



STAY PUT

EMERGENCY RENTAL ASSISTANCE

Administered by the City of Kettering



CITY OF KETTERING



MONTGOMERY
C O U N T Y

Landlord Packet

Return to:

STAYPUT@ketteringoh.org

Or by FAX to 937-296-3240

Or to the
City of Kettering, Planning &
Development
3600 Shroyer Rd.



Landlord's Checklist for STAYPUT Application:

- First and Last Page of Lease with Tenant
- W-9 Form
- Landlord Statement (Bottom Half)
- Landlord Payment Form
- Permission for Visual Inspection
- Copy of any 3 Day Notice or Eviction Filing

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
				-			-				
or											
Employer identification number											
						-					

Part II Certification

Under penalties of perjury, I certify that:

1. 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
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 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



Landlord must complete and return this form to process rental assistance application. Completing this statement does not guarantee payment. You will receive a Payment Form agreement upon approval of the application.

Tenant Information

Name on Lease

Complete address of rental property:

Street Address

Street address Line 2

City State Zip Code County

Phone Number E-mail address

Amount of one Month's rent Due Date

Number of Months Delinquent Total Amount owed Late Fee

Number of Months Future Total Amount

Does the tenant receive rental assistance? Yes No

Are you related to your tenant? (Spouse, parent, sibling, aunt/uncle, grandparent, in-law, close relative of inhabitant)

Yes No

Owner/Landlord Information

(this information must match the information on the mandatory W-9 Form)

Owner/Landlord Name (as appears on the County Auditor Site)

Business Name (if applicable)

Complete Address (check will be sent to this address):

Street Address

Street Address Line 2

City State Zip Code County

Phone Number Fax Number

Email Address SS# or Employer Identification #

I certify that this information is true and accurate and provided in connection with the request of financial assistance for the above-named tenant. Deliberate misrepresentation may subject me to prosecution under applicable local, state and federal laws. Acceptance of payment through this program obligates me to guarantee at least 30 days of continued residency from the receipt of the agency payment or at least 90 days if rent is being paid forward. Payment may take up to 30 days from date of pledge, but a concerted effort will be made to issue payment sooner.

Landlord Signature: _____ Date: _____



STAYPUT EMERGENCY RENTAL ASSISTANCE PROGRAM PAYMENT FORM AGREEMENT

DATE: _____ **PROPERTY OWNER/ MANAGER:** _____

PROPERTY ADDRESS: _____ **UNIT:** _____

TENANT NAME(S): _____

The COVID-19 health crisis is severely straining the finances of many Montgomery County residents. Due to the COVID-19 outbreak, TENANT is unable to pay rent and other charges. As a result, and based upon TENANT's individual finances, health, and other circumstances, Rental Assistance has been requested for past-due rent or collectible rent, where such non-payment was a result of the COVID-19 outbreak and occurred on or after March 27, 2020. *Late fees should be limited to 5% for properties located in the City of Dayton. Items covered by this payment agreement:

<u>MONTH</u>	<u>RENT DUE</u>	<u>LATE FEE/OTHER*</u>	<u>FUTURE RENT</u>	<u>MONTH TOTAL</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Check if 1st month above includes deposit

TOTAL PAYABLE BY THIS AGREEMENT:

PAYABLE TO:

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

_____/_____/_____

PROPERTY OWNER/ MANAGER NAME PRINT/SIGN **DATE**

If you are unable to print these pages, you agree by typing your name, you are signing this application electronically and you further agree that your electronic signature is the legal equivalent of your manual signature.

Agency Representative Date Approved/ Received



Administered by the City of Kettering

STAYPUT Emergency Rental Assistance
Program Visual Inspection

Property Owner/ Manager: _____

Phone: _____

Property Address: _____ Unit #: _____

Please read each statement below and initial beside each.

1. _____ I am the Owner/Manager or Authorized Representative of the Property above.
2. _____ I understand the current tenant(s) of the property has made a written application for rental assistance under Montgomery County Emergency Rental Assistance Program.
3. _____ I understand a visual inspection or review of my property may be completed.

Property Owner/ Manager
or Authorized Representative

Agency

Review Date: _____

If you are unable to print these pages, you agree by typing your name, you are signing this application electronically and you further agree that your electronic signature is the legal equivalent of your manual signature.