



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

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

Pursuant to Arizona Revised Statutes (“A.R.S.”) § 33-1476.01 (C), if a homeowner/tenant is required to move due to a change in use resulting in closure or redevelopment of the mobile home park, the homeowner/tenant may do any of the following:

1. **Relocate the home 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 mobile/manufactured home to a new location that is within a one hundred mile radius of the vacated mobile home park, or the maximum of \$12,500 for a single section mobile/manufactured home, or \$20,000 for a multi-section mobile/manufactured home.
2. **Abandon the mobile/manufactured home** in the mobile/manufactured home park and collect an amount equal to Forty Percent (40%) of the maximum allowable moving expense, which equates to \$5,000 for a single section or \$8,000.00 for a multi-section home, from the Fund.

REHABILITATION OF A MOBILE HOME

If the unit is a mobile home, built prior to June 15, 1976, the home is required to be rehabilitated prior to the relocation of the mobile home to another mobile home park. A mobile home relocating to private property may be exempt from rehabilitation depending on local jurisdiction requirements. A rehabilitation permit must be purchased from the Department prior to any modification of the unit.

Pursuant to A.R.S. § 41-4008, the costs of bringing a mobile home into compliance with the requirements may be reimbursed to the homeowner from the Fund for an amount not to exceed one thousand five hundred dollars (\$1,500) if the homeowner qualifies based on income.

Additional Information

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

- Application packet for the relocation of a mobile/manufactured home.
- Application packet for abandonment of a mobile home.
- Application packet for the rehabilitation of a mobile home.
- Application packet for financial assistance with the costs of complying with standards.

Thank You.

ABANDON HOME



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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, showing that it was been signed over to the Park.** 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 three (3) to four (4) weeks.

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

Submit to:

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

ARIZONA DEPARTMENT OF HOUSING
REQUEST FOR ABANDONMENT ASSISTANCE

CHECKLIST

Please include the following documents when applying for Abandonment Assistance from the Mobile Home Relocation Fund:

- A copy of this completed Check List.
- A copy of the Request Form, signed and dated.
- Front and back of your Title showing it has been signed over to the Park, notarized, and clear of any liens.
- A copy of your Personal Property Tax Statement from the County reflecting a ZERO (\$0) balance due.
- A completed State of Arizona Form W-9
 - Please ensure SSN or Tax ID is clearly legible.
 - Enter address for remittance of payment.
 - Enter your contact information in Part 8.
 - Sign and date.

NOTE: If any documents are missing or incomplete, your request will be rejected and will need to be resubmitted.

Please return all documents by mail to:

ATTN: Relocation Fund Department
Arizona Department of Housing
1110 W. Washington St., Suite #280
Phoenix, Arizona 85007

Email: kimberly.merrill@azhousing.gov

Fax: 602.771.1002

Questions? Please call Kim at 480.604.3062

ARIZONA DEPARTMENT OF HOUSING

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. § 33-1476.01.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.

(Signature of Tenant)

(Date)

TENANTS NAME: _____
(Please Print)

PHONE: _____ EMAIL: _____

PARK NAME: _____

UNIT ADDRESS: _____ Space # _____

CITY/ STATE/ ZIP CODE: _____

PARK PHONE: _____ SINGLE-SECTION MULTI-SECTION

TITLE #: _____ VIN #: _____

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.

Please Attach the Following Documents:

1. Copy of your Personal Property Tax Statement from the County reflecting a ZERO balance
2. Copy of front and back of your Title notarized, showing assignment of the title to the mobile home park, together with valid releases of all liens shown on the title.
3. Completed State of Arizona Form W-9

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

Via e-mail or USPS
kimberly.merrill@azhousing.gov
ATTN: Relocation Fund Department
Arizona Department of Housing
1110 W. Washington St., Suite #280
Phoenix, Arizona 85007

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: <table style="display: inline-table; vertical-align: middle; margin-left: 10px;"> <tr> <td><input type="checkbox"/> Tax ID</td> <td><input type="checkbox"/> Legal Name</td> <td><input type="checkbox"/> Entity Type</td> <td><input type="checkbox"/> Minority Business Indicator</td> </tr> <tr> <td><input type="checkbox"/> Main Address</td> <td><input type="checkbox"/> Remittance Address</td> <td><input type="checkbox"/> Contact Information</td> <td></td> </tr> </table> | | | <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 | | | | | |
| <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) <table style="width: 100%; border: none;"> <tr> <td style="border: none;">TIN</td> <td style="border: none; text-align: center;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </td> <td style="border: none; text-align: center; color: red; font-weight: bold;">OR</td> <td style="border: none;">SSN</td> <td style="border: none; text-align: center;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </td> </tr> </table> | | | TIN | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> | OR | SSN | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> | | | | | | | |
| TIN | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> | OR | SSN | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> | | | | | | | | | | | |
| 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.) <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">Legal Name</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">DBA Name</td> </tr> </table> | | | Legal Name | DBA Name | | | | | | | | | | |
| Legal Name | | | | | | | | | | | | | | | |
| DBA Name | | | | | | | | | | | | | | | |
| 4 | Entity Type (Must select ONE of the following) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="radio"/> Individual/Sole Proprietor or Single-Member LLC <input type="radio"/> Corporation <input type="radio"/> Partnership <input type="radio"/> Limited Liability Company (LLC) including Corporations & Partnerships </td> <td style="width: 50%; vertical-align: top;"> <input type="radio"/> The US or any of its political subdivisions or instrumentalities <input type="radio"/> A state, a possession of the US, or any of their political subdivisions or instrumentalities <input type="radio"/> Other: Tax Reportable Entity <input type="radio"/> Other: Tax Exempt Entity </td> </tr> <tr> <td colspan="2" style="text-align: right; padding-right: 10px;">Description</td> <td style="border: 1px solid black; width: 150px; height: 20px;"></td> </tr> </table> | | | <input type="radio"/> Individual/Sole Proprietor or Single-Member LLC <input type="radio"/> Corporation <input type="radio"/> Partnership <input type="radio"/> Limited Liability Company (LLC) including Corporations & Partnerships | <input type="radio"/> The US or any of its political subdivisions or instrumentalities <input type="radio"/> A state, a possession of the US, or any of their political subdivisions or instrumentalities <input type="radio"/> Other: Tax Reportable Entity <input type="radio"/> Other: Tax Exempt Entity | Description | | | | | | | | | |
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| Description | | | | | | | | | | | | | | | |
| 5 | Minority Business Indicator (Must select ONE of the following) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="radio"/> Small Business <input type="radio"/> Small Business- African American <input type="radio"/> Small Business- Asian <input type="radio"/> Small Business - Hispanic <input type="radio"/> Small Business- Native American <input type="radio"/> Small Business- Other Minority <input type="radio"/> Small, Woman Owned Business <input type="radio"/> Small, Woman Owned Business- African American <input type="radio"/> Small, Woman Owned Business- Asian </td> <td style="width: 33%; vertical-align: top;"> <input type="radio"/> Small, Woman Owned Business- Hispanic <input type="radio"/> Small, Woman Owned Business- Native American <input type="radio"/> Small, Woman Owned Business- Other Minority <input type="radio"/> Woman Owned Business <input type="radio"/> Woman Owned Business- African American <input type="radio"/> Woman Owned Business- Asian <input type="radio"/> Woman Owned Business- Hispanic <input type="radio"/> Woman Owned Business- Native American <input type="radio"/> Woman Owned Business- Other Minority </td> <td style="width: 33%; vertical-align: top;"> <input type="radio"/> Minority Owned Business- African American <input type="radio"/> Minority Owned Business- Asian <input type="radio"/> Minority Owned Business- Hispanic <input type="radio"/> Minority Owned Business- Native American <input type="radio"/> Minority Owned Business- Other Minority <input type="radio"/> Non-Profit, IRC §501(c) <input type="radio"/> Non-Small, Non-Minority or Non-Woman Owned Business <input type="radio"/> Individual, Non-Business </td> </tr> </table> | | | <input type="radio"/> Small Business <input type="radio"/> Small Business- African American <input type="radio"/> Small Business- Asian <input type="radio"/> Small Business - Hispanic <input type="radio"/> Small Business- Native American <input type="radio"/> Small Business- Other Minority <input type="radio"/> Small, Woman Owned Business <input type="radio"/> Small, Woman Owned Business- African American <input type="radio"/> Small, Woman Owned Business- Asian | <input type="radio"/> Small, Woman Owned Business- Hispanic <input type="radio"/> Small, Woman Owned Business- Native American <input type="radio"/> Small, Woman Owned Business- Other Minority <input type="radio"/> Woman Owned Business <input type="radio"/> Woman Owned Business- African American <input type="radio"/> Woman Owned Business- Asian <input type="radio"/> Woman Owned Business- Hispanic <input type="radio"/> Woman Owned Business- Native American <input type="radio"/> Woman Owned Business- Other Minority | <input type="radio"/> Minority Owned Business- African American <input type="radio"/> Minority Owned Business- Asian <input type="radio"/> Minority Owned Business- Hispanic <input type="radio"/> Minority Owned Business- Native American <input type="radio"/> Minority Owned Business- Other Minority <input type="radio"/> Non-Profit, IRC §501(c) <input type="radio"/> Non-Small, Non-Minority or Non-Woman Owned Business <input type="radio"/> Individual, Non-Business | | | | | | | | | |
| <input type="radio"/> Small Business <input type="radio"/> Small Business- African American <input type="radio"/> Small Business- Asian <input type="radio"/> Small Business - Hispanic <input type="radio"/> Small Business- Native American <input type="radio"/> Small Business- Other Minority <input type="radio"/> Small, Woman Owned Business <input type="radio"/> Small, Woman Owned Business- African American <input type="radio"/> Small, Woman Owned Business- Asian | <input type="radio"/> Small, Woman Owned Business- Hispanic <input type="radio"/> Small, Woman Owned Business- Native American <input type="radio"/> Small, Woman Owned Business- Other Minority <input type="radio"/> Woman Owned Business <input type="radio"/> Woman Owned Business- African American <input type="radio"/> Woman Owned Business- Asian <input type="radio"/> Woman Owned Business- Hispanic <input type="radio"/> Woman Owned Business- Native American <input type="radio"/> Woman Owned Business- Other Minority | <input type="radio"/> Minority Owned Business- African American <input type="radio"/> Minority Owned Business- Asian <input type="radio"/> Minority Owned Business- Hispanic <input type="radio"/> Minority Owned Business- Native American <input type="radio"/> Minority Owned Business- Other Minority <input type="radio"/> Non-Profit, IRC §501(c) <input type="radio"/> Non-Small, Non-Minority or Non-Woman Owned Business <input type="radio"/> Individual, Non-Business | | | | | | | | | | | | | |
| 6 | Veteran Owned Business <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | | | | | |
| 7 | Entity Address <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Main Address (Where tax information and general correspondence is to be mailed)</td> <td style="width: 50%; border: none;">Remittance Address (Where payment is to be mailed) <input type="checkbox"/> Same as Main</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Address Line 1</td> <td style="border: 1px solid black; padding: 2px;">Address Line 1</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Address Line 2</td> <td style="border: 1px solid black; padding: 2px;">Address Line 2</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">City</td> <td style="border: 1px solid black; padding: 2px;">City</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">State</td> <td style="border: 1px solid black; padding: 2px;">State</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Zip code</td> <td style="border: 1px solid black; padding: 2px;">Zip code</td> </tr> </table> | | | 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 | Address Line 1 | Address Line 1 | Address Line 2 | Address Line 2 | City | City | State | State | Zip code | Zip code |
| 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 | | | | | | | | | | | | | | |
| Address Line 1 | Address Line 1 | | | | | | | | | | | | | | |
| Address Line 2 | Address Line 2 | | | | | | | | | | | | | | |
| City | City | | | | | | | | | | | | | | |
| State | State | | | | | | | | | | | | | | |
| Zip code | Zip code | | | | | | | | | | | | | | |
| 8 | Vendor Contact Information <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Name</td> <td style="width: 50%; padding: 2px;">Title</td> </tr> <tr> <td style="padding: 2px;">Phone</td> <td style="padding: 2px;">Email</td> </tr> <tr> <td style="padding: 2px;">Ext.</td> <td style="padding: 2px;">Fax</td> </tr> </table> | | | Name | Title | Phone | Email | Ext. | Fax | | | | | | |
| Name | Title | | | | | | | | | | | | | | |
| Phone | Email | | | | | | | | | | | | | | |
| Ext. | Fax | | | | | | | | | | | | | | |
| 9 | Exemption from Backup Withholding and FATCA Reporting: Complete this section if it is applicable to you. See instructions for more details <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 50%; padding: 2px;">Exemption Code for Backup Withholding</td> <td style="border: 1px solid black; width: 50%; padding: 2px;">Exemption Code for FATCA Reporting</td> </tr> </table> | | | Exemption Code for Backup Withholding | Exemption Code for FATCA Reporting | | | | | | | | | | |
| Exemption Code for Backup Withholding | Exemption Code for FATCA Reporting | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | |
| | | | <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Signature</td> <td style="width: 33%;">Print Name</td> <td style="width: 33%;">Date</td> </tr> </table> | Signature | Print Name | Date | | | | | | | | | |
| Signature | Print Name | Date | | | | | | | | | | | | | |

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.