LANDLORD LEASING DOCUMENT CHECKLIST

The following items are required for all Community Partnership (TCP) housing subsidy programs. Documents must be completed by the landlord and submitted to Pat Smith at psmith@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: ___________________________________________________

Program Name: ____________________________________________________

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

Landlord Initials

_____ 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 (Tax Identification Number);

_____ Landlord Payment/Payee Information Form;

_____ ACH Enrollment/Change Form;

_____ 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.
**Request for Taxpayer Identification Number and Certification**

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

<table>
<thead>
<tr>
<th>1</th>
<th>Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Business name/disregarded entity name, if different from above</td>
</tr>
<tr>
<td>3</td>
<td>Check appropriate box for federal tax classification; check only one of the following seven boxes:</td>
</tr>
<tr>
<td></td>
<td>□ Individual/sole proprietor or □ C Corporation □ S Corporation □ Partnership □ Trust/estate</td>
</tr>
<tr>
<td></td>
<td>□ Limited liability company. Enter the tax classification (C=corporation, S=S corporation, P=partnership)</td>
</tr>
<tr>
<td></td>
<td>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.</td>
</tr>
<tr>
<td>4</td>
<td>Exemptions (codes apply only to certain entities; not individuals; see instructions on page 3):</td>
</tr>
<tr>
<td></td>
<td>Exempt payee code (if any)</td>
</tr>
<tr>
<td></td>
<td>Exemption from FATCA reporting code (if any)</td>
</tr>
<tr>
<td></td>
<td>(Applies to accounts maintained outside the U.S.)</td>
</tr>
<tr>
<td>5</td>
<td>Address (number, street, and apt. or suite no.)</td>
</tr>
<tr>
<td></td>
<td>Requester’s name and address (optional)</td>
</tr>
<tr>
<td>6</td>
<td>City, state, and ZIP code</td>
</tr>
<tr>
<td>7</td>
<td>List account number(s) here (optional)</td>
</tr>
</tbody>
</table>

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### 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).
- 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 5.

**Note:** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

<table>
<thead>
<tr>
<th>Social security number</th>
</tr>
</thead>
<tbody>
<tr>
<td>or</td>
</tr>
<tr>
<td>Employer Identification number</td>
</tr>
</tbody>
</table>

---

### 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 1 above if you have been notified by the IRS that you are 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 on page 5.

| Sign Here |
| Signature of U.S. person |
| Date |

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### General Instructions

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

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/W9.

**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 any 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 (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? 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.

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 beneficiaries of the trust;
- 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 8933 (see Publication 516, 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 treaty has otherwise become ineffective for U.S. 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.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause.
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, 1986) 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 8933.

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 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 payees are exempt from FATCA reporting. See Exemption from FATCA reporting code on page 3 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 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, list first, and then circle, the name of the partner or entity whose number you entered in Part I of 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 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 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 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 301.7701-9(a)(9). 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-9 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 "S" in the space provided. If the LLC has filed Form 8332 or 8332-S 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 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(e), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 4014(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 564 or described in section 4447

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. S 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>Barter exchange transactions and patronage dividends</td>
<td>Exempt payees 1 through 4</td>
</tr>
<tr>
<td>Payments over $800 required to be reported and direct sales over $50,000</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>

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 6049(f), and payments for services paid by a federal executive agency.
3 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-3 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.
4—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
5—The United States or any of its agencies or instrumentalities
6—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
7—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(b)(8)
8—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
9—A real estate investment trust
10—A regulated investment company as defined in section 861 or an entity registered at all times during the tax year under the Investment Company Act of 1940
11—A common trust fund as defined in section 564(a)
12—A bank as defined in section 581
13—A broker
14—A trust exempt from tax under section 564 or described in section 447(e)(1)
15—A trust exempt under 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.

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. 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 (see 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 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. 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.
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 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 this case of a disregarded entity, the person identified on line 1 must sign. Except payees, see Exempt payees code earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 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 regulars’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.

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 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 1-800-909-4490 or submit Form 14039.

For more information, see Publication 4305, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system 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 1-800-829-4069.

Protect yourself from suspicious emails or phishing scams. Phishing is the creation and use of email and websites designed to mimic legitimate businesses or websites. The most common are 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 email. 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 contact them at www.ftc.gov/d职业道德或 1-877-382-4338.

Visit IRS.gov 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 6109, 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.

<table>
<thead>
<tr>
<th>What is and Name Who Give to</th>
<th>Give name and SSN of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Individual</td>
<td>The Individual</td>
</tr>
<tr>
<td>2. Two or more individuals</td>
<td>The actual owner of the account or, if combined funds, the first individual on the account*</td>
</tr>
<tr>
<td>(joint account)</td>
<td>The minor*</td>
</tr>
<tr>
<td>3. Custodian account of a</td>
<td>The grantor-trustee*</td>
</tr>
<tr>
<td>minor (Uniform Gift to Minors Act)</td>
<td>The actual owner of the account or, if combined funds, the first individual on the account*</td>
</tr>
<tr>
<td>4. a. The usual revocable savings trust (grantor is also trustee)</td>
<td></td>
</tr>
<tr>
<td>b. So-called trust account that is not a legal or valid trust under state law</td>
<td></td>
</tr>
<tr>
<td>5. Sole proprietorship or disregarded entity owned by an individual</td>
<td></td>
</tr>
<tr>
<td>6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.61-1(b)(2)(ii) (A))</td>
<td></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></td>
</tr>
<tr>
<td>8. A valid trust, estate, or pension trust</td>
<td></td>
</tr>
<tr>
<td>9. Corporation or LLC electing corporate status on Form 8832 or Form 2553</td>
<td></td>
</tr>
<tr>
<td>10. Association, club, religious, charitable, educational, or other tax-exempt organization</td>
<td></td>
</tr>
<tr>
<td>11. Partnership or multi-member LLC</td>
<td></td>
</tr>
<tr>
<td>12. A broker or registered nominee</td>
<td></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 prison) that receives agricultural program payments</td>
<td></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 1.61-1(b)(2)(ii) (B))</td>
<td></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 minor’s name and furnish the minor’s SSN.
LANDLORD PAYMENT/PAYEE INFORMATION FORM

This form is required when submitting a unit for payment consideration through The Community Partnership (TCP). 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>PAYMENT/PAYEE INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROPERTY STREET NUMBER/NAME:</td>
<td>PAYMENT PAYEE:</td>
</tr>
<tr>
<td>PROPERTY UNIT #:</td>
<td>WILL BE MAILED TO THE PAYEE AND ADDRESS IDENTIFIED</td>
</tr>
<tr>
<td>ZIP:</td>
<td>IN THIS SECTION</td>
</tr>
<tr>
<td>WARD:</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>PROPERTY MANAGER SIGNATURE (IF DIFFERENT FROM LANDLORD):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PROPERTY MANAGER SIGNATURE DATE:</td>
<td></td>
</tr>
</tbody>
</table>
ACH TRANSACTIONS
TERMS AND CONDITIONS

The following outlines the terms in conditions for vendors electing to receive payments via the ACH electronic payment system.

The Community Partnership for the Prevention of Homelessness (hereinafter referred to as “The Community Partnership”) will use the information provided by the payee on the ACH enrollment/change form to set up payments to the payee using the ACH payment system. The ACH payment system is guided by rules established by the NACHA – The Electronic Payment Associations.

The payee agrees to the following:
- To abide by the provisions of this ACH agreement
- To provide accurate enrollment information
- ACH payments cannot begin until a vendor has received at least 2 payments by check via the US mail and those checks have cleared the Community Partnership’s account.
- That any properly completed change form submitted will replace any previous enrollment or change form
- Changes in authorization or contact information can only be made by submitting an original, signed ACH enrollment/change form.
- That the Community Partnership for the Prevention of Homelessness may reverse any duplicate or erroneous credit entries
- That the authorization will remain valid until it is terminated or revoked in writing by the vendor, or by the closing of the recipient’s account at the receiving institution
- The vendor will provide the Community Partnership with a valid email address. Upon payment an email will be sent to the address identified on the enrollment form. In the even that an email sent to the email address is returned as undeliverable, all ACH payments to the recipient will be suspended.
- The vendor will immediately notify the Community Partnership in the event that an ACH confirmation email is received, but the payment is not.

Vendors are approved for ACH payment at the sole discretion of the Community Partnership. To be considered for ACH payment, the vendor must have ongoing business with the Community Partnership through a contract, a client lease or other similar arrangement. The Community Partnership reserves the right to terminate vendors from the ACH payment system without notice and revert the account to payment by check.

The Community Partnership will not be liable for any loss that may arise solely by reason of error, mistake or fraud regarding information provided on the ACH enrollment/change form.
ACH ENROLLMENT/CHANGE FORM

PLEASE CHECK ONE

____ New Enrollment  ____ Change to Existing Enrollment  ____ Already Enrolled  ____ Not Interested in ACH

Payee Name: ________________________________________________________________

Payee Address: _____________________________________________________________

Payee City, State and Zip Code: ______________________________________________

Contact Person Name: _______________________________________________________

Contact Person Phone Number: ______________________________________________

Contact Person Email address: _______________________________________________
(Please note that an email confirmation of payments will be sent to this address. In the event that an email to this address
is returned as undeliverable, all future ACH payments will be suspended until a new enrollment form is completed)

Bank Name: ________________________________________________________________

Bank Address: ______________________________________________________________

Bank City, State and Zip Code: _______________________________________________

Bank Contact Person Name: _________________________________________________

Bank Phone Number: _______________________________________________________

Bank ABA Number (9 digits): ________________________________________________

Bank Account Number: _____________________________________________________

PLEASE CHECK ONE  ____ Checking  ____ Savings

For checking accounts, a copy of a voided check must be attached to this form.
For savings accounts, this form must be signed by a representative of the bank and their business card attached.

Bank Signature (for savings accounts): ________________________________________

By signing below, I affirm that I am an authorized signer on the bank account listed above and I authorize The Community
Partnership to make payments via ACH to the account listed above. I have read and agree to the terms and conditions
regarding ACH payments from The Community Partnership.

Authorized Signature: ________________________________________________________ Date: __________________

Printed Name: ___________________________________________________________ Title: ____________________________
UTILITY INFORMATION FORM

The Community Partnership (TCP) requires 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):

- GARDEN/WALKUP
- ELEVATOR/HIGH RISE

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>ELECTRIC</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

TCP - Housing - 5/2012
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

801 Pennsylvania Avenue SE Suite #360 Washington DC 20003 (202) 543-5298 Fax (202) 543-5298 www.community-partnership.org
TCP - Housing - May 2012
LANDLORD PRE-INSPECTION CHECKLIST

Each unit to be subsidized by The Community Partnership (TCP) 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 TCP. 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)

This checklist covers the majority of violations that cause a unit to fail. For additional information on what will bring your unit to code, please contact Marshall Cusac at mcusac@community-partnership.org or (202) 543-5298.

801 Pennsylvania Avenue SE Suite #360 WDC 20003 (202) 543-5298 Fax (202) 543-5653 www.community-partnership.org
TCP Housing - May 2012
Page 2 of 2
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>
<tr>
<td>Lessee</td>
<td>Date</td>
<td>Lessee</td>
<td>Date</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agent</td>
<td>Date</td>
<td>Agent</td>
<td>Date</td>
</tr>
<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 Community Partnership for the Prevention of Homelessness (TCP) 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 TCP 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 TCP to substantiate retaining the security deposit or a portion thereof. I understand that the listed unit is subject to a final inspection by TCP or their designate representative to assess damages and all related costs.

The Community Partnership
801 Pennsylvania Avenue SE Suite #360
Washington, DC 20003
Attention: Housing Department

Security Deposit Amount Issued by TCP: $ ________________

Property Address

___________________________________________
Landlord/Representative (Print)

___________________________________________
Landlord/Representative Signature

___________________________________________
Date