

People First. Housing Always.

#### To Property Owner/Agent:

Your tenant or future tenant is in the process of applying for Residential Assistance for Families in Transition (RAFT). Below is a list of things that Metro Housing|Boston will need from you to process the tenant's application.

#### Required Property Owner Documentation:

- 1. RAFT Owner Contract (enclosed)
  - a. The RAFT Owner Contract may not exceed the program limit of \$4,000. The total amount must be verified with documentation. If a client has a subsidy, we cannot pay more than <u>6 months of the tenant's portion for rental arrears.</u>
  - b. For all rental arrears, please add the most recent ledger.
- 2. W-9 form (enclosed)
- 3. Proof of ownership of the property the tenant is or will be living in.
  - a. See enclosed list of acceptable proof of ownership
- 4. Direct Deposit Enrollment Request Form (enclosed)
- 5. Voided check or letter from bank (We do not accept deposit tickets)
- 6. Letter of Lead Compliance or building permit showing the residence was built after 1978 (required only if there is or will be a child under the age of 6 in the household).

<u>Do not assume that the family will receive RAFT assistance.</u> There are many eligibility criteria and documentation requirements for this program. The family must meet them all before we can approve their application. We will process their application as quickly as we can after all documents are submitted.

We will notify you if they are approved. If your tenant is using RAFT funds for startup costs, please do not allow the tenant to move in prior to approval.

#### Please send all requested documentation to:

RAFTdocs@metrohousingboston.org

Please include your tenant's name in the subject line or body of the email.



Property Owner/Agent Address

## Massachusetts Department of Housing and Community Development

## Emergency Rental & Mortgage Assistance (ERMA) Program

#### OWNER CONTRACT

Metro Housing Boston 1411 Tremont Street Boston, MA 02120	I	Date of Contract			
Participant Name		***************************************			
Participant Address		· · · · · · · · · · · · · · · · · · ·			
The ERMA Administering A named Participant (must inser			ng financial assistan	ce on behalf of the above	
Monthly Rental Stipend	\$	(\$	per month x	# of months)	
Rent Arrears	\$				
Total	\$	(may not	t exceed \$4,000)		
the owner) of the abo  I agree that by accept  I will reinstat  I will not pro  If the Participants' ter payments were made, Agency.  I understand that ERM financial assistance. I financial assistance fr to repay the duplicativ  Nothing in this Agree law, including the insepay any future rent du	ve referenced proping payments for rethe Participant's ceed with eviction nancy is terminated. I agree to return to MA funds are to be fithe ERMA Admit om another source we assistance as diment precludes the titution of eviction are after the date of	perty (Participant A rent arrears in accountenancy (if an evication cased prior to the period the unused balance e used only for expanding the same e rected by the Agency e to pay the same e rected by the Agency e to pay the same e rected by the Agency e to pay the same e rected by the Agency e to pay the same e rected by the Agency e owner/agent from a proceedings again this Agreement.	Address).  Indance with this Agretion case has not be the has been filed).  Indicate the first of the desired from the first of the said funds to the enses that are not particularly determines that the fixpenses paid by the text.  In using any and all rest the Participant, if	een filed).  Inthly rental stipend ERMA Administering  Intid by other sources of Participant has received ERMA program, I agree  I agree semedies available under If the Participant fails to	
Property Owner/Agent Signat	ure	ERMA A	dministering Agenc	y Staff Signature	
Property Owner/Agent Name		ERMA A	MA Administering Agency Staff Name & Title		

(Rev. October 2018) Department of the Treasury

#### **Request for Taxpayer Identification Number and Certification**

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

Interna	Revenue Service	► Go to www.irs.gov/FormW9 for ins	tructions and the latest info	rmation.	
	1 Name (as showr	on your income tax return). Name is required on this line; do	o not leave this fine blank.		
	2 Business name/	lisregarded entity name, if different from above			
on page 3.	Check appropriated following seven     Individual/sol	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):			
S. E		☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate single-member LLC			
t S	Limited liabili	y company. Enter the tax classification (C=C corporation, S=	=S corporation, P=Partnership) ▶		***************************************
Print or type. Specific Instructions on page	Note: Check LLC if the LLC another LLC is disregarded	Exemption from FATCA reporting code (if any)			
ec.	Other (see ins	ructions) ►			(Applies to accounts maintained outside the U.S.)
တွ	5 Address (numbe	, street, and apt. or suite no.) See instructions.	Reque	ster's name a	nd address (optional)
See					
	6 City, state, and 2	P code			
	7 List account num	per(s) here (optional)		· · · · · · · · · · · · · · · · · · ·	
Par	I Taxpa	er Identification Number (TIN)		······································	
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to a backup withholding. For individuals, this is generally your social security number (SSN). However, 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 <i>How to gittl</i> , later.  Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name</i>			ber (SSN). However, for a Part I, later. For other umber, see <i>How to get a</i>	or	urity number  -
Numb	er To Give the Red	uester for guidelines on whose number to enter.		-	-
Part	II Certific	ation	Here the second of the second	<del>                                     </del>	<del></del>
	penalties of perju	y, I certify that:			
2. I am Sen	not subject to ba rice (IRS) that I am	this form is my correct taxpayer identification numb ckup withholding because: (a) I am exempt from bact subject to backup withholding as a result of a failure ackup withholding; and	kup withholding, or (b) I have	not been no	otified by the Internal Revenue
3. I am	a U.S. citizen or o	ther U.S. person (defined below); and			
4. The	FATCA code(s) er	tered on this form (if any) indicating that I am exemp	t from FATCA reporting is cor	rect.	
you ha acquisi	/e failed to report a tion or abandonme	. You must cross out item 2 above if you have been not linterest and dividends on your tax return. For real estant of secured property, cancellation of debt, contribution dends, you are not required to sign the certification, but	ate transactions, item 2 does n ns to an individual retirement a	ot apply. For irrangement	mortgage interest paid, (IRA), and generally, payments
Sign Here	Signature of U.S. person ▶		Date ▶		
Gen	eral Instr	ıctions	Form 1099-DIV (dividends funds)	, including t	hose from stocks or mutual
Section	references are to	the Internal Revenue Code unless otherwise	•	types of inc	come, prizes, awards, or gross

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)

- 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.

# **Proof of Ownership**

# Needs to contain the rental property address as well as the owner's name

### **Accepted documents:**

- 1) Tax Bill
- 2) Water Bill
- 3) Deed
- 4) Mortgage Bill
- 5) Rental Property Insurance Bill (Binder)
- 6) Assessor's website

\*\*If the property owner's name from the above documents does not match the W-9, please provide a letter or supporting documents from the property owner (with signature) explaining the relationship between the two names (W-9 vs. Proof of Ownership)

\*\*If the address of the unit is not the same as the address written on the document given, please provide a letter (with signature) explaining why the addresses don't match.



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# Direct Deposit Enrollment Request Form Authorization Agreement for Automatic Deposits (ACH Credits)

Section 1 : Type of request (check one)				
[ ] New Request for Direct Deposit OR	[ ] Change Current Direct Deposit Information			
Section 2 : Customer / Vendor / Payee Inform	mation			
Name				
Social Security # or Tax I.D. #	Daytime Phone Number			
Address	dress City, State, Zip Code			
E-mail Address (please print)				
Section 3 : Direct Deposit Information:				
[ ] Checking OR	[ ] Savings			
Account Holder's Name	AND THE RESIDENCE OF THE STATE			
Bank Name				
Routing Number1				
Account Number2				
account name; account number and routing information  I authorize Metro Housing Boston and Bank of America to m  If monies to which I am not entitled are deposited to my acco	er check: 1) Bank statement; or 2) Letter from bank that indicate			
Signature (required)	Date			
Call (617) 425-6616 if you have any questions. Please note: Y deposit enrollment is processed and becomes active.  The first nine numbers from the left at the bottom of your deponence in the bank routing number. This number is a Your account number is at the bottom of your check or saving number if using a check). If there are zeros before or after you	oosit slip if using a savings account or your check if using a always nine digits. gs deposit slip, after the bank routing number (and before the check			
For internal use Only:				
Program: [ ] MTW / Section 8 or [ ] MRVF	O/CoC Program or [ ] HomeBASE / RAFT			
Staff Name :				