



# GREENFIELD SECURITY DEPOSIT & RENTAL ASSISTANCE PROGRAM

Participant Name: \_\_\_\_\_

Unit Address: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

**PROGRAM PARTICIPATION WILL BE AWARDED TO ELIGIBLE HOUSEHOLDS AS FUNDING ALLOWS.**

## *What is it?*

**One-time assistance** to individuals & families in need of security deposit assistance to move to permanent sustainable housing.

## *What are Eligible Activities?*

- Security Deposit
- First Month's rent.
- Application Fees.
- Last Month's rent.

## *What are Ineligible Activities?*

- Rental Arrears.

**MAX AMOUNT OF ASSISTANCE = *Up to \$3,000!***

## LANDLORD APPLICATION CHECKLIST

☐ Completed W-9. ☐ SD&RAF OWNER REQUEST FORM. ☐ Direct deposit form.

Landlord Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Landlord Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Monthly Rent: \_\_\_\_\_

Do you have a written lease? YES NO Are utilities included? YES NO

If no, what utilities are you responsible for? \_\_\_\_\_

To learn more please contact us at 413-774-2932.

Completed application's can be emailed to [info@greenfieldhousing.org](mailto:info@greenfieldhousing.org). You can also hand-deliver or mail to:



**GREENFIELD HOUSING AUTHORITY**  
1 Elm Terrace - Greenfield, MA 01301



# Form W-9

(Rev. March 2024)  
Department of the Treasury  
Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)		
	2 Business name/disregarded entity name, if different from above.		
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . . <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead 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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/>		
	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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-				-	
or									
Employer identification number									
				-					

### Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here	Signature of U.S. person	Date

## General Instructions

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

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

## What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



## SECURITY DEPOSIT & RENTAL ASSISTANCE FUND (SD&RAF) PROGRAM - OWNER REQUEST FORM

Participant Name: \_\_\_\_\_

Unit Address: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

FUNDS REQUESTED		
Security Deposit	\$ _____	N/A <input type="checkbox"/>
First Month's Rent	\$ _____	N/A <input type="checkbox"/>
Last Month's Rent	\$ _____	N/A <input type="checkbox"/>
Application Fee's	\$ _____	N/A <input type="checkbox"/>

**MAX AMOUNT OF ASSISTANCE = Up to \$3,000!**

### PROPERTY OWNER TERMS

**By accepting Security Deposit & Rental Assistance Funds (SD&RAF), the owner acknowledges and accepts the following terms:**

- I certify that I am the property owner (or authorized agent for the owner) of the above referenced property (Unit Address).
- I understand that this award is contingent on approval of the above referenced property (Unit Address) and final negotiated contract rent, which may differ from the amounts listed above, by the **GHA** per the standard **SD&RAF** program regulations and policies and on the completion of a fully signed lease.
- If the **GHA** makes a security deposit payment on behalf of the Participant, I agree to comply with all landlord obligations in accordance with M.G.L., c.186 s. 15B. In accordance with said law, I will return any such security deposit, including any amounts paid on behalf of the Participant by the **GHA**, to the Participant.
- If the **GHA** pays a security deposit on behalf of the Participant, I agree to return these funds to the **GHA** should the Participant not move into the above referenced property.
- I understand that **SD&RAF** funds are to be used only for an approved security deposit, first, last, or application fee amount that is not paid by other sources of financial assistance. If the **GHA** determines that the Participant has received financial assistance from another source to pay the same expenses paid by the **SD&RAF** program, I agree to repay the duplicative assistance as directed by the **GHA**.
- If I previously received any funds for security deposit directly from the Participant, I will return those duplicate payments directly to them.
- Nothing in this Agreement precludes the owner/agent from using any and all remedies available under law, including the institution of eviction proceedings against the Participant, if the Participant fails to pay any future rent due after the date of this award or otherwise violates the terms of tenancy.

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**SIGNATURE OF LANDLORD/OWNER**

**DATE**



## GREENFIELD SECURITY DEPOSIT & RENTAL ASSISTANCE PROGRAM

Participant Name: \_\_\_\_\_

Unit Address: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

### **AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT FOR SECURITY DEPOSIT AND RENTAL ASSISTANCE PROGRAM**

I (we) hereby authorize Greenfield Housing Authority (GHA) to deposit my (our) payment into my (our) statement savings or checking account to the depository institution listed below. This form will also serve as authorization for the Housing Authority to make any adjustments (debits or credits) necessary to correct any entries made in error.

This authorization will remain in full force until both parties have mutually agreed to terminate the agreement or until the Housing Authority payment assistance ceases.

Depository (Bank) Name: \_\_\_\_\_

Depository Address to Mail Check: \_\_\_\_\_

Type of Account:              Checking      Savings      Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Names on Account: \_\_\_\_\_

Signature: \_\_\_\_\_ SSN: \_\_\_\_\_

