



SOMERVILLE HOUSING AUTHORITY
30 Memorial Road, Somerville, Massachusetts 02145
Telephone (617) 625-1152 Fax (617) 628-7057 TDD (617) 628-8889

RFTA

Request For Tenancy Approval

Tenant Instructions for a Change of Unit

In order to change units, you must have been in your current unit for at least one year, be in good standings with your current landlord (no rent owed), and give your current landlord proper prior written notice of when you plan to move out.

***Be sure your new unit is within the Payment Standards for your voucher size and the area. Payment Standards are set for the GROSS RENT for the unit, meaning the rent and all estimated costs for utilities are within this price. *If you are not sure the unit is affordable, please check with your coordinator before moving forward.*

Be Prepared: The tenant is responsible for paying any/all lease up costs (other than SHA's portion of the first month's rent). This includes security deposits, last month's rent in advance, agent fees, or other lease-up fees/moving costs. SHA is only able to pay our portion (the HAP) of the first month's rent, and monthly HAP payments moving forward. *If you need help with some of these lease-up or moving costs, ask your coordinator about programs in our area that may be able to help.*

Once the the unit passes inspection and you have submitted all the required paperwork, you and your new landlord must determine the move in date. Then your coordinator will provide you with a rent share letter for your move. From there you should coordinate with your new landlord for key pick up, any money due, and the lease signing.

You and your landlord will provide SHA with a copy of your signed lease.

You will also need to be sure all of your belongings are removed from your previous unit by the date you gave your previous landlord, and your keys are returned, so that any security deposit that were given can be returned to you, less any damages.

Translation and interpretation services are available upon request, by appointment only
Services de traduction et d'interprétation sont disponible sur demande
Sèvis tradiksyon ak intèprétasyon disponib si w bezwen
Servicio de traducción e interpretación están disponibles, con cita, una vez que lo solicite



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Tenant Moving Checklist

- Notify current Landlord-** You are required to give your current landlord proper written notice (30 days is typical) before you can move to a new unit. For your convenience, we have attached a Notice to Vacate form for you and your current landlord to sign and return to SHA. In the event you are moving out before the end of your lease term, attached is the Mutual Termination form used for this purpose.
- Give new Landlord the RFTA to complete-** Your new landlord must complete the RFTA packet fully before SHA is able to schedule an inspection or move forward with lease up. If SHA has not received the completed RFTA by the 15th of the month, we may not be able to process a move for the 1st of the following month.
- Head of Household must sign the RFTA-** There are a total of 2 places that the tenant/Head of Household must sign: *pg. 2 of RFTA and pg. 4, the Lead Form*. The RTA packet is not considered complete without the Head of Household's completion and signature on both forms.
- Complete Renewal packets-** The Head of Household and all members over 18 must sign updated forms including the Family Obligations packet, Continuing Occupancy Packet, HUD forms, and any additional forms requested by SHA. You may also need updated Student Status Verification, Child Care Deduction Forms, or medical deductions (receipts) if applicable.
- Provide Updated Income and Assets for All Household Members-** You must provide new updated income for everyone living in the household. *This includes all Social Security Benefits, DTA/ SNAP Benefits, Employment wages, Self Employment Income, Unemployment, Pension/Workman's Comp, Child Support, or any other income.* You must also verify all current household assets, *such as Bank Accounts, CD's, IRA, 401K, Retirement, ect.* **Your new rent share cannot be calculated until you provide all current income and assets for all households members.**

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NOTICE TO VACATE

Date: _____

Landlord's Name

Street Address

Town

Zip Code

Tenant's Name

Street Address

Town

Zip Code

Dear Landlord/Property Manager:

This letter is to inform you that I will be moving out of the above leased premises on the

_____ Day of _____ Month, 20____.

This notice is given pursuant to our lease agreement and applicable law.

Signed: _____

Tenant

Date

Received by landlord: _____

Landlord

Date

Notices received by The Somerville Housing Authority (SHA) that are not signed and dated by the landlord will not be processed and requests to move will not be honored.



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MUTUAL TERMINATION OF HAP CONTRACT

The lease between _____ and _____
Lessor Lessee

for the unit located at _____
Current Unit Address

shall be terminated on _____.
Move Out Date

provided that the Tenant's prospective apartment (as identified in the next Request for Tenancy Approval submitted to the Somerville Housing Authority) passes inspection and is leased to the tenant.

____As landlord I certify that the tenant share of the rent is paid in full.

____The tenant has an outstanding balance of \$_____

for the months of _____.

**SINCE TERMINATION IS MADE BY MUTUAL AGREEMENT BY ALL PARTIES,
NO CLAIM FOR VACANCY LOSS IS DUE TO THE LESSOR.**

Landlord Signature

Date

Tenant Signature

Date



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RFTA
*Request For
Tenancy Approval*

Landlord Instructions for Leasing with SHA

SCREENING TENANTS: The owner must approve the family as a suitable tenant, even though the family has been deemed eligible by SHA for the Section 8 Program. The owner must initiate their own tenant selection screening as they would for any non subsidized rental applicant. An RTA should only be submitted after the owner has approved the family for tenancy.

SECURITY DEPOSIT: The tenant is responsible for paying any/all lease up costs (other than SHA's portion of the first month's rent). This includes security deposits, last month's rent in advance, agent fees, or other lease-up fees/moving costs. SHA is only able to pay our portion (the Housing Assistance Payment, or HAP) of the first month's rent, and monthly HAP payments moving forward. SHA will continue to pay our HAP until the tenant has vacated the unit or is no longer on the program. **SHA has no responsibility for damages to the unit or unpaid rent. As in the private market, the owner may collect a security deposit. The owner must comply with all state statutes and regulations covering security deposits.**

SUBMITTING the RFTA: Once the landlord has completed their screening process and are ready to move forward, landlord and tenant must completely fill out the RFTA. The landlord should complete the forms first, and the tenant must then sign pages 2 and 4. SHA will return all incomplete forms. This could delay the lease up process. **RFTAs submitted after the 15th of the month cannot be guaranteed tenancy for the first of the following month.**

DEED: In addition to a completed RFTA, the landlord must submit a copy of the DEED showing ownership of the property. The name on the deed MUST match name on the W9 completed for the property. Deeds can be located on MassLandRecords.com. If there is a third party managing agent conducting business on behalf of the owner, a management contract/agreement must also be included.

Lead Form: When a child under six (6) is in the prospective household, SHA requires proof that the unit has been de-leaded or that it was constructed after 1978. **You must submit a copy of the Letter of Compliance from a licensed de-leading inspector before SHA can schedule our inspection.** It must state that the unit and relevant common areas comply with the Massachusetts Lead Law, M.G.L.,c.111 and s.190-191.

For more information about Mass Lead Laws, lead poisoning, and how to abate, please visit <https://www.mass.gov/service-details/learn-about-massachusetts-lead-law>

**The Lead form must be completed and signed regardless if there will be children under 6 living in the unit.*

Water/Sewer: If the tenant will be responsible for the water and sewer bill, the Water Submetering form must be completed by a licensed plumber. If water/sewer charges are included in the rent, you may leave this form blank.

INSPECTION: Once the landlord has approved the family and SHA receives a COMPLETED RFTA, SHA will determine if the unit meets HUD Housing Quality Standards for the Section 8 Program. SHA will submit an inspection request for the unit. Depending on the location of the property, you will be contacted by either the SHA inspector or PHI, our third party inspection company to schedule the inspection.

The unit must be completely vacant (unless the tenant already resides in the unit) and there must be access to the basement and all common areas for the inspection to be scheduled. All utilities must be on at the time of inspection even if the family will be responsible for payment of the utilities in order to ensure they are in working order.

If the unit does not pass the initial HQS inspection, you will be provided with a list of repairs that will need to be corrected prior to re-inspection. *We expect that any required work will be completed within 10 business days of the initial inspection and need to hear from you within that timeframe.* When all of the repairs are complete, please notify SHA at 617-625-1152 or PHI at 781-257-2001 to schedule a re-inspection. If you are not going to move forward with this tenant, please notify SHA as well as the tenant immediately.

UNIT RENT DETERMINATION: All new units must be approved by SHA. Once the initial inspection is completed, SHA's inspector will rate the unit according to the 9 HUD rent reasonableness factors.

LEASE AND CONTRACT PROCESS: Once the unit has passed inspection and the rent approved, SHA will determine the tenant's monthly rent share and SHA subsidy (Housing Assistance Payment, or HAP) to the landlord and will provide a rent share letter. A copy of the signed lease and HAP contract must be returned to the SHA before we will release the HAP payment.

Request for Tenancy Approval

Housing Choice Voucher Program

U.S Department of Housing and Urban Development

Office of Public and Indian Housing

OMB Approval No. 2577-0169

exp. 7/31/2022

The public reporting burden for this information collection is estimated to be 30 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The Department of Housing and Urban Development (HUD) is authorized to collect the information on this form by Section 8 of the U.S. Housing Act (42 U.S.C. 1437f). Form is only valid if it includes an OMB Control Number. HUD is committed to protecting the privacy of individuals' information stored electronically or in paper form, in accordance with federal privacy laws, guidance, and best practices. HUD expects its third-party business partners, including Public Housing Authorities, who collect, use maintain, or disseminate HUD information to protect the privacy of that information in Accordance with applicable law.

When the participant selects a unit, the owner of the unit completes this form to provide the PHA with information about the unit. The information is used to determine if the unit is eligible for rental assistance. HUD will not disclose this information except when required by law for civil, criminal, or regulatory investigations and prosecutions.

1. Name of Public Housing Agency (PHA) Somerville Housing Authority 30 Memorial Rd. Somerville, MA 02145			2. Address of Unit (street address, unit #, city, state, zip code)		
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3. Requested Lease Start Date	4. Number of Bedrooms	5. Year Constructed	6. Proposed Rent	7. Security Deposit Amt	8. Date Unit Available for Inspection
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9. Structure Type <input type="checkbox"/> Single Family Detached (one family under one roof) <input type="checkbox"/> Semi-Detached (duplex, attached on one side) <input type="checkbox"/> Rowhouse/Townhouse (attached on two sides) <input type="checkbox"/> Low-rise apartment building (4 stories or fewer) <input type="checkbox"/> High-rise apartment building (5+ stories) <input type="checkbox"/> Manufactured Home (mobile home)	10. If this unit is subsidized, indicate type of subsidy: <input type="checkbox"/> Section 202 <input type="checkbox"/> Section 221(d)(3)(BMIR) <input type="checkbox"/> Tax Credit <input type="checkbox"/> HOME <input type="checkbox"/> Section 236 (insured or uninsured) <input type="checkbox"/> Section 515 Rural Development <input type="checkbox"/> Other (Describe Other Subsidy, including any state or local subsidy) _____
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11. Utilities and Appliances
 The owner shall provide or pay for the utilities/appliances indicated below by an "O". The tenant shall provide or pay for the utilities/appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and provide the refrigerator and range/microwave.

Item	Specify fuel type	Paid by	
Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Heat Pump <input type="checkbox"/> Oil <input type="checkbox"/> Other		
Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Other		
Water Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Other		
Other Electric			
Water			
Sewer			
Trash Collection			
Air Conditioning			
Other (specify)			
			Provided by
Refrigerator			
Range/Microwave			

12. Owner’s Certifications

a. The program regulation requires the PHA to certify that the rent charged to the housing choice voucher tenant is not more than the rent charged for other unassisted comparable units. Owners of projects with more than 4 units must complete the following section for most recently leased comparable unassisted units within the premises.

Address and unit number	Date Rented	Rental Amount
1.		
2.		
3.		

b. The owner (including a principal or other interested party) is not the parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving leasing of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

c. Check one of the following:

- Lead-based paint disclosure requirements do not apply because this property was built on or after January 1, 1978.
- 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.
- 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.

13. The PHA has not screened the family’s behavior or suitability for tenancy. Such screening is the owner’s responsibility.

14. The owner’s lease must include word-for-word all provisions of the HUD tenancy addendum.

15. The PHA will arrange for inspection of the unit and will notify the owner and family if the unit is not approved.

Print or Type Name of Owner/Owner Representative		Print or Type Name of Household Head	
Owner/Owner Representative Signature		Head of Household Signature	
Business Address		Present Address	
Telephone Number	Date (mm/dd/yyyy)	Telephone Number	Date (mm/dd/yyyy)



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LANDLORD CERTIFICATION

Street Address of Assisted Unit _____

City/Town State Zip

Ownership of Assisted Unit

I certify that I am the legal owner or the legally designated agent for the above-referenced unit and that the prospective tenant has no ownership interest in this dwelling unit whatsoever.

Approved Residents of Assisted Unit

I understand that the family members listed on the dwelling lease agreement as approved by the Somerville Housing Authority are the only individuals permitted to reside in the unit. I also understand that I am not permitted to live in the unit while I am receiving housing assistance payments.

Housing Quality Standards

I understand my obligations in compliance with the Housing Assistance Payments Contract to perform necessary maintenance so the unit continues to comply with Housing Quality Standards.

Tenant Rent Payments

I understand that the tenant's portion of the contract rent is determined by the Somerville Housing Authority, and that it is illegal to charge any additional amounts for rent which have not been specifically approved by the Housing Authority.

Reporting Vacancies to the Somerville Housing Authority

I understand that should the assisted unit become vacant, I am responsible to notify the Somerville Housing Authority immediately in writing.

Administrative and Criminal Action for Intentional Violations

I understand that failure to comply with the terms and responsibilities of the Housing Assistance Payment Contract is grounds for termination of participation in the Section 8 Program. I understand that knowingly falsifying material facts is a violation of State and Federal criminal law.

Signature of Landlord/Agent

Date

WARNING: Title 18 United States Code, Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any Department or Agency of the United States. State law may also provide penalties for false or fraudulent statements.



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 from paint, paint chips, and dust can pose health hazards if not taken care of properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, owners must disclose the presence of known lead-based paint and lead-based paint hazards in the dwelling. Tenants must also receive a federally approved pamphlet on lead poisoning prevention.

Owner's Disclosure

(a) Presence of lead-based paint hazards (check one box below):

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

Owner has no knowledge of lead-based paint and/or lead-based paint hazards in the building.

(b) Records and reports available to owner (check one box below):

Owner has provided the tenant with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (please list documents provided below).

Owner has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Tenant's Acknowledgment

(c) Tenant has received copies of all information listed above.

(d) Tenant has received the pamphlet *Protect your Family from Lead in your Home* from the Housing Agency.

Housing Agency's Acknowledgment

(e) Housing Agency has informed the tenant of the owner's obligations under 42 U.S.C. 4852(d) and is aware of the agency's 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 those signing this document is true and accurate.

Signatures

Housing Agency Representative

Tenant

Owner

Print or Type Name of HA

Print or Type Name of Tenant

Print or Type Name of Owner

Signature

Signature

Signature

Print or Type Name and Title of Signatory

Date

Print or Type Name and Title of Signatory

Date

Date



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**HOUSING ASSISTANCE PAYMENT
LANDLORD DIRECT DEPOSIT AUTHORIZATION AGREEMENT**

I authorize Somerville Housing Authority (SHA) to automatically deposit and funds owed to me to my account at the Depository Financial institution named in the form below.

I understand that this agreement may be terminated by me or by SHA at any time by written notification. Any such notification required a reasonable time to act upon it.

I authorize the SHA to charge my account only for the purposes of correcting an erroneous credit previously deposited in my account provided that, prior to the debit, the company has notified me in writing of the reason for the debit.

REQUEST FOR DIRECT DEPOSIT

I authorize the Somerville Housing Authority to automatically deposit funds to me to the
___ Checking or ___ Savings account at _____
Bank name

and make adjustment entries, if necessary, only under the conditions described in the Authorization Agreement above.

Landlord Name: (print/type) _____

Telephone Number: _____

I have read and understand both parts of this form:

Signature

Date

*You will be required to have a checking or savings account; the entire amount of the check will be deposited into one bank account. Partial deposits will not be allowed. We will need a **VOIDED CHECK**. If you do not have a voided check or if this is a savings account, we can accept a copy of the front page of your monthly statement or a **letter from your bank**. The letter must include your **account number**, and **bank routing number**.*

Please attach a voided check from the above referenced bank account in the space provided below.

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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	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								
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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 ▶ _____
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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.