkbox"/> 1 Year or Longer | <input type="checkbox"/> Client Refused |

**Los Angeles County Department of Mental Health - Housing and Job Development Division
Housing Assistance Program**

Projects for Assistance in Transition from Homelessness (PATH) Supplemental Information

Section 3: Living Situation (continued)

3. Does Question #1 indicate that the client was in an Institutional, Transitional or Permanent Housing living situation <u>AND</u> does Question #2 indicate that the client has been in that living situation for less than 90 days?		<input type="checkbox"/> No <input type="checkbox"/> Yes
3A. If "Yes", was the client Literally Homeless on the streets or in an emergency shelter or Safe Haven the night prior to beginning their Institutional, Transitional or Permanent Housing living situation?		<input type="checkbox"/> No <input type="checkbox"/> Yes
4. If Question #1 or #3A indicates the client was Literally Homeless, provide the following client information:		
• Approximate date homelessness started:	_____	
• Number of times on the streets or in an emergency shelter or Safe Haven in the past 3 years (incl. today):	<input type="checkbox"/> 1 Time <input type="checkbox"/> 2 Times <input type="checkbox"/> 3 Times <input type="checkbox"/> 4+ Times <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
• Total number of months homeless on the streets or in an emergency shelter or Safe Haven in the past 3 years:	<input type="checkbox"/> 1 Month <input type="checkbox"/> 2 Months <input type="checkbox"/> 3 Months <input type="checkbox"/> 4 Months <input type="checkbox"/> 5 Months <input type="checkbox"/> 6 Months <input type="checkbox"/> 7 Months <input type="checkbox"/> 8 Months <input type="checkbox"/> 9 Months <input type="checkbox"/> 10 Months <input type="checkbox"/> 11 Months <input type="checkbox"/> 12 Months <input type="checkbox"/> More than 12 Months <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	

Section 4: Disabling Conditions and Barriers

	No	Yes	Client Doesn't Know	Client Refused
1. Does the client have a physical disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• If "Yes", is the condition expected to be of long-standing and indefinite duration and substantially impair their ability to live independently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has the client ever been told they have a learning/developmental disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the client have a chronic health condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• If "Yes", is the condition expected to be of long-standing and indefinite duration and substantially impair their ability to live independently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the client feel they currently have a mental health condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• If "Yes", is the condition expected to be of long-standing and indefinite duration and substantially impair their ability to live independently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the client have a drug or alcohol problem?	<input type="checkbox"/>	<input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> Drug Abuse <input type="checkbox"/> Both	<input type="checkbox"/>	<input type="checkbox"/>
• If "Yes", is the condition expected to be of long-standing and indefinite duration and substantially impair their ability to live independently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the client been a victim of domestic violence or intimate partner violence?	<input type="checkbox"/>	<input type="checkbox"/> Within Past 3 Mos. <input type="checkbox"/> 3-6 Mos. Ago (excl. 6 Mos. Exactly) <input type="checkbox"/> 6 Mos.-1 Yr. Ago (excl. 1 Yr. Exactly) <input type="checkbox"/> 1 Yr. Ago or More	<input type="checkbox"/>	<input type="checkbox"/>
• If "Yes", is the client currently fleeing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Los Angeles County Department of Mental Health - Housing and Job Development Division
Housing Assistance Program**

Projects for Assistance in Transition from Homelessness (PATH) Supplemental Information

Section 5: Chronic Homelessness

1. Is the client chronically homeless?

- | | | |
|---|---|--|
| <input type="checkbox"/> Not Chronically Homeless | <input type="checkbox"/> Chronically Homeless with one continuous qualifying episode (as defined by HUD) lasting 1 year or more | <input type="checkbox"/> Chronically Homeless with 4 or more qualifying episodes (as defined by HUD) in the last 3 years |
|---|---|--|

Section 6: Employment

1. Is the client currently employed?

- | | | | |
|-----------------------------|---|--|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes, Full Time
<input type="checkbox"/> Yes, Part Time
<input type="checkbox"/> Yes, Seasonal/Sporadic (incl. Day Labor) | <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
|-----------------------------|---|--|---|

Section 7: Cash Income

1. Does the client receive any cash income? (Check all that apply and indicate monthly amount as applicable.)

	Monthly Amount		Monthly Amount
<input type="checkbox"/> None Received		<input type="checkbox"/> CalWORKs	\$
<input type="checkbox"/> Earned Income (employment wages/cash)	\$	<input type="checkbox"/> General Relief (GR)	\$
<input type="checkbox"/> Unemployment Insurance	\$	<input type="checkbox"/> Retirement Income from Social Security	\$
<input type="checkbox"/> Supplemental Security Income (SSI)	\$	<input type="checkbox"/> Pension/Retirement Income from Former Job	\$
<input type="checkbox"/> Social Security Disability Income (SSDI)	\$	<input type="checkbox"/> Child Support	\$
<input type="checkbox"/> VA Service-Connected Disability Compensation	\$	<input type="checkbox"/> Alimony or Other Spousal Support	\$
<input type="checkbox"/> VA Non-Service-Connected Disability Pension	\$	<input type="checkbox"/> Other, Specify: _____	\$
<input type="checkbox"/> Private Disability Insurance	\$	<input type="checkbox"/> Client Doesn't Know	\$
<input type="checkbox"/> Workers' Compensation	\$	<input type="checkbox"/> Client Refused	\$

2. What documentation does the client have of this cash income?

- | | | |
|--|---|---|
| <input type="checkbox"/> GR Forms | <input type="checkbox"/> CalWORKs Forms | <input type="checkbox"/> Pension Letter/Stub |
| <input type="checkbox"/> Pay Stub | <input type="checkbox"/> Unemployment Insurance Forms | <input type="checkbox"/> Unemployment Forms |
| <input type="checkbox"/> Utility Allowance | <input type="checkbox"/> W-2 Forms | <input type="checkbox"/> Self Declaration |
| <input type="checkbox"/> Child Support Forms | <input type="checkbox"/> SSDI Forms | <input type="checkbox"/> Employer Printout/Letter |
| <input type="checkbox"/> Social Security Forms | <input type="checkbox"/> Workers' Compensation Forms | <input type="checkbox"/> VA Documentation |
| <input type="checkbox"/> SSI Forms | <input type="checkbox"/> Self-Employment Docs | <input type="checkbox"/> Other, Specify: _____ |

Section 8: Non-Cash Benefits

1. Does the client receive any of these non-cash benefits? (Check all that apply.)

- | | | |
|---|---|--|
| <input type="checkbox"/> None Received | <input type="checkbox"/> CalWORKs Child Care Services | <input type="checkbox"/> Other, Specify: _____ |
| <input type="checkbox"/> Food Stamps/CalFresh | <input type="checkbox"/> CalWORKs Transportation Services | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> WIC | <input type="checkbox"/> Other CalWORKs-Funded Services | <input type="checkbox"/> Client Refused |

**Los Angeles County Department of Mental Health - Housing and Job Development Division
Housing Assistance Program**

Projects for Assistance in Transition from Homelessness (PATH) Supplemental Information

Section 9: Health Insurance

1. Is the client covered by any type of health insurance? (Check all that apply.)

<input type="checkbox"/> None <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare <input type="checkbox"/> State Children's Health Insurance Pgm <input type="checkbox"/> VA Medical Services	<input type="checkbox"/> Employer-Provided Health Insurance <input type="checkbox"/> COBRA <input type="checkbox"/> Private Pay Health Insurance <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Indian Health Services Program	<input type="checkbox"/> Other, Specify: _____ <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
---	---	---

• If the client has health insurance, who is the provider?

<input type="checkbox"/> Health Net <input type="checkbox"/> Molina <input type="checkbox"/> My Health LA (DHS) <input type="checkbox"/> Anthem Blue Cross <input type="checkbox"/> Kaiser Permanente	<input type="checkbox"/> VA <input type="checkbox"/> LA Care <input type="checkbox"/> Care 1 st Health Plan <input type="checkbox"/> Other <input type="checkbox"/> Unknown
---	--

Section 10: Health

1. Is the client pregnant?

<input type="checkbox"/> No	<input type="checkbox"/> Yes, Due Date: _____	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused
-----------------------------	---	--	---

Section 11: SOAR Connection

1. Has the client received assistance on a SSI/SSDI application from the Countywide Benefits Entitlement Services Team (CBEST)?

<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused
-----------------------------	------------------------------	--	---

Name of Staff Member Completing Form

Name of Clinic/Agency

Staff Member Signature

Date

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
HOUSING AND JOB DEVELOPMENT DIVISION

AGENCY VERIFICATION OF HOMELESSNESS

CHECK THE APPROPRIATE BOXES UNDER HOMELESS OR CHRONICALLY HOMELESS

I certify that _____ is
(Name of Applicant)

☐ **HOMELESS**

- ☐ an individual who lacks a fixed, regular, and adequate nighttime residence (attach letter acknowledging current living situation along with homeless history with co-signature of program head, manager or director); or
- ☐ an individual who has a primary nighttime residence that is —
 - ☐ a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill) - (Complete and attach Certification of Residence in a Homeless Facility Form);
 - ☐ an institution that provides a temporary residence for individuals intended to be institutionalized - (Complete and attach Certification of Residence in a Homeless Facility Form); or
 - ☐ a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (attach letter acknowledging current living situation along with homeless history with co-signature of program head, manager or director).
- ☐ a victim of domestic violence who is unable to obtain housing - (attach letter explaining current circumstances with co-signature of program head, manager, or director).

OR

☐ **CHRONICALLY HOMELESS**

- ☐ homeless and lives in a place not meant for human habitation, a safe haven or in an emergency shelter, **and**
 - ☐ has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years (attach documentation of one (1) year of continuous homelessness or at least four (4) episodes of homelessness in the past three (3) years with co-signature of program head, manager or director); and
 - ☐ can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;
- ☐ an individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria as noted above of this definition, before entering that facility; or
- ☐ a family with an adult head of household (or if there is not adult in the family, a minor head of household) who meets all of the criteria as noted above of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

Referring Agency Name: _____

Address: _____

Case Manager's Name/Signature _____

Date: _____ Telephone Number: _____

Program Head's Name/Signature: _____ Date: _____

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH
HOUSING AND JOB DEVELOPMENT DIVISION

HOUSING ASSISTANCE PROGRAM

CERTIFICATION OF RESIDENCE IN A HOMELESS FACILITY

I, _____ hereby
authorize _____
to release information related to my homeless status to the Department of Mental Health.

(Signature) Date

CERTIFICATION

I certify that _____ stayed at _____
(Name of applicant) (Name of facility)

from _____ to _____.

Before coming to this facility, the applicant reported residing at: (Include a street address if applicable)

from _____ to _____.

Signature: _____ Date: _____
(Signature of facility staff person)

Title: _____ Telephone: _____

Facility: _____
(Name and address of facility)

Type of Facility:

- ☐ Emergency Shelter
- ☐ Transitional Housing
- ☐ Institution
- ☐ Residential Care Facility
- ☐ Other - Specify _____

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

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

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"/> 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) _____ <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:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 ►

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.

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 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² 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. 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 and clicking on Employer Identification Number (EIN) under Starting a Business. Go to 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 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 ¹
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 ²
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor ⁴

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 ⁴
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

¹ 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.

² Circle the minor's name and furnish the minor's SSN.

³ 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.

⁴ 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. 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 or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit 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.