



**COVID-19 Emergency Housing Assistance Program
 Program Participation-Payment Acceptance Agreement**

Application Number: _____

Applicant (Tenant): _____ Email: _____

Tenant Address: _____ Phone: _____

Signature: _____

SECTION I (a) (THIS SECTION TO BE COMPLETED BY THE LANDLORD/LEGAL MGNT CO.

 LANDLORD/LEGAL PROPERTY OWNER MANAGEMENT COMPANY (if applicable) TELEPHONE NUMBER

 LANDLORD/MANAGEMENT COMPANY EMAIL CONTACT PERSON NAME

 ADDRESS CITY STATE ZIP CODE

Project Success Coalition (PS) administers this program and has verified the lease/rental agreement and other eligibility documentation by the Applicant identified above and determined that this household is eligible to receive Emergency Rental or other Assistance. PS will issue monthly housing and/or monthly housing arrears payments directly to the landlord/property management company on behalf of eligible households economically impacted during the COVID-19 pandemic through job loss, furlough, reduction in hours or pay, illness, etc. This agreement must be completed by the tenant and landlord/property management company and returned to PS in order to process the payment(s). Payment(s) will be issued within 3 days of completed application to the landlord. A completed W-9, Request for Taxpayer Identification Number and Certification will also be required to be completed by the Landlord/property management company – the W-9 will be sent to the landlord by PS staff separately.

DOB: _____ **ID:** _____

SECTION I (b) (THIS SECTION TO BE COMPLETED BY PS-CHW)

RENTAL ASSISTANCE PROVIDED Amount \$ _____	ANTICIPATED TERMS OF ASSISTANCE For _____ consecutive month beginning _____
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PS STAFF NAME (PLEASE PRINT)	PS STAFF SIGNATURE	DATE	TELEPHONE NUMBER
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SECTION II – THIS SECTION TO BE COMPLETED BY THE LANDLORD/MGNT CO REP.

The landlord (legal owner of the residence reference above) must complete this Section.

- I do not want to participate in Project Success Emergency Rental Assistance Program; or
- I would like to participate in Project Success Emergency Rental Assistance Program. To receive payment, I will provide this signed agreement a W-9 Request for Taxpayer Identification Number and Certification.

TENANT'S MONTHLY RENT IS DUE ON THE _____ OF EACH MONTH. Is the tenant(s) current on rent payments?

- YES (If Yes, tenant may be eligible for future payments.)
- NO If no, amount of rent owed: \$ _____
- If no, date last rent payment was received: \$ _____

LANDLORD/LEGAL OWNER'S NAME/MGT. COMPANY (PLEASE PRINT)	APPLICANT (TENANT) NAME (PLEASE PRINT)				
MAILING ADDRESS	PROPERTY ADDRESS				
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

Is the tenant(s) of the residence listed above a relative of the landlord? YES NO

LANDLORD/LEGAL OWNER/MANAGEMENT COMPANY CERTIFICATION

I UNDERSTAND AND CERTIFY THAT: In no case am I entitled to a payment for a month that the applicant does not reside at my property. If I receive a direct rent payment for a month that the applicant did not reside at my property, I shall remit to Project Success an amount that represents the overpaid rent. To return such amounts or payments, I shall call PS at (801) 394-0924 and mail payment to Project Success Coalition, PO Box 151003, Ogden, UT 84415. I must not cash a direct rent payment if the applicant has moved. I may be prosecuted if I commit fraud or knowingly assist an applicant to commit fraud. If I am found guilty of committing fraud, I will no longer be entitled to receive direct rent payments. I may not acquire rights to sue [Agency] for payment of rent or for a breach of any obligations by the tenant.

I also understand and certify that I receive no other subsidy and/or assistance from or on behalf of this applicant for full or partial monthly rental payment.

Rental assistance is limited and the duration of assistance as stated in Section 1 of this agreement. PS will make every effort to make rental assistance payments as required by the lease agreement but will only be responsible for late fees due to administrative errors by PS staff. I understand that assistance may be terminated if a participant is determined to be no longer eligible, was never eligible, has not been fully engaged in the program, and/or has not been fully compliant with program requirements as determined by PS. Examples noncompliance include failure to return phone calls or e-mails and failure to disclose all income or expenses.

[CONTINUED ON NEXT PAGE]

In addition, I understand and agree that during the term of this agreement, I must give PS a copy of any notice to the program participant to vacate the housing unit, or any complaint used under state or local law to commence an eviction action against the program participant.

THE LANDLORD/LEGAL OWNER/MANAGEMENT COMPANY MUST SIGN AND DATE:

LANDLORD/LEGAL OWNER/MGT. CO. NAME (PLEASE PRINT)	LANDLORD/LEGAL OWNER/MGT.CO. SIGNATURE:	DATE:	TELEPHONE NUMBER:
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To request this information in an alternative format or to request a reasonable accommodation, please contact Project Success, a minimum of three business days to of requested need to ensure availability; attempts will be made to accommodate requests with shorter notice.

Project Success Coalition, Inc. PO Box 151003, Ogden, UT 84415 projectsuccessinc1@gmail.com

Request for Taxpayer Identification Number and Certification

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

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

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-			-		
or									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

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

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Project Success Coalition-COVID-19 Community Assistance Program

Application for Assistance

How has your financial situation changed due to COVID-19?-

Applicant signature: _____ Date: _____

Head of Household RACE

- White
- Black/ or African American
- Asian
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Multi Racial
- Other _____

Head of Household HISPANIC/LATINO ETHNICITY

- Yes
- No



COVID-19 Emergency Support Services Program

Program Participation-Payment Acceptance Agreement

Application Number: _____

Applicant: _____	Email: _____	
Applicant Address: _____		
CITY	STATE	ZIP CODE
TELEPHONE NUMBER: _____	D.O.B. _____	ID: _____

SECTION I (a) To be filled out by Applicant/CHW

What services are you needing assistance? _____ **Food** _____ **Medical** _____ **Utility (Circle)** **Gas** **Electric** **Water**
 _____ **Phone** _____ **Other** _____ (mark all that apply)

Company(s)/Vendor for your service/utility: _____

Provide copies of bills or other documents to confirm service account.

- I attest that I've been impacted by COVID-19
- I attest that I'm not getting other COVID \$ for the same bill

Project Success Coalition (PS) administers this program on behalf of our COVID COMMUNITY & MCA PARTNERSHIP. PS will issue payments directly to the company/vendor on behalf of eligible households economically impacted during the COVID-19 pandemic through job loss, furlough, reduction in hours or pay, illness, etc. This agreement must be completed by the applicant/CHW. Payment(s) will be issued within 3 days of completed application.

SECTION I (b) (THIS SECTION TO BE COMPLETED BY PS-CHW)

UTILITY ASSISTANCE PROVIDED Amount \$ _____	ANTICIPATED TERMS OF ASSISTANCE For _____ consecutive month beginning _____		
PS STAFF NAME (PLEASE PRINT)	PS STAFF SIGNATURE	DATE	TELEPHONE NUMBER

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Project Success, a minimum of three business days to of requested need to ensure availability; attempts will be made to accommodate requests with shorter notice.