



**STATE OF ARIZONA  
DEPARTMENT OF HOUSING**  
1110 WEST WASHINGTON, SUITE 280  
PHOENIX, ARIZONA 85007  
(602) 771-1000 FAX: 602-771-1002  
[WWW.AZHOUSING.GOV](http://WWW.AZHOUSING.GOV)

**RELOCATION FUND ASSISTANCE INFORMATION  
FOR CHANGE IN USE DUE TO REDEVELOPMENT OR CLOSURE OF A  
MOBILE/MANUFACTURED HOME/RECREATIONAL VEHICLE PARK**

Pursuant to Arizona Revised Statutes (“A.R.S.”) § 33-2149 if a homeowner/tenant is required to move due to a change in use resulting in closure or redevelopment of the mobile home/RV park, the homeowner/tenant may do any of the following:

1. **Relocate the park trailer or park model to a new location.** Payment from the Mobile Home Relocation Fund (“Fund”) is available for the lesser of the actual moving expenses of relocating the park trailer or park model to a new location that is within a one hundred mile radius of the vacated mobile/manufactured home/recreational vehicle park or the maximum of \$6,000
2. **Abandon the park trailer or park model** in the mobile/manufactured home/recreational vehicle park and collect an amount equal to Forty Percent of the maximum allowable moving expense \$2,400

**Additional Information**

Enclosed you will find detailed information regarding the options as listed above:

- Application packet for the relocation of a park trailer or park model.
- Application packet for abandonment of a park trailer or park model.

Thank You.

**RELOCATE PARK TRAILER OR  
PARK MODEL**

# ARIZONA DEPARTMENT OF HOUSING

## REQUEST FOR RELOCATION ASSISTANCE

I hereby request assistance from the Mobile Home Relocation Fund as set forth in A.R.S. § 33-1476.01. 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.

\_\_\_\_\_  
(Signature of Tenant) (Date)

TENANTS NAME \_\_\_\_\_  
(Please Print)

PARK NAME \_\_\_\_\_

UNIT ADDRESS \_\_\_\_\_  
Space No.

CITY/ STATE/ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ SINGLE-WIDE: \_\_\_\_\_ DOUBLE-WIDE: \_\_\_\_\_

UNIT SIZE: \_\_\_\_\_ YEAR: \_\_\_\_\_ MANUFACTURER \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

### **Please Attach the Following Documents:**

1. Copy of your Paid Personal Property Tax Statement;
2. Valuation form; and
3. Copy of one of the Following:
  - a. Front Page of your Title; or
  - b. A Notarized Document Showing Ownership

**This Form must be Completed and Returned along with all Requested Documents to:**

Via e-mail or USPS  
jeff.jacobs@azhousing.gov  
Relocation Fund Department, ARIZONA  
DEPARTMENT OF HOUSING 1110 W.  
Washington Ave., Suite #280 Phoenix,  
Arizona 85007

## **INSTRUCTIONS FOR THE ATTACHED SAMPLE CONTRACT**

**Step One:** Attached is a sample contract for you to **give to the Installer licensed and bonded through the Department, or Contractor licensed and bonded through the Arizona Registrar of Contractors**, to move and install your Mobile/Manufactured Home at your new location. This sample contract contains all the information required for the licensed and bonded installer or contractor to include in a contract with the mobile home owner.

**Step Two:** Once you have determined the installer or licensed contractor you want contract with to move your Mobile/Manufactured Home mail, e-mail, fax or deliver in person a copy of the signed contract to the Department of Housing, along with all other information noted in the opening page.

The Assistant Deputy Director will approve, or disapprove the contract. You must receive the approval letter from the Department first to assure payment can be made out of the Relocation Fund. Do not move your home until you receive the **approval letter** from the Assistant Deputy Director of the Department of Housing, or the State may not pay for your move from the Relocation Fund.

## THE MOBILE HOME RELOCATION FUND

### Required Elements in a Relocation Contract

**NOTE:** This is a **SAMPLE ONLY**, all contracts must contain at least the information shown below.

1. NAME OF INSTALLER
2. ADDRESS OF INSTALLER
3. TELEPHONE NUMBER OF INSTALLER
4. INSTALLER'S FEDERAL ID NUMBER
5. DATE OF CONTRACT & SIGNATURES
6. INSTALLER'S LICENSE NUMBER

<u>HOME OWNER INFORMATION</u>	<u>CURRENT LOCATION OF MOBILE HOME</u>
NAME: ADDRESS: PHONE NUMBER:	ADDRESS & SPACE NUMBER:
<u>DESCRIPTION OF HOME</u>	<u>NEW RELOCATION ADDRESS</u>
SINGLE OR MULTI-WIDE: SIZE: MANUFACTURER: SERIAL NUMBER: YEAR MANUFACTURED: HUD LABEL IF ANY:	ADDRESS & SPACE NUMBER: ESTIMATED NUMBER OF MILES TO BE MOVED

#### **LISTING OF APPURTENANCES ATTACHED TO THE HOME. INCLUDING ESTIMATE OF SIZE:**

(Awnings, Skirtings, Coolers or Air Conditioners, Sheds, Porches, Carport, etc.)

**NOTE:** The relocation fund covers only the moving expenses: including the taking down, transporting and setting up the mobile home with the identical or substantially similar improvements as were originally attached to the tenant's mobile home.

#### **DETAIL OF WORK TO BE PERFORMED AND CHARGES:**

**NOTE:** Must include all disassembly, transportation and installation of mobile/manufactured home.

#### **INSTALLATION PERMIT NUMBERS:**

**NOTE:** Obtaining the installation permits are the **responsibility of the homeowner, but may be included in the contract pricing with the installer/contractor.**

#### **MOVING DATE:**

**NOTE:** The contract must be submitted, mailed or delivered to THE DEPARTMENT OF HOUSING, within 180 days after the effective date of the change in the age restricted community's use.

#### **HOMEOWNER'S SIGNATURE & DATE AND INSTALLERS' SIGNATURE & DATE MUST BE INCLUDED IN EVERY CONTRACT.**

**NOTE:** All of the above information **MUST** be included in every contract for approval: upon completion of the relocation, a check will be issued directly to the Installer, in the Installer's name only. Proof of completion of the relocation will require the Installer to submit the following documents to the Department:

- 1) A copy of the Permit to move the mobile/manufactured home (504 from County Assessor)
- 2) A copy of the installation permit for installing the mobile/manufactured home at the new location
- 3) A copy of approval documentation from the local jurisdiction for installation, utilities, accessories as appropriate and approval for occupancy following the inspection(s) of the mobile/manufactured home at its new location.
- 4) A Final Invoice

**ARIZONA REVISED STATUTE ("A.R.S.") § 33-2149**

*Change in use; notices; compensation for moving expenses; payments by the landlord*

*For recreational vehicles that are park trailers or park models only:*

- 1.** *The landlord shall notify the director and all tenants in writing of a change in use at least one hundred eighty days before the change in use. The landlord may not increase rent within ninety days before giving notice of a change in use.*
- 2.** *The landlord shall inform all tenants in writing about the mobile home relocation fund established by section 33-1476.02.*
- 3.** *If a tenant is required to move due to a change in use or redevelopment of the park, the tenant may do any of the following:*
  - (a)** *Collect payment from the mobile home relocation fund for the lesser of the actual moving expenses of relocating the park trailer or park model to a new location that is within a one hundred-mile radius of the vacated park or the maximum of four thousand dollars \$6,000. Moving expenses include the cost of stabilizing, taking down, moving and setting up the park trailer or park model in the new location.*
  - (b)** *Abandon the park trailer or park model in the park and collect an amount equal to one-fourth FORTY PERCENT of the maximum allowable moving expense for that park trailer or park model from the mobile home relocation fund. To qualify for abandonment payment pursuant to this subdivision, the tenant shall deliver to the landlord the current title to the park trailer or park model with the notarized endorsement of the owner of record together with complete releases of all liens that are shown on the title and proof that all taxes owing have been paid to date. The tenant shall provide a copy of these documents to the Arizona department of housing in support of the tenant's application for payment. If the tenant chooses to abandon the park trailer or park model pursuant to this subdivision, the landlord is exempt from making the payments to the fund prescribed in paragraph 4 of this section.*
  - (c)** *If a park trailer or park model is relocated to a location outside of the vacated park and, in the sole judgment of the director, the park trailer or park model was ground set in the park from which it was removed, the tenant may collect additional monies not to exceed \$2,500 for the incremental costs of removing a ground-set park trailer or park model. These monies are in addition to any monies provided pursuant to subdivision (a) of this paragraph.*
- 4.** *Except as provided in paragraph 3, subdivision (b) and paragraph 6 of this section, if there is a change in use the landlord shall pay \$250 for each park trailer or park model relocated to the fund for each tenant filing for relocation assistance with the director.*
- 5.** *If a change in use occurs and the landlord does not comply with paragraph 1 of this section, the landlord shall pay to the fund in addition to the monies prescribed in paragraph 4 of this section \$250 for each space occupied by a park trailer or park model.*
- 6.** *The landlord is not required to make the payments prescribed in 10 paragraphs 4 and 5 of this section for moving a park trailer or park model owned by the landlord or for moving a park trailer or park model under a contract with the tenant if the tenant does not file for relocation assistance with the director.*
- 7.** *The tenant shall submit a contract for relocation of a park trailer or park model for approval to the director within sixty days after the relocation to be eligible for payment of relocation expenses. The director must approve or disapprove the contract within fifteen days after receipt of the contract, or the contract is deemed to be approved.*
- 8.** *If the contract is approved, the payment of relocation expenses shall be made to the installer when both of the following are complete:*
  - (a)** *The installer obtains valid permits to move the park trailer or park model to a new location.*
  - (b)** *The installer provides documentation to the department that the installation of the park trailer or park model at the new location is complete and has been inspected by the department or its designee and is approved for occupancy.*
- 9.** *If the contract is not approved, the tenant may appeal to an administrative law judge pursuant to title 41, chapter 37, article 5. The tenant shall provide notice pursuant to section 33-2105, subsection I, if the tenant relocates.*
- 10.** *If this state or a political subdivision of this state exercises eminent domain and the park is sold or a sale is made to this state or a political subdivision of this state that intends to exercise eminent domain, the state or political subdivision is responsible for the relocation costs of the tenants.*
- 11.** *If a tenant is vacating the premises and has informed the landlord or manager before the change-in-use notice has been given, the tenant is not eligible for compensation under this section.*
- 12.** *A person who purchases a park trailer or park model already situated in a park or moves a park trailer or park model into a park in which a change-in-use notice has been given is not eligible for compensation under this section.*
- 13.** *This section does not apply to a change in use if the landlord moves a tenant to another space in the park at the landlord's expense.*

**ABANDON PARK TRAILER  
OR PARK MODEL**



**STATE OF ARIZONA  
DEPARTMENT OF HOUSING**  
1110 WEST WASHINGTON, SUITE 280  
PHOENIX, ARIZONA 85007  
(602) 771-1000 FAX: 602-771-1002  
[WWW.AZHOUSING.GOV](http://WWW.AZHOUSING.GOV)

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

After **all the above** 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.

Submit via e-mail or USPS  
jeff.jacobs@azhousing.gov  
RELOCATION FUND  
ARIZONA DEPARTMENT OF HOUSING  
1110 W. Washington, Suite #280  
Phoenix, Arizona 85007



**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 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 notarized, 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, front and back, shall be delivered to the Arizona Department of Housing at 1110 W. Washington, Suite 280, Phoenix, AZ 85007, Or via e-mail [jeff.jacobs@azhousing.gov](mailto:jeff.jacobs@azhousing.gov) 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.

1	<b>Type of Request (Must select at least ONE)</b> <input type="radio"/> New Request <input type="radio"/> New Location (Additional Address ID) <input type="radio"/> Change - Select the type(s) of change from the following: <input type="checkbox"/> Tax ID <input type="checkbox"/> Legal Name <input type="checkbox"/> Entity Type <input type="checkbox"/> Minority Business Indicator <input type="checkbox"/> Main Address <input type="checkbox"/> Remittance Address <input type="checkbox"/> Contact Information																													
2	<b>Taxpayer Identification Number (TIN) (Provide ONE Only)</b> TIN <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> OR SSN <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>																													
3	<b>Entity Name</b> (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 <input style="width: 100%;" type="text"/> DBA Name <input style="width: 100%;" type="text"/>																													
4	<b>Entity Type (Must select ONE of the following)</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="radio"/> Individual/Sole Proprietor or Single-Member LLC</td> <td><input type="radio"/> The US or any of its political subdivisions or instrumentalities</td> </tr> <tr> <td><input type="radio"/> Corporation</td> <td><input type="radio"/> A state, a possession of the US, or any of their political subdivisions or instrumentalities</td> </tr> <tr> <td><input type="radio"/> Partnership</td> <td><input type="radio"/> Other: Tax Reportable Entity</td> </tr> <tr> <td><input type="radio"/> Limited Liability Company (LLC) including Corporations &amp; Partnerships</td> <td><input type="radio"/> Other: Tax Exempt Entity</td> </tr> <tr> <td></td> <td style="text-align: right;"><b>Description</b> <input style="width: 100%;" type="text"/></td> </tr> </table>			<input type="radio"/> Individual/Sole Proprietor or Single-Member LLC	<input type="radio"/> The US or any of its political subdivisions or instrumentalities	<input type="radio"/> Corporation	<input type="radio"/> A state, a possession of the US, or any of their political subdivisions or instrumentalities	<input type="radio"/> Partnership	<input type="radio"/> Other: Tax Reportable Entity	<input type="radio"/> Limited Liability Company (LLC) including Corporations & Partnerships	<input type="radio"/> Other: Tax Exempt Entity		<b>Description</b> <input style="width: 100%;" type="text"/>																	
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5	<b>Minority Business Indicator (Must select ONE of the following)</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="radio"/> Small Business</td> <td><input type="radio"/> Small, Woman Owned Business- Hispanic</td> <td><input type="radio"/> Minority Owned Business- African American</td> </tr> <tr> <td><input type="radio"/> Small Business- African American</td> <td><input type="radio"/> Small, Woman Owned Business- Native American</td> <td><input type="radio"/> Minority Owned Business- Asian</td> </tr> <tr> <td><input type="radio"/> Small Business- Asian</td> <td><input type="radio"/> Small, Woman Owned Business- Other Minority</td> <td><input type="radio"/> Minority Owned Business- Hispanic</td> </tr> <tr> <td><input type="radio"/> Small Business - Hispanic</td> <td><input type="radio"/> Woman Owned Business</td> <td><input type="radio"/> Minority Owned Business- Native American</td> </tr> <tr> <td><input type="radio"/> Small Business- Native American</td> <td><input type="radio"/> Woman Owned Business- African American</td> <td><input type="radio"/> Minority Owned Business- Other Minority</td> </tr> <tr> <td><input type="radio"/> Small Business- Other Minority</td> <td><input type="radio"/> Woman Owned Business- Asian</td> <td><input type="radio"/> Non-Profit, IRC §501(c)</td> </tr> <tr> <td><input type="radio"/> Small, Woman Owned Business</td> <td><input type="radio"/> Woman Owned Business- Hispanic</td> <td><input type="radio"/> Non-Small, Non-Minority or Non-Woman Owned Business</td> </tr> <tr> <td><input type="radio"/> Small, Woman Owned Business- African American</td> <td><input type="radio"/> Woman Owned Business- Native American</td> <td><input type="radio"/> Individual, Non-Business</td> </tr> <tr> <td><input type="radio"/> Small, Woman Owned Business- Asian</td> <td><input type="radio"/> Woman Owned Business- Other Minority</td> <td></td> </tr> </table>			<input type="radio"/> Small Business	<input type="radio"/> Small, Woman Owned Business- Hispanic	<input type="radio"/> Minority Owned Business- African American	<input type="radio"/> Small Business- African American	<input type="radio"/> Small, Woman Owned Business- Native American	<input type="radio"/> Minority Owned Business- Asian	<input type="radio"/> Small Business- Asian	<input type="radio"/> Small, Woman Owned Business- Other Minority	<input type="radio"/> Minority Owned Business- Hispanic	<input type="radio"/> Small Business - Hispanic	<input type="radio"/> Woman Owned Business	<input type="radio"/> Minority Owned Business- Native American	<input type="radio"/> Small Business- Native American	<input type="radio"/> Woman Owned Business- African American	<input type="radio"/> Minority Owned Business- Other Minority	<input type="radio"/> Small Business- Other Minority	<input type="radio"/> Woman Owned Business- Asian	<input type="radio"/> Non-Profit, IRC §501(c)	<input type="radio"/> Small, Woman Owned Business	<input type="radio"/> Woman Owned Business- Hispanic	<input type="radio"/> Non-Small, Non-Minority or Non-Woman Owned Business	<input type="radio"/> Small, Woman Owned Business- African American	<input type="radio"/> Woman Owned Business- Native American	<input type="radio"/> Individual, Non-Business	<input type="radio"/> Small, Woman Owned Business- Asian	<input type="radio"/> Woman Owned Business- Other Minority	
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6	<b>Veteran Owned Business</b> <input type="checkbox"/> YES <input type="checkbox"/> NO																													
7	<b>Entity Address</b> <b>Main Address</b> (Where tax information and general correspondence is to be mailed) <b>Remittance Address</b> (Where payment is to be mailed) <input type="checkbox"/> Same as Main <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">Address Line 1 <input style="width: 100%;" type="text"/></td> <td colspan="3">Address Line 1 <input style="width: 100%;" type="text"/></td> </tr> <tr> <td colspan="3">Address Line 2 <input style="width: 100%;" type="text"/></td> <td colspan="3">Address Line 2 <input style="width: 100%;" type="text"/></td> </tr> <tr> <td>City <input style="width: 30%;" type="text"/></td> <td>State <input style="width: 20%;" type="text"/></td> <td>Zip code <input style="width: 30%;" type="text"/></td> <td>City <input style="width: 30%;" type="text"/></td> <td>State <input style="width: 20%;" type="text"/></td> <td>Zip code <input style="width: 30%;" type="text"/></td> </tr> </table>			Address Line 1 <input style="width: 100%;" type="text"/>			Address Line 1 <input style="width: 100%;" type="text"/>			Address Line 2 <input style="width: 100%;" type="text"/>			Address Line 2 <input style="width: 100%;" type="text"/>			City <input style="width: 30%;" type="text"/>	State <input style="width: 20%;" type="text"/>	Zip code <input style="width: 30%;" type="text"/>	City <input style="width: 30%;" type="text"/>	State <input style="width: 20%;" type="text"/>	Zip code <input style="width: 30%;" type="text"/>									
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8	<b>Vendor Contact Information</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Name <input style="width: 80%;" type="text"/></td> <td colspan="2">Title <input style="width: 20%;" type="text"/></td> </tr> <tr> <td>Phone <input style="width: 30%;" type="text"/></td> <td>Ext. <input style="width: 20%;" type="text"/></td> <td>Fax <input style="width: 20%;" type="text"/></td> <td>Email <input style="width: 30%;" type="text"/></td> </tr> </table>			Name <input style="width: 80%;" type="text"/>		Title <input style="width: 20%;" type="text"/>		Phone <input style="width: 30%;" type="text"/>	Ext. <input style="width: 20%;" type="text"/>	Fax <input style="width: 20%;" type="text"/>	Email <input style="width: 30%;" type="text"/>																			
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9	<b>Exemption from Backup Withholding and FATCA Reporting:</b> Complete this section if it is applicable to you. See instructions for more details Exemption Code for Backup Withholding <input style="width: 40%;" type="text"/> Exemption Code for FATCA Reporting <input style="width: 40%;" type="text"/>																													
1	<b>Certification</b> Under penalties of perjury, I certify that: 1. The number shown on this form is my correct Taxpayer Identification Number, 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 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. <b>Certification instructions:</b> 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 <input style="width: 100%;" type="text"/>		Date <input style="width: 20%;" type="text"/>																											
	Print Name <input style="width: 100%;" type="text"/>																													

# 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 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

Code 6: A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States Code 7: 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

Code 10: 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)

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

Code C: 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

Code H: 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

Code L: 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

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