

Housing Authority of Clackamas County



AGENT AUTHORIZATION FORM

NAME OF CO	OMPLEX		
STREET ADI			
CITY	STATE	ZIP	
Ι,	Owner		, OWNER OF THE ABOVE,
DO HEREBY		Agent/Man	ager
BEHALF, TH OREGON, NE	AT THE HOUSING	G AUTHORITY ENT SUBSIDY	ECESSARY DOCUMENTS ON MY OF CLACKAMAS COUNTY, PROGRAM AND TO ACCEPT HE ABOVE.
DATE			
ADDRESS			
PHONE #			

Form (Rev. October 2007) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

2.	Name (as shown on your income tax return)					
on page	Business name, if different from above					
Print or type Specific Instructions	Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership ☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ► ☐ Exempt payee					
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)				
	City, state, and ZIP code					
See	List account number(s) here (optional)					
Part	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 <i>How to get a TIN</i> on page 3.			rity number			
Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.			lentification number			
Part	II Certification		'			
Undor	popultion of porjuny Loortify that:					

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.

provide your correct TIN. See the instructions on page 4.					
Sign Here	Signature of U.S. person ▶	Date ►			

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,

HOUSING AUTHORITY OF CLACKAMAS COUNTY AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH)

Direct Deposit via Automated Clearing House ("ACH") is the deposit of funds into a vendor's account. After submission of this ACH Form, the first payment will be made by check. This ACH Form is for starting, changing, or cancelling of ACH payments with the Housing Authority of Clackamas County. CANCEL Action: **START CHANGE Vendor Information** Phone Number: Vendor Name: Street/PO Box: City: State: Zip: Vendor Email: Social Security Number **OR** Tax Reporting Number: **Financial Institution Information** Bank Name: Name on Account: Account #: Routing #: Checking Savings ***PLEASE ATTACH A VOIDED CHECK FROM THIS ACCOUNT*** Authorization I authorize Clackamas County Housing Authority (HACC) to deposit payment for rent provided to HACC clients directly into my account at the financial institution listed above, which may only be an institution in the United States. Deposit advice will be available through our online portal. If HACC erroneously deposits funds into said account, I authorize HACC and the financial institution to initiate the transaction(s) necessary to correct the effort. This authorization will remain in effect until HACC has received written notification from me of its termination and HACC has had reasonable opportunity to act upon it. I understand that HACC is relying on the accuracy of account information provided and HACC will not be held responsible if the information on this Form is inaccurate. Print Name of Authorizing Official Authorizer's Signature: Date: PLEASE SUBMIT THIS COMPLETED FOR M TO: landlordservices@clackamas.us The completed Form may also be mailed to: Clackamas County Housing Authority, PO Box 1510, Oregon City, OR 97045 Questions, please call: 503-650-3150 INTERNAL USE ONLY Date Processed: Accounts Payable Initials: Vendor ID#