

STATE OF ARIZONA DEPARTMENT OF HOUSING 1110 WEST WASHINGTON, SUITE 280 PHOENIX, ARIZONA 85007 (602) 771-1000 FAX: 602-771-1002 <u>WWW.AZHOUSING.GOV</u>

ABANDONMENT FUND INFORMATION

The Arizona Department of Housing, the state agency that administers the Arizona Mobile Home Parks Residential Landlord Tenant Act ("Act"), has made an initial determination that your home may be qualified for relocation or abandonment expense reimbursement under the Act.

Enclosed is a Request for Abandonment Assistance Form. Please <u>fill this form out</u> <u>completely</u>, and return to the department along <u>with a copy of your paid personal property</u> <u>tax</u> showing proof of zero balance due on taxes, and <u>a notarized copy of your title, front and</u> <u>back, or a notarized document showing ownership.</u> Also enclosed is a form W-9. Please complete and return this form. Completion of this form is <u>required</u> for the allocation of funds.

After <u>all the above</u> information has been received, and approved, you should receive your check within four (1) to two (2) weeks.

Should you have any questions, please contact the Relocation Fund Department at (602) 771-1000.

RELOCATION FUND, ARIZONA DEPARTMENT OF HOUSING 1110 W. Washington, Suite #280 Phoenix, Arizona 85007

ABANDON HOME

REQUEST FOR ABANDONMENT ASSISTANCE FROM THE RELOCATION FUND

I hereby request assistance from the Mobile Home Relocation fund as set forth in A.R.S. §33-1475.01.C.2. By signing this form, I certify that I am a tenant as defined in A.R.S. §33-1409-29 and eligible to receive assistance because of the redevelopment of a mobile home park.

(Signature of	f Tenant)	(Date)					
(Mobile Home Title Number)		(Mobile Home Vehicle Identification Number)					
TENANTS NAME:	(Please	Print)					
UNIT ADDRESS:		(Space No.)					
CITY/STATE/ZIP CODE	: 						
PHONE:	E-MAIL:						

To be eligible, the tenant shall deliver to the landlord the current title to the mobile home fully endorsed by the owner of record and <u>notarized</u>, showing assignment of the title to the mobile home park, together with valid releases of all liens shown on the title. A copy of these documents, <u>front and back</u>, shall be delivered to the Arizona Department of Housing at 1110 W. Washington, Suite 280, Phoenix, AZ 85007, to support this application for payment.

Tenant's Signature: _____

Dated this day _____ of _____



State of Arizona Substitute W-9: Request for Taxpayer Identification Number and Certification

Submit completed form to the State of Arizona Agency with whom you are doing business with for review and authorization.

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	Type of Request (Must select at least ONE	=)									
1	 New Request New Request (Additional Addres ID) 	Change - Select s () type(s) of chang the following:	ne from		lame 📃 Enti Remittance Ado	ty Type [Iress 🗌	Minority Bu		cator		
	Taxpayer Identification Number (TIN) (P	rovide ONE Only)									
2	TIN	OR	SSN		-						
3	Entity Name (As it appears on IRS EIN records, IRS Letter CP575, IRS Letter 147C or Social Security Administration Records, Social Security Card. If Individual, Sole Proprietor, Single Member LLC, enter First, Middle, Last Name.) Legal Name DBA Name										
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	Entity Type (Must select ONE of the following)										
_	Individual/Sole Proprietor or Single-Member	LLC	○ The US or any of its political subdivisions or instrumentalities								
4	C Corporation		A state, a possession of the US, or any of the				ubdivisions or				
	Partnership		tions & O Other: Tax Reportable Entit			·			ī		
	C Limited Liability Company (LLC) including Co Partnerships	rporations &	O Other: Tax Exer		Des	cription					
ł											
	Minority Business Indicator (Must select O										
	C Small Business		ned Business- Hispanic		Minority Owned Business- African America			can			
	C Small Business- African American		Small, Woman Owned Business- Native Americ		Minority Owned Business- Asian						
	Small Business- Asian		ned Business- Other Mi	nority	Minority Owned Business- Hispanic						
5	Small Business - Hispanic	Woman Owned Bus		Minority Owned Business- Native American							
_	Small Business- Native American		O Woman Owned Business- African American			Minority Owned Business- Other Minority					
	Small Business- Other Minority		O Woman Owned Business- Asian		Non-Profit, IRC §501(c)						
	Small, Woman Owned Business		O Woman Owned Business- Hispanic		Non-Small, Non-Minority or Non-Woman Owned Business						
	Small, Woman Owned Business- African American		O Woman Owned Business- Native American			Individual, Non-Business					
	Small, Woman Owned Business- Asian	Woman Owned Bus	siness- Other Minority								
6	Veteran Owned Business	NO NO									
	Entity Address										
	Main Address (Where tax information and general	correspondence is to be m	nailed) Remitta i	nce Address (Where payment	is to be m	ailed) 🗌 Sa	ame as Mai	n		
7	Address Line 1		Address Line 1								
1	Address Line 2		Address L								
	City State	Zip code	City	State Zip code							
ļ	City	Zip code	City			JIALE	Zip	coue			
	Vendor Contact Information										
8	Name										
	Phone Ext.	Fax	Title Email								
ł											
9	Exemption from Backup Withholding and	IFATCA Reporting: Co	mplete this section	on if it is appl	icable to you.	See instr	uctions for m	ore detail	S		
_ ر	Exemption Code for Backup Withholding		Exemption Co	Exemption Code for FATCA Reporting							
İ	Certification										
	Under penalties of perjury, I certify that:										
	1. The number shown on this form is my correct Taxpayer	[·] Identification Number, and									
10	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 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 US citizen or other US person, and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.										
	The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.										
	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.										
	Signature	Print Nan	ne			Date			7		

The State of Arizona Substitute W-9 Form Instructions

The State of Arizona (State), like all organizations that file an information return with the IRS, must obtain your correct Taxpayer Identification Number (TIN) to report income paid to you or your organization. The State uses the Substitute W-9 Form to obtain certification of your TIN in order to ensure accuracy of information contained in its payee/vendor system and to avoid Backup Withholding as mandated by the IRS. According to IRS regulations, the State must withhold 28% of all payments if a vendor/payee fails to provide the State its certified TIN. The Substitute Form W-9 certifies a vendor/payee's TIN. Any vendor/payee who wishes to do business with the State must complete the Substitute W-9 Form.

Part 1 - Type of Request: Select only one.

Part 2 - **Taxpayer Identification Number (TIN):** Enter your nine-digit TIN. The TIN is either your nine-digit Social Security Number (SSN) assigned by the Social Security Administration (SSA) or Employer Identification Number (EIN) assigned by the Internal Revenue Service (IRS).

Part 3 - **Entity Name:** Enter the legal name as it appears on IRS EIN records, IRS Letter CP575, IRS Letter 147C or Social Security Administration Records, Social Security Card. If Individual, Sole Proprietor, Single Member LLC, enter First, Middle, Last Name. Enter your DBA in the designated line if applicable.

Part 4 - Entity Type: Select only one for TIN given.

Part 5 - Minority Business Indicator: Select only one for TIN given.

Part 6 - Veteran Owned Business: Select only one for TIN given.

Part 7 - Entity Address: List the locations for tax reporting purposes and where payments should be mailed.

Part 8 - Entity Contact Information: List the contact information.

Part 9 - Backup Withholding and FATCA Exemptions: If you are exempt from Backup Withholding and/or FATCA reporting, enter in the Exemptions box, any code(s) that may apply to you.

Backup Withholding Exemption Codes: Generally, Individuals (including Sole Proprietors) are not exempt from Backup Withholding. Additionally, Corporations are not exempt from Backup Withholding when supplying legal or medical services. If you do not fall under the categories below, leave this field blank. The following codes identify payees that are exempt from Backup Withholding: Code 1: An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b) (7) if the account satisfies the requirements of

<u>Code 1</u>: An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b) (7) if the account satisfies the requirements of section 401(f) (2)

Code 2: The United States or any of its agencies or instrumentalities

Code 3: A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or Instrumentalities

Code 4: A foreign government or any of its political subdivisions, agencies, or instrumentalities

Code 5: A corporation

<u>Code 6</u>: A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States <u>Code 7</u>: A futures commission merchant registered with the Commodity Futures Trading Commission

Code 8: A real estate investment trust

Code 9: An entity registered at all times during the tax year under the Investment Company Act of 1940

<u>Code 10</u>: A common trust fund operated by a bank under section 584(a)

Code 11: A financial institution

Code 12: A middleman known in the investment community as a nominee or custodian

Code 13: A trust exempt from tax under section 664 or described in section 4947

FATCA Exemption Codes: The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. If you are only submitting this form for an account you hold in the United States, leave this field blank. The following codes identify payees that are exempt from FATCA Reporting:

Code A: An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a) (37)

<u>Code B</u>: The United States or any of its agencies or instrumentalities

<u>Code C</u>: A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities

Code D: A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)

Code E: A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c) (1) (i)

Code F: A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

Code G: A real estate investment trust

<u>Code H</u>: A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

Code I: A common trust fund as defined in section 584(a)

Code J: A bank as defined in section 581 Code K: A broker

<u>Code L</u>: A trust exempt from tax under section 664 or described in section 4947(a) (1) Code M: A tax-exempt trust under a section 403(b) plan or section 457(g) plan

<u>Code M</u>: A tax-exempt trust under a section 403(b) plan or section 457(g) plan

Part 10 - Certification: Please sign, date and provide preparer's name in appropriate space.