

DOUGLAS A. DUCEY  
Governor



MICHAEL TRAILOR  
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](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 (4) to six (6) weeks.

Should you have any questions please contact the Relocation Fund Department at (602) 364-1032.

RELOCATION FUND  
ARIZONA DEPARTMENT OF HOUSING  
1110 W. Washington, Suite #280  
Phoenix, Arizona 85007  
[jeni.cage@azhousing.gov](mailto:jeni.cage@azhousing.gov)

**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: \_\_\_\_\_

**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 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 & Vendor Authorization Form

**Purpose:** Establish or update a vendor account with the State of Arizona. This form meets the Federal requirements to request a taxpayer identification number (TIN), request certain certifications and claims for exemption, as well as the State of Arizona requirements for vendor establishment.

**Instructions:** Complete form if  
1. You are a U.S. person (including a resident alien);  
2. You are a vendor that provides goods or services to an Arizona state agency; **AND**  
3. You will receive payment from the State of Arizona.

### Type of Request (Must select at least ONE)

- New Request   
  New Location (Additional Address ID)   
  Change (Select the type(s) of change from the following:
- Tax ID   
 Legal Name   
 Entity Type   
 Minority Business Indicator  
 Main Address   
 Remittance Address   
 Contact Information

### Taxpayer Identification Number (TIN) (Provide ONE Only)

Social Security Number (SSN) \_\_\_\_\_ OR Federal Employer Identification Number (FEIN) \_\_\_\_\_

### Entity Name (\* Must Provide Legal Name. Must match SSN or FEIN given. If Individual or Sole Proprietorship enter First, Middle, Last Name.)

Legal Name\* \_\_\_\_\_  
DBA Name \_\_\_\_\_

### Entity Type (Must Select One of the Following)

- Individual/Sole Proprietor or single-member LLC (6I)   
 An international organization or any of its agencies/instrumentalities (5U)  
 Corporation (5A)   
 The US or any of its political subdivisions or instrumentalities (2G)  
 Partnership (5C)   
 A state, a possession of the US, or any of their political subdivisions or instrumentalities (4G)  
 Limited liability company (LLC) including Corporations & Partnerships (5A)   
 Other: Tax Reportable Entity (5P)   
 Other: Tax Exempt Entity (5H)   
 Description \_\_\_\_\_

### Minority Business Indicator (Must select one of the following)

- Small Business (01)   
 Small, Woman Owned Business- Hispanic (31)   
 Minority Owned Business- African American (04)  
 Small Business- African American (23)   
 Small, Woman Owned Business- Native American (33)   
 Minority Owned Business- Asian (32)  
 Small Business- Asian (24)   
 Small, Woman Owned Business- Other Minority (11)   
 Minority Owned Business- Hispanic (74)  
 Small Business - Hispanic (25)   
 Woman Owned Business (03)   
 Minority Owned Business- Native American (15)  
 Small Business- Native American (27)   
 Woman Owned Business- African American (17)   
 Minority Owned Business- Other Minority (02)  
 Small Business- Other Minority (05)   
 Woman Owned Business- Asian (18)   
 Non-Profit, IRC §501(c) (88)  
 Small, Woman Owned Business (06)   
 Woman Owned Business- Hispanic (19)   
 Non-Small, Non-Minority or Non-Woman Owned Business (00)  
 Small, Woman Owned Business- African American (29)   
 Woman Owned Business- Native American (21)  
 Small, Woman Owned Business- Asian (30)   
 Woman Owned Business- Other Minority (08)

### Veteran Owned Business? YES NO

### Main Address (Where tax information and general correspondence is to be mailed)

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

### Remittance Address (Where payment is to be mailed)

Same as Main  
Address Line 1 \_\_\_\_\_  
Address Line 2 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

### Vendor Contact Information

Name \_\_\_\_\_ Title \_\_\_\_\_  
Phone # \_\_\_\_\_ Ext. \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

### Certification

Exempt from backup withholding

Under Penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) AND
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding AND
- I am a U.S. person (including U.S. resident alien).

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.

**The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.**

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Return completed form to the state agency with whom you do business, for review and authorization.

### STATE OF ARIZONA AGENCY USE ONLY - AGENCY AUTHORIZATION

VENDOR: DO NOT WRITE BELOW THIS LINE

State HRIS EIN \_\_\_\_\_ Print Name \_\_\_\_\_ Signature \_\_\_\_\_  
AGY \_\_\_\_\_ Title \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

### STATE OF ARIZONA GAO USE ONLY

VENDOR & STATE AGENCY: DO NOT WRITE BELOW THIS LINE

IRS TIN Matching   
 HRIS   
 Other   
 Vendor Number \_\_\_\_\_   
 Processed by \_\_\_\_\_   
 Date Processed \_\_\_\_\_

## Instructions for the State of Arizona Substitute W-9 & Vendor Authorization Form

### General instructions:

1. Form GAO-W-9 should be completed by computer (electronically).
2. Vendor must type or legibly print all 'Required' fields and submit to the State of Arizona agency they do business with for their review and authorization of the form.

### Specific instructions:

#### Type of Request

Select the type of request being made. Select only one, the choices are: 1) New Request, 2) New Location or 3) Change. If selecting Change, please identify what fields have changed since the previous submission. Check all changes that apply: Tax ID, Legal Name, Entity Type/1099 Classification, Minority Business Indicator, Main Address, Remittance Address or Contact Information.

#### Taxpayer Identification Number (TIN)

##### Social Security Number (SSN) OR Federal Employer Identification Number (FEIN)

**Required.** Enter your 9 digit Social Security Number (SSN) OR Federal Employer Identification Number (FEIN). This is your Taxpayer Identification Number (TIN) as assigned by the Internal Revenue Service (IRS) or Social Security Administration (SSA).

#### Entity Name

##### Legal Name

**Required.** Enter the name corresponding to the TIN given. Name must be the same as registered with the Internal Revenue Service (IRS) or Social Security Administration (SSA).

- Individuals: Enter First Name, Middle Name, Last Name
- Sole Proprietorships: Enter First Name, Middle Name, Last Name
- ALL Others: Enter Legal Name of the Business.

##### DBA Name

**Optional. Doing Business As (DBA)** For the remittance address, enter a DBA, branch name or location if applicable. Also enter any continuation of the Name or Business Name if needed.

#### Entity Type/1099 Classification

**Required.** Check only ONE entity type for the TIN given. If State of Arizona employee is selected, you must provide your State of Arizona Human Resources Information Solution (HRIS) Employee Identification Number (EIN). Board Members should select State of Arizona employee only if they have a State of Arizona HRIS EIN, otherwise select Individual/Sole Proprietor. If "Other" is selected, please provide a Description for your business.

#### Minority Business Indicator

**Required.** Select the most detailed description for your business. Only one selection can be made. If none apply, select the second from last description of Non-small, Non-Minority or Non-Women Owned Business (00). For non-businesses, please select the last option of Individual, Non-Business (00).

To be classified as a Small, Minority, Women-owned, or Disadvantaged Business Enterprises, a company must meet all qualifying standards and be at least 51 percent owned, operated, and controlled by the qualifying person or persons. For additional information and definitions, refer to the following web site:

<http://www.azcommerce.com/small-business/checklist-items/i-would-like-information-on-types-of-certification>

#### Veteran Owned Business-

**Required** Check either Yes if the business is a Veteran Owned Business or No if the business is NOT a Veteran Owned Business.

## Instructions for the State of Arizona Substitute W-9 & Vendor Authorization Form

### Main Address-Required and Remittance Address-Optional

Check 'Same as Main' if the Remit to Address is the same as the Main Address entered.

**Address (NOTE: an additional Address line is available for Remittance Address)**

**Required.** Enter under the 'Main Address' an address where tax information and general correspondence is to be mailed. Enter under Remittance Address an address where payments should be made. Foreign addresses should enter full address here.

**City**

**Required.** Enter your city.

**State**

**Required.** Select your state from the drop-down list. If you are using an address outside of the U.S., select XX-Foreign address.

**Zip code**

**Required.** Enter your 5 digit zip code. A 4 digit add on is optional. If completing online, do not enter a dash. If foreign address, do not complete field and enter full address in the address line.

### Contact Information-Required

**Name**

**Required.** Enter contact name. The person indicated will be contacted for payment related questions or issues.

**Title**

**Optional.** If the form is completed on behalf of a business, please enter your title.

**Phone#**

**Required.** Enter the contact's phone number including area code. If competing online, enter 9 numeric characters ONLY, do not enter any dashes, parenthesis or other special characters.

**EXT**

**Optional.** Enter the contact's phone number extension, if applicable.

**email**

**Optional.** Enter the contact's email address. Must be in the format: email@address.com.

**Fax**

**Optional.** Enter the contact's fax number. If completing online, enter 9 numeric characters ONLY, do not enter any dashes, parenthesis or other special characters.

### Certification

**Exempt from backup withholding**

**Optional.** Check box if you are exempt from backup withholding (Individuals and soleproprietors are NOT exempt from backup withholding. Corporations are exempt from backup withholding for certain types of payments). Refer to IRS W-9 instructions for additional information.

**Signature**

**Required.** Signature should be provided by the individual, owner, officer, legal representative, or other authorized person of the entity listed on the form. Certain exceptions to the signature requirement are listed in the IRS instructions for form W-9.

**Title**

**Required.** Enter the title of the person who signed/certified the form.

**Current Date**

**Required.** This field will default to the current date if form is completed electronically.

**Do not complete any remaining fields; they are reserved for use by the State of Arizona.**

### Additional Information

For additional information concerning certification requirements for the substitute W-9 form, refer to the instructions for the Internal Revenue Service form W-9 at: [www.irs.gov](http://www.irs.gov).