

DOUGLAS A. DUCEY
Governor



CAROL DITMORE
Director

STATE OF ARIZONA
DEPARTMENT OF HOUSING
1110 WEST WASHINGTON, SUITE 280
PHOENIX, ARIZONA 85007
(602) 771-1000 FAX: 602-771-1002
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 four thousand dollars (\$4,000.00).
2. **Abandon the park trailer or park model** in the mobile/manufactured home/recreational vehicle park and collect an amount equal to one-fourth of the maximum allowable moving expense (\$1,000.00).

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

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RELOCATION FUND ASSISTANCE INFORMATION – CHANGE IN USE

Attached is a Request for Relocation Assistance Form. Please **fill this form out completely**, and return to the Department, along **with a copy of your personal property tax statement**, a **receipt or other proof showing a zero balance due** on your personal property taxes, **a copy of your title or a notarized document showing ownership prior to the Notice of Change In Use**, and a **contract/estimate/proposal** from a licensed installer or contractor. This will activate your file in preparation for a claim being filed with the Relocation Fund for relocation of your park trailer or park model.

Also, enclosed is a copy of Arizona Revised Statutes ("A.R.S.") 33-2149 which pertains to the Relocation Fund Assistance, and a copy of a sample form showing all the information that is needed on your contract to move your park trailer or park model. As soon as you have a signed contract/estimate/proposal with a licensed Installer or contractor, provide a copy of it to the Department so your request for assistance may be processed for approval.

After **all the above information** has been received by the Relocation Fund Department, and reviewed (within fifteen days from receipt of your contract in the Department) you will receive a letter verifying your approval. Your request may be submitted via USPS, e-mail, or fax. Should you have any questions, please call (602) 771-1000.

Relocation Fund
ARIZONA DEPARTMENT OF HOUSING

ARIZONA DEPARTMENT OF HOUSING

REQUEST FOR PARK TRAILER OR PARK MODEL RELOCATION ASSISTANCE

I hereby request assistance from the Mobile Home Relocation Fund as set forth in A.R.S. § 33-2149. By signing this form, I certify that I am a tenant as defined in A.R.S. § 33-2102.24 and eligible to receive assistance.

(Signature of Tenant)

(Date)

(Social Security No.)

TENANTS NAME _____
(Please Print)

PARK NAME _____

UNIT ADDRESS _____
Space No.

CITY/ STATE/ ZIP CODE: _____

PHONE NUMBER: _____ E-MAIL: _____

UNIT SIZE: _____ YEAR: _____ MANUFACTURER _____

Please attach a copy of your paid personal property tax statement, valuation form and a copy of your title or a notarized document showing ownership.

Mailing Address if different from where unit is:

This form must be completed and returned along with all requested documents to:

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 Park Trailer or Park Model at your new location. This sample contract contains all the information required for the licensed and bonded contractor to include in a contract with the park model/park trailer home owner.

Step Two: Once you have determined the licensed contractor you want to contract with to move your Park Trailer or Park Model you can mail, e-mail, fax or deliver in person a copy of the signed contract to the Arizona 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 Park Trailer or Park Model until you receive the **approval letter** from the Assistant Deputy Director of the Arizona 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 LICENSED INSTALLER OR CONTRACTOR
2. ADDRESS OF LICENSED INSTALLER OR CONTRACTOR
3. TELEPHONE NUMBER OF LICENSED INSTALLER OR CONTRACTOR
4. INSTALLER OR CONTRACTOR'S FEDERAL ID NUMBER
5. DATE OF CONTRACT & SIGNATURES
6. INSTALLER OR CONTRACTOR'S LICENSE NUMBER

<p><u>HOME OWNER INFORMATION</u></p> <p>NAME: ADDRESS: PHONE NUMBER:</p>	<p><u>CURRENT LOCATION OF PARK TRAILER OR PARK MODEL</u></p> <p>ADDRESS & SPACE NUMBER:</p>
<p><u>DESCRIPTION OF PARK TRAILER OR PARK MODEL</u></p> <p>SIZE: MANUFACTURER: SERIAL NUMBER: YEAR MANUFACTURED:</p>	<p><u>NEW RELOCATION ADDRESS</u></p> <p>ADDRESS & SPACE NUMBER: ESTIMATED NUMBER OF MILES TO BE MOVED</p>

**LISTING OF APPURTENANCES ATTACHED TO THE PARK TRAILER OR PARK MODEL. INCLUDING
ESTIMATE OF SIZE:**

(Awnings, Skirting, 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 of the park trailer or park model with the identical or substantially similar improvements as were originally attached to the tenant's park trailer or park model.

DETAIL OF WORK TO BE PERFORMED AND CHARGES:

NOTE: Must include all disassembly, transportation and installation of the park trailer or park model.

INSTALLATION PERMIT NUMBERS:

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

MOVING DATE:

NOTE: The contract must be submitted, mailed or delivered to THE DEPARTMENT OF HOUSING, before the 180 days deadline date. (closure date of the park).

**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 or Contractor, in the Installer or Contractor's name only. Proof of completion of the relocation will require the Contractor to submit the following documents to the Department:

- 1) A copy of the Permit to move the park trailer or park model (504 from County Assessor).
- 2) A copy of the installation permit for installing the park trailer or park model 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 park trailer or park model at its new location.
- 4) A Final Invoice

Effective as of August 9, 2017

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

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

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 notify all tenants in writing about the mobile home relocation fund established in A.R.S. §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 fifty-mile radius of the vacated park or **four thousand dollars**. Moving expenses include the cost of stabilizing, taking down, moving and setting up the park trailer or park model in a new location. These monies are paid directly to the contractor.
 - b. Abandon the park trailer or park model in the park and collect an amount equal to one-fourth 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 as 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 two thousand five hundred dollars 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) of this section if there is a change in use the landlord shall pay two hundred fifty dollars 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 two hundred fifty dollars for each space occupied by a park trailer or park model.
6. The landlord is not required to make the payments prescribed in 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 or contractor when all of the following have been provided/completed:
 - a. The installer or contractor has obtained valid permits to move the park trailer or park model to a new location.
 - b. The installer or contractor 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

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CAROL DITMORE
Director

STATE OF ARIZONA
DEPARTMENT OF HOUSING
1110 WEST WASHINGTON, SUITE 280
PHOENIX, ARIZONA 85007
(602) 771-1000 FAX: 602-771-1002
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.

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

REQUEST FOR ABANDONMENT ASSISTANCE FROM THE RELOCATION FUND
(REGARDING A REDEVELOPMENT OF A MOBILE HOME PARK OR RECREATIONAL VEHICLE PARK)

I hereby request assistance from the Mobile Home Relocation Fund as set forth in A.R.S. § 33-2149. By signing this form, I certify that I am a tenant as defined in A.R.S. § 33-2102.24 and eligible to receive assistance.

_____ (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 park trailer or park model 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 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.

1	Type of Request (Must select at least ONE) <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	Taxpayer Identification Number (TIN) (Provide ONE Only) 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 <input style="width: 100%;" type="text"/> DBA Name <input style="width: 100%;" type="text"/>																													
4	Entity Type (Must select ONE of the following) <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> <td rowspan="4" style="width: 15%;">Description <input style="width: 100%;" type="text"/></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 & Partnerships</td> <td><input type="radio"/> Other: Tax Exempt Entity</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	Description <input style="width: 100%;" type="text"/>	<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																		
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5	Minority Business Indicator (Must select ONE of the following) <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	Veteran Owned Business <input type="checkbox"/> YES <input type="checkbox"/> NO																													
7	Entity Address Main Address (Where tax information and general correspondence is to be mailed) Remittance Address (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</td> <td colspan="3">Address Line 1</td> </tr> <tr> <td colspan="3">Address Line 2</td> <td colspan="3">Address Line 2</td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip code</td> <td>City</td> <td>State</td> <td>Zip code</td> </tr> </table>			Address Line 1			Address Line 1			Address Line 2			Address Line 2			City	State	Zip code	City	State	Zip code									
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Phone	Ext.	Fax	Email																											
9	Exemption from Backup Withholding and FATCA Reporting: Complete this section if it is applicable to you. See instructions for more details Exemption Code for Backup Withholding <input style="width: 100%;" type="text"/> Exemption Code for FATCA Reporting <input style="width: 100%;" type="text"/>																													
10	Certification 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. 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 <input style="width: 100%;" type="text"/>		Print Name <input style="width: 100%;" type="text"/>	Date <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.