

# Request for Tenancy Approval

## Nursing Home Transition and Diversion Program

NYS Housing Trust Fund Corporation

Eligible families submit this form to the Local Authority (LA) when applying for housing assistance under the Nursing Home Transition and Diversion Waiver. The LA uses this information to determine if the family is eligible, if the unit is eligible, and if the lease complies with program and statutory requirements. Completion of this form in full is required to institute Assistance Payments. This information is not confidential.

1. Name of Local Authority (LA)			2. Address of Unit (street address & apt #, city, state and zip code)		
3. Requested Beginning Date of Lease	4. Number of Bedrooms	5. Year Constructed	6. Proposed Rent	7. Security Deposit Amt.	8. Date unit Available for inspection
9. Type of House/apartment <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Semi-Detached <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Garden/Walkup <input type="checkbox"/> Elevator/High Rise					
10. Utilities and Appliances The owner shall provide or pay for the utilities and appliances indicated below by an "O". The tenant shall provide or pay for the utilities and appliances indicated below by a "T". Unless otherwise specified.					
Item	Specify fuel type			Provided by	Paid by
Heating	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Bottle Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other				
Cooking	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Bottle Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other				
Water heating	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Bottle Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other				
Other electric					
Water					
Sewer					
Trash Collection					
Air conditioning					
Refrigerator					
Range/microwave					
Other (specify)					

The LA and the NYS Department of Health screen only for income and program eligibility. It is the Landlord's responsibility to screen the family for behavior and suitability for tenancy, and it is recommended that they do so to the best of their ability.

Please return this Form to: \_\_\_\_\_

<p>11. Owner's Certifications</p> <p>a. The program requires the LA to certify that the rent charged to the tenant is not more than the rent charged for other unassisted comparable units.  <b>Owners of projects with more than 4 units must complete the following section for most recently leased comparable unassisted units within the premises.</b></p>			<p>b. Check one of the following:</p> <p>____ Lead-based paint disclosure requirements do not apply because this property was built on or after January 1, 1978.</p> <p>____ The unit, common areas servicing the unit, and exterior painted surfaces associated with such unit or common areas have been found to be lead-based paint free by a lead-based paint inspector certified under the Federal certification program or under a federally accredited State certification program.</p> <p>____ A completed statement is attached containing disclosure of known information on lead-based paint and/or lead-based paint hazards in the unit, common areas or exterior painted surfaces, including a statement that the owner has provided the lead hazard information pamphlet to the family.</p> <p>12. The LA will arrange for HQS inspection of the unit and will notify the owner and family as to whether or not the unit will be approved.</p>
Address and unit number	Date Rented	Rental Amount	
1.			
2.			
3.			

Print or type name of Owner/Owner Representative		Print or Type name of Household Head	
Signature		Signature (household head or designated decision maker)	
Mailing address		Mailing address	
		Name of designated decision maker	
		Mailing address	phone number
Telephone number	Date (mm/dd/yy)	Household head phone number	Date (mm/dd/yy)
RRDS name/title:	Phone number	Service Coordinator name/title:	Phone number
Mailing address	Date	Mailing address	Date

Signing this form indicates tenant and landlord's desire to enter into a contractual lease agreement effective on the date specified on page 1. Unit must pass HQS prior to issuance of payments.

Service Coordinator, is this unit currently accessible for the above named participant yes no  
 If 'no' date of anticipated completion of environmental modification \_\_\_\_\_

**Owner Responsibilities:**

1. Maintain the unit in accordance with Housing Quality Standards and providing normal maintenance.
2. Keep mortgage payments current to prevent foreclosure.
3. Providing information required by our office including proof of insurance coverage for a building leased under the subsidy program.
4. Collecting any security deposit and tenant's share of rent.
5. Collecting any charges for damages caused by tenant, a member of the tenant's family or guests.
6. Enforcing tenant obligations under the lease
7. Paying for utilities and services unless paid by tenant under the lease
8. Owner may not violate:
  - o Fair Housing Act.
  - o Federal Equal Opportunity requirements.
  - o Obligations under an Assistance Payments Contract.
9. The owner may not:
  - o Commit Fraud, bribery or any other corrupt criminal act in connection with State or Federal Housing Programs.
  - o Engage in Drug Trafficking.
10. Owners are permitted and encouraged to screen families on the basis of their tenancy histories.
11. An owner may consider a family's background with respect to such factors as:
  - o Payment of Rent and utility bills.
  - o Caring for a unit and premises.
  - o Respecting the rights of others to the peaceful enjoyment of their housing.
  - o Drug Related criminal activity or other criminal activity that is a threat to the life, safety or property of others
  - o Compliance with other essential conditions of tenancy.
12. With regard to item 11-The agency must give the owner:
  - o The family's current address (as shown in records)
  - o Name and address (if known) of the landlord at the family's current a prior addresses.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Family

\_\_\_\_\_  
Date

**Please attach Proof of Insurance for the Rental Property**



**Disclosure of Information on Lead Based Paint and Lead-Based Paint Hazards**

**Lead Warning Statement**

*Housing built before 1978 may contain lead based paint. Lead exposure is especially harmful to young children and pregnant women. Lead from paint chips and dust can pose health hazards if not taken care of properly. Before a tenant rents a unit that is pre-1978 housing, the landlord must disclose the presence of lead based paint and lead based paint hazards in the unit. Tenants must also receive a Federally-approved pamphlet on lead poisoning prevention.*

Please write your initials as indicated below:

**Lessor's Disclosure (initial)**

\_\_\_ (a) Presence of lead-based paint or lead-based paint hazards (check one below)

Known lead-based paint and/or lead based paint hazards are present in the housing (explain)

\_\_\_\_\_

\_\_\_\_\_

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 one below)

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)

\_\_\_\_\_

\_\_\_\_\_

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 pamphlet (EPA -747-K-99-001) *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 4582(d) 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 provided by the signatory is true and accurate

\_\_\_\_\_  
Lessor Date

\_\_\_\_\_  
Lessor Date

\_\_\_\_\_  
Lessee Date

\_\_\_\_\_  
Lessee Date

\_\_\_\_\_  
Agent Date

\_\_\_\_\_  
Agent Date

## Landlord Information

Please print clearly

Payments under the NHTD program are **only** transmitted via direct deposit to your bank account.

Bank account number:

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Bank routing number: [the first 9 digits found on the lower left hand of your checks]

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A 1099 will be sent to the Legal address and the owner of the social security or tax id number for income tax purposes

Soc. Sec.: 

				-				-					
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Tax Id: 

		-											
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Legal Name (From IRS W-9): \_\_\_\_\_

Legal Address (1<sup>st</sup> line): \_\_\_\_\_

Legal Address (2<sup>nd</sup> line): \_\_\_\_\_

Legal municipality: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number(\_\_\_\_) \_\_\_\_\_

Is this the name on the deed? Yes No

If no, whose name is on the deed? \_\_\_\_\_

If no, do you have the legal right to rent this property? \_\_\_\_\_

Is correspondence to be mailed to the same address as above? Yes No

If NO, indicate mailing address below:

Name Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

**Or Business name:** \_\_\_\_\_

Address (1<sup>st</sup> line): \_\_\_\_\_

Address (2<sup>nd</sup> line): \_\_\_\_\_

Municipality: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone number (\_\_\_\_) \_\_\_\_\_

Do you have a written standard lease? Yes or No

If yes please provide a copy of the lease you signed with the tenant. If No, we will send you a basic lease for you to use with the tenant, an original signed copy will need to be returned to our office.

## Request for Taxpayer Identification Number and Certification

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

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
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 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.

**Note.** If the account is in more than one name, see the chart on page 4 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).

**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 on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

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

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

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.

**Note.** If 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 on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the 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 withholding on your share of partnership income.

The person who gives 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 is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

**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, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

## 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

### Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

**Limited liability company (LLC).** Check the "Limited liability company" box only and enter the appropriate code for the tax classification ("D" for disregarded entity, "C" for corporation, "P" for partnership) in the space provided.

For a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line.

For an LLC classified as a partnership or a corporation, enter the LLC's name on the "Name" line and any business, trade, or DBA name on the "Business name" line.

**Other entities.** Enter your business name as shown on required federal tax documents on the "Name" line. 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 the "Business name" line.

**Note.** You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

### Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the business name, sign and date the form.