LANDLORD LEASING DOCUMENT CHECKLIST

The following items are required for the District of Columbia Department of Human Services (DHS), Family Rehousing Stabilization Program (FRSP). Documents must be completed by the landlord for each unit and submitted to Devon Duckett at DDuckett@community-partnership.org or faxed to (202) 543-5653. Failure to complete and submit all applicable required documents will delay the inspection and leasing process.

TENANT INFORMATION

Name: __________________________________________
Property Address: _______________________________________
Proposed Rent: _______________________________________
Proposed Security Deposit: ____________________________
Approved Rent: ______________________________________

OWNER/LANDLORD INFORMATION:

Name: __________________________________________
Address: _________________________________________
Phone: ___________________________________________
Email: ___________________________________________

LANDLORD AGENT (if applicable):

Name: __________________________________________
Address: _________________________________________
Phone: ___________________________________________
Email: ___________________________________________

SUBMIT A COPY OF EACH DOCUMENT LISTED BELOW AND INITIAL EACH ITEM YOU ARE SUBMITTING

Landlord Initials

________  Frequently Asked Questions (FAQ’s) for Payments – Initial confirming receipt and review
________  District of Columbia Housing Authority (DCHA) Payment Authorization Agreement for EFT/Direct Deposit;
________  Recorded Deed for the property or recorded Deed receipt;
________  Current Basic Business License for the property;
________  The Certificate of Occupancy for the property; (If the unit is a condominium no Certificate is required);
________  W-9 Form (Tax Identification Number);
________  Landlord Payment/Payee Information Form;
________  Copy of Voided Check for payment account;
________  Copy of owner/landlord Identification (photo ID);
________  Utility Information Form;
________  Property Insurance Verification Form;
________  Copy of a blank lease agreement that will be used by the landlord and tenant;
________  Management Agreement (If different from landlord);
________  Landlord Pre-Inspection Checklist (verify that all areas are correctly addressed prior to checking);
________  Lead Based Paint Disclosure Form;
________  Security Deposit Return Agreement;
________  Payment Reconciliation Agreement.
To our Rapid Rehousing Landlords and Property Managers:

This is to inform you that starting in October 2016; the District of Columbia Housing Authority (DCHA) will make the rental subsidy payments for families in the Family Rehousing and Stabilization program (FRSP), also known as Rapid Rehousing (RRH) on behalf of the Department of Human Services (DHS). The Community Partnership for the Prevention of Homelessness (TCP) will continue to conduct the lease-up process with you.

Family Re-Housing Stabilization Program
Transfer of Rental Assistance Payments to DCHA: Frequently Asked Questions

1. Why is DHS transitioning the rent payment from TCP to DCHA?

The Department of Human Services (DHS) is streamlining rental assistance payments under its homeless assistance programs to ensure greater process consistency for both clients and landlords. DCHA already performs this function for other DHS-administered programs, such as the Permanent Supportive Housing Program. As such, it makes sense for them to take on this function for FRSP. The Community Partnership for the Prevention of Homelessness (TCP) will remain an important partner to DHS in the administration of this program, as they will continue to oversee our network of service providers.

2. If I rent to other FRSP clients in the future, when can I expect the security deposit payment?

Typically, the security deposit will be issued along with the first month’s rent. If this presents a challenge for you, please contact Clarence Stewart at (202) 543-5298 and we will work with you to make alternate arrangements.

3. When will DCHA make payments to me?

DCHA conducts routine monthly landlord direct deposit payments on the 1st and 15th of each month. Payments generally post to landlord’s accounts between the 1st and 5th of each month (depending on your banking institution).

4. Can I receive my check by mail?

Except for extreme/unusual circumstances, DCHA will only make payments by electronic transfer. It helps avoid checks getting lost/delayed in the mail or applied to the wrong account, and overall helps ensure our partners are paid in a timely manner. If you have questions on this, you may contact Jannie Lebby at DCHA (Janniel@dchousing.org).

5. Who should I contact if I have questions or concerns?

If you have questions about the timing of payments or DCHA systems, contact DCHA staff Jannie Lebby at Janniel@dchousing.org.

If you have questions or concerns about your renter (the FRSP client), please contact the client’s case manager.

If you do not have the case manager’s contact information, or if you have concerns about the services the client is receiving, please contact The Community Partnership at 202-312-5510.

If you are ever unsure who to contact, please reach out to Allison Tucker at DHS (allison.tucker@dc.gov) and we will help get your questions answered.
DISTRIBUTION OF COLUMBIA HOUSING AUTHORITY
AUTHORIZATION AGREEMENT FOR EFT/DIRECT DEPOSIT

PLEASE READ THIS ENTIRE FORM CAREFULLY AND WRITE CLEARLY
If you have just set up a new account at the bank you wish to use, you must first:

1. Find out if they accept direct deposits. Verify the bank's transit number and your account number
2. Notify the bank that you are going to set up a direct deposit to receive checks from the District of Columbia Housing Authority. Ask if there is anything else required.

PLEASE CHECK THE ACTIONS BELOW THAT APPLIES TO THIS TRANSACTION

___ I am cancelling a previous direct deposit account set up with DCHA.
(Complete C below)

___ I want to set up a new direct deposit account with DCHA (Complete A, B, and C)

___ I have an account already set up with DCHA, but want to replace it with a new account (Complete A, B, and C)

A. Bank Name: ________________________________

B. ABA/Transit Number: ________________________________

(Nine digit number on the bottom of check or deposit slip)

C. Bank Account Number: ________________________________

___ Checking Account ___ Savings Account

DIRECT DEPOSIT REQUEST TO A SAVINGS ACCOUNT MUST INCLUDE FORM PROVIDED DIRECTLY FROM BANK
- YOU MUST INCLUDE A VOIDED CHECK FOR CHECKING ACCOUNT DEPOSITS - NO STARTER CHECKS
- YOU MUST PROVIDE A COPY OF YOUR PHOTO ID

As a housing provider with the DCHA, I hereby authorize the District of Columbia Housing Authority to make subsidy payments, or deductions for any payments made to me in error to my account designated above. I also certify that I am in compliance with, and are following all rules and regulations that accompany these payments in accordance with my Housing Assistance Payments (HAP) Contract issued by DCHA. I understand that submitting fraudulent information may subject me to a fine and/or imprisonment. Stat. 18 U.S.C. 1001

SSN/Tax ID Number ________________________________

Print Name: ____________________________________________

Signature: ____________________________________________ Date: __________

Print Name: ____________________________________________

Signature: ____________________________________________ Date: __________

For any changes in your banking information, please notify the DCHA Quality Assurance Department immediately at 202-535-1000

REVISED 4/2014
Form W-9
Request for Taxpayer Identification Number and Certification

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; check only one of the following seven boxes:
   - Individual/sole proprietor or single-member LLC
   - C Corporation
   - S Corporation
   - Partnership
   - Trust/estate
   - Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership).
   Note: For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

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]
   (Applies to accounts maintained outside the U.S.)

5. Address (number, street, and apt. or suite no.)

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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

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 dividend income 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 on page 3.

Sign Here
Signature of U.S. person

Date

General Instructions
Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

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 1098 (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? on page 2.

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? on page 2 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 in your tax returns.

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 trade or 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 partner 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 section 1446 in order to avoid 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. A foreign person is the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-8-B. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 516, Withholding of Tax on Nonresident Alien Individuals, Foreign Corporations, Foreign Partnerships, and Foreign Estates and Trusts), or Form 8233 (see Publication 516, Withholding of Tax on Nonresident Alien Individuals, Foreign Corporations, Foreign Partnerships, and Foreign Estates and Trusts).

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 scholarships 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.

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 28% 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 the operators of real estate transactions. Payments not subject to backup withholding 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 Part II Instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells the requester 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 subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1993 only).

Certain payments and payments are exempt from backup withholding. See Exempt payee code on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see Special rules for partnerships above.

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 payments are exempt from FATCA reporting. See "Exemption from FATCA reporting code on page 3 and the separate 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 corporation that elects to be an "A" 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.

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. TIN applicant: Enter your individual name as it was entered on your Form W-9 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 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 1. 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 in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

Limited Liability Company (LLC). If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

Line 4, Exemptions
If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in 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 healthcare 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(e), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 403(b)(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 530

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.

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

Note: 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.

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 a SSN, you must use 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. However, the IRS prefers that you use your SSN. If you are a single-member LLC that is disregarded as an entity separate from its owner (Limited Liability Company (LLC) on this page), 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 the chart on page 4 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 a TIN, 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. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

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. 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(e)(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(b)(1)(i)
F—A dealer in securities, commodities, or derivative financial instruments (including options on 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 547(b)(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.
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 required to sign by the withholding agent even if items 1, 4, or 5 below indicate 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, sign the certificate as indicated in Items 1 through 6 below.

1. Interest, dividend, and broker 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 broker 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), 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

<table>
<thead>
<tr>
<th>For this type of account:</th>
<th>Give name and EIN of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Individual</td>
<td>The individual</td>
</tr>
<tr>
<td>2. Two or more Individuals (Joint account)</td>
<td>The actual owner of the account or, if combined funds, the first Individual on the account</td>
</tr>
<tr>
<td>3. Custodian account of a minor (Uniform Gift to Minors Act)</td>
<td>The minor</td>
</tr>
<tr>
<td>4. a. The usual revocable savings trust (grantor is also trustee)</td>
<td>The grantor-trustee</td>
</tr>
<tr>
<td>4. b. So-called trust account that is not a legal or valid trust under state law</td>
<td>The actual owner</td>
</tr>
<tr>
<td>5. Sole proprietorship or disregarded entity owned by an individual</td>
<td>The owner</td>
</tr>
<tr>
<td>6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)) (A)</td>
<td>The grantor</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>For this type of account:</th>
<th>Give name and EIN of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Disregarded entity not owned by an individual</td>
<td>The owner</td>
</tr>
<tr>
<td>8. A valid trust, estate, or pension trust</td>
<td>Legal entity</td>
</tr>
<tr>
<td>9. Corporation or LLC electing corporate status on Form 8832 or Form 2553</td>
<td>The corporation</td>
</tr>
<tr>
<td>10. Association, club, religious, charitable, educational, or other tax-exempt organization</td>
<td>The organization</td>
</tr>
<tr>
<td>11. Partnership or multi-member LLC</td>
<td>The partnership</td>
</tr>
<tr>
<td>12. A broker or registered nominee</td>
<td>The broker or nominee</td>
</tr>
<tr>
<td>13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or proprietor that receives agricultural program payments)</td>
<td>The public entity</td>
</tr>
<tr>
<td>14. 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)) (B)</td>
<td>The trust</td>
</tr>
</tbody>
</table>

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 miner’s name and furnish the miner’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 on page 2.

5 Note. Grantor also must provide a Form W-9 to beneficiary 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 1-800-908-4403 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

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, payees 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.
**LANDLORD PAYMENT/PAYEE INFORMATION FORM**

This form is required when submitting a unit for payment consideration through the Family Rehousing and Stabilization Program (FRSP). This form must be completed by the landlord or their designated property manager in order to generate any payment for the listed property.

<table>
<thead>
<tr>
<th>PROPERTY INFORMATION</th>
<th>PAYMENTS WILL BE MAILED TO THE PAYEE AND ADDRESS IDENTIFIED IN THIS SECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROPERTY STREET NUMBER/NAME:</td>
<td>PAYEE/COMPANY NAME:</td>
</tr>
<tr>
<td>PROPERTY UNIT #:</td>
<td>PAYEE/COMPANY ADDRESS:</td>
</tr>
<tr>
<td>ZIP:</td>
<td>PRIMARY PHONE #:</td>
</tr>
<tr>
<td>WARD:</td>
<td>ALTERNATE PHONE #:</td>
</tr>
<tr>
<td></td>
<td>EMAIL ADDRESS:</td>
</tr>
<tr>
<td></td>
<td>FAX #:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LANDLORD INFORMATION</th>
<th>PAYMENT/PAYEE INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>LANDLORD /COMPANY NAME:</td>
<td>PAYEE/COMPANY NAME:</td>
</tr>
<tr>
<td>LANDLORD ADDRESS:</td>
<td>PAYEE/COMPANY ADDRESS:</td>
</tr>
<tr>
<td>PRIMARY PHONE #:</td>
<td>PRIMARY PHONE #:</td>
</tr>
<tr>
<td>ALTERNATE PHONE #:</td>
<td>ALTERNATE PHONE #:</td>
</tr>
<tr>
<td>EMAIL ADDRESS:</td>
<td>EMAIL ADDRESS:</td>
</tr>
<tr>
<td>FAX #:</td>
<td>FAX #:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LANDLORD SIGNATURE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>LANDLORD SIGNATURE DATE:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PROPERTY MANAGER SIGNATURE (IF DIFFERENT FROM LANDLORD):</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROPERTY MANAGER SIGNATURE DATE:</td>
</tr>
</tbody>
</table>
UTILITY INFORMATION FORM

The Department of Human Services (DHS) and The Community Partnership (TCP) require utility and appliance information for all subsidized units. Complete this form for the unit listed below. This form must be completed in order to provide the correct subsidy information.

UNIT ADDRESS:

<table>
<thead>
<tr>
<th>NUMBER OF BEDROOMS:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>YEAR BUILDING CONSTRUCTED:</td>
<td></td>
</tr>
<tr>
<td>PROPOSED MONTHLY RENT:</td>
<td>$</td>
</tr>
</tbody>
</table>

TYPE OF UNIT - (Check the appropriate unit type):

<table>
<thead>
<tr>
<th>GARDEN/WALKUP</th>
</tr>
</thead>
<tbody>
<tr>
<td>ELEVATOR/HIGH RISE</td>
</tr>
</tbody>
</table>

UTILITY RESPONSIBILITY CHART

This chart identifies the party responsible for paying specific utilities and providing appliances related to the unit. Complete the chart by inserting the letter "T" in the box if the Tenant is responsible for a specific utility or appliance. Insert the letter "L" in the box if the landlord is responsible for a specific utility or appliance.

<table>
<thead>
<tr>
<th>TYPE OF UTILITY/APPLIANCE</th>
<th>IDENTIFY TYPE OF FUEL</th>
<th>PROVIDED BY</th>
<th>PAID BY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NATURAL GAS</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ELECTRIC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HEATING</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COOKING</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WATER/HEATING</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTHER ELECTRIC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WATER</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SEWER</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRASH COLLECTION</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AIR CONDITIONING</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFRIGERATOR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RANGE/MICROWAVE</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

LANDLORD/PROPERTY MANAGER SIGNATURE | DATE
PROPERTY INSURANCE VERIFICATION FORM

The completion of this form is required to verify if the landlord has insurance for the listed property identified on this form.

PROPERTY ADDRESS

As the landlord for the property identified on this document, I verify by placing my initials in the following box that I have retained and have in my possession current property insurance for the property listed above.

Place Initials In Box
Yes I Have Property Insurance

As the landlord for the property identified in this document, I verify by placing my initials in the following box that I have not retained or have in my possession current property insurance for the property listed above.

Place Initials In Box
I Do Not have Property Insurance

LANDLORD SIGNATURE  DATE
LANDLORD PRE-INSPECTION CHECKLIST

Each unit to be subsidized by the Department of Human Services (DHS) through the District of Columbia Housing Authority (DCHA) is required to pass a Housing Quality Standards (HQS) inspection. The checklist below is a tool for landlords/property managers to prepare the unit for an official HQS inspection. This checklist highlights some common violations found during unit inspections. The items on this checklist must be working or completed prior to the official HQS inspection conducted by DCHA. Please check all conditions that apply:

Address of Proposed Unit: __________________________________________
Ward: __________________
Type of Unit: □ High Rise         □ Walk Up Apartments
Landlord: ____________________________________  Property Manager: ______________________
Pre-Inspection Completed by: ________________________________  Date: __________________

 General
  □ The unit must be empty/vacant from previous tenant, and free and clear of all furnishings and debris.
  □ There must be working smoke detectors properly mounted on each level of the unit including the basement and walk up attics.
  □ All construction/rehabilitation (painting, carpet replacement, etc.) must be completed.
  □ The entire unit shall be in a clean and sanitary condition.
  □ The entire unit must be freshly painted.
  □ Utilities (water, gas, electric) must be turned on for the completion of the inspection.
  □ No chipping or peeling paint, cracks, holes or loose plaster inside or outside the unit.
  □ Interior and exterior wood surfaces shall be properly painted and kept intact at all times.
  □ There must be a permanently installed working heating system.
  □ The hot water heater tank must have a temperature pressure relief valve with downward discharge pipe made of galvanized steel or copper tubing that is between six inches to eight inches from the floor or directed outside the unit (no PVC). CPVC is acceptable.
  □ There must not be any plumbing leaks.
  □ All plumbing fixtures must have P-traps to prevent sewer gas from leaking into the unit.
  □ The floor covering cannot be torn or have holes that can cause someone to trip. Carpets if installed shall be clean and free of stains.
  □ All electrical outlets switches must have cover plates and be in good working condition.
  □ All ground fault circuit interrupters (GFCIs) must work properly.
  □ All ground floor windows and exterior doors shall open and close as designed and must have working locks. Doubled keyed dead bolts are not permitted.
  □ All security bars and windows must have a quick release mechanism.
☐ All sliding glass doors must have a lock or security bar on the door that works.
☐ Each living space must have two means of fire egress (i.e. door & window)
☐ Windows and doors shall be weather tight with glass free of cracks to prevent wind, air or rain penetration.
☐ No room which contains a furnace, open flame heating unit without proper ventilation or gas meter is designated as a bedroom.
☐ Bedrooms shall have at least seventy (70) square feet of floor space and a separate entrance without going through another bedroom.

Kitchen/Bath
☐ Stove must be clean and in working order and secured.
☐ Refrigerator must be clean and be in working order with a good door seal.
☐ Hot and cold running water in the kitchen and bathroom(s).
☐ There must be a shower or bathtub that works.
☐ There must be a flush toilet that works, is securely mounted and does not leak.
☐ The bathroom must have either an outside window or an exhaust fan vented to the outside.
☐ There must not be any plugged drains (check for slow drains).

Exterior
☐ House or apartment shall be properly numbered or lettered with the proper illumination (lighting)
☐ There must be stepping stones or walkway to the unit
☐ The roof must not leak. Indications of a leak are discolorations or stains on the ceiling.
☐ All common hallways, walkways, and parking areas shall be free of cracks and tripping hazards and properly illuminated.
☐ Weeds and grass shall be less than four (4) inches in height
☐ All units shall have adequate garbage containers with covers
☐ If there are stairs and railings, they must be secure.
☐ Four or more exterior stairs must have handrails 34 inches to 38 inches from the ground.
☐ Walk offs or porches 30 inches above grade must have guard rails 36 inches from the ground.

I, as the landlord/agent of the property listed above, hereby acknowledge that all applicable conditions as listed on this Pre-inspection checklist have been checked and are in compliance with Housing Quality Standards (HQS) to the best of my understanding.

Landlord/Property Manager: ___________________________ Date: ___________________________
(please circle one) (print name)

Landlord/Property Manager: ___________________________
(please circle one) (signature)
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. 4852d 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.

<table>
<thead>
<tr>
<th>Lessor</th>
<th>Date</th>
<th>Lessor</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lessee</th>
<th>Date</th>
<th>Lessee</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agent</th>
<th>Date</th>
<th>Agent</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SECURITY DEPOSIT RETURN AGREEMENT

As the Landlord/Property Manager for the unit listed below, I understand and agree that the security deposit provided for the address listed below will be issued by The District of Columbia Housing Authority (DCHA) after the unit passes a Housing Quality Standards (HQS) inspection.

I agree that at termination of the lease for the listed property, I will return the deposit with all related interest to DCHA and not the tenant to the address listed below if no damages have been assessed. I understand if damages are assessed, I can retain the security deposit towards repair of the assessed damages up to the maximum amount of the deposit.

In the case of assessed damages, I will forward an itemized list with all related cost(s) to DCHA to substantiate retaining the security deposit or a portion thereof. I understand that the listed unit is subject to a final inspection by DCHA or their designate representative to assess damages and all related costs.

District of Columbia Housing Authority
1133 North Capitol Street, NE
Washington, DC 20002
Attention: Office of Finance/Room 329
Include: Tenant name and address

Security Deposit Amount Issued by DCHA: $ ______________

Property Address

________________________________________
Landlord/Representative (Print)

________________________________________
Landlord/Representative Signature        Date
PAYMENT RECONCILIATION AGREEMENT

This Payment Reconciliation Agreement ("Agreement") is between The Department of Human Services (DHS) and ________________________________ ("Landlord") and sets forth the terms for the Landlord to reimburse DHS for any overpayments. The parties agree to the following:

1. DHS will provide Landlord with written notice of the overpayment which shall include the amount of overpayment;
2. Within 14 calendar days of the date of the Notice of Overpayment, Landlord agrees to reimburse DHS the amount of the overpayment or notify DHS that it disputes the overpayment and the basis for any dispute.
3. In the event of any dispute, DHS in its sole discretion may consider any submission by Landlord and determine if reimbursement is required by the Landlord.
4. In the event that DHS determines that reimbursement is appropriate after Landlord notifies it of a dispute, Landlord agrees to make payment within five (5) business days from the date of notification from DHS.
5. Any notice by DHS to Landlord may be by email. Landlord agrees to send any notice to DHS by email and mail.
6. DHS's request for repayment shall have no impact on the tenant(s) at the property listed below.
7. To the extent that the terms in this Agreement and are contrary to those in the Lease between the tenant and Landlord, these terms shall govern.

________________________________________
Property Address

________________________________________
Landlord/Representative Name (Print)

________________________________________
Landlord/Representative Signature

________________________________________
Date