# STOP!

# PLEASE READ CAREFULLY

Rental Assistance is based on the following:

- Age 60 or older
- Live in South Carolina
- Name appears on the lease or rent agreement
- Meet income guidelines
- Need for assistance due to unexpected expense or loss of income related to the COVID-19 pandemic
- Must submit proof of unexpected expense or loss of income with application

### IN ORDER TO PROCESS APPLICATIONS QUICKLY, WE ASK THAT YOU DO NOT CALL THE OFFICE, WE WILL CONTACT YOU:

- When your application is received
- If additional information is needed
  - If your application is approved
    - If your application is denied

Vantage Point-Pee Dee AAA PO Box 999 Hartsville, South Carolina 29551 843-383-8632 Office 843-383-8754 Fax earl.gallishaw@caresouth-carolina.com



### South Carolina DEPARTMENT ON AGING

#### For questions or assistance, please contact Earl Gallishaw, I&A Specialist

#### **Grant Information:**

The South Carolina Department on Aging (SCDOA) has been awarded a grant to administer an emergency rental assistance program during the COVID-19 pandemic. SCDOA is partnering with each Area Agency on Aging across the state to deliver this service. To be eligible for assistance, an individual must be age sixty (60) or older and at 200% of the federal poverty level or below. All applicants must be on a lease or rental contract to apply for assistance (assistance cannot be provided for mortgages). The Area Agency on Aging will use information provided on this application as well additional verifications to determine if you are eligible for assistance.

Funding for the emergency rental assistance program is limited. Assistance is given on a firstcome, first-served basis. All applicants must complete all sections of the application and provide proper documentation and identification. Once an applicant is deemed eligible, funds will be sent directly to the Property Manager/Landlord by the Area Agency on Aging.

#### **Privacy Act Statement:**

The SCDOA and each Area Agency on Aging will comply with the Federal Privacy Act Statement and will use the information on this form to determine maximum income for eligibility. Any information obtained will not be disclosed outside the Agency except as required and permitted by law. You do not have to disclose this information, but, if you do not, your eligibility approval may be delayed or rejected.

#### Instructions for Emergency Rental Assistance Application:

Read this application carefully and fill out each section that applies to you or a member of your household. Provide as much information as possible. If you cannot fit all the information in the space provided, please use additional sheets.

#### PLEASE COMPLETE THIS ENTIRE APPLICATION

Incomplete applications will result in the application being returned to you. Warning: Any person knowingly and willingly making a false or fraudulent statement will be denied assistance and may be subject to criminal charges.

#### **APPLICATION FOR EMERGENCY RENTAL ASSISTANCE**

Name: <u>Last</u>	<u>First</u>	Middl	<u>e</u>
Mailing Address: Address	<u>City</u>	<u>State</u>	<u>Zip</u>
Physical Address: Address	<u>City</u>	<u>State</u>	<u>Zip</u>
Daytime Phone:	Other Phone	:	
What is your Gender: Please cho	ose from list or Le	t me type	
What is your Race: <u>Please choose from the list</u> or Let me type			
What is your Ethnicity: Please che	bose from the list or	Let me type	
Birth Date: / /			
Disabled: Yes No	Veteran:	Yes 🗌 No	
Monthly Amount of Rent: Dollars	Requested Amount	: <u>Dollars</u>	
Reason for requesting emergency COVID rental assistance:			

#### PLEASE COMPLETE THIS SECTION FOR ALL PERSONS LIVING IN THE HOME

Name	Relationship	Sex	Age	Income
1)				
Source of Income:				
2)				
Source of Income:				
3)				

Source of Income:		
4)		
Source of Income:		

#### LANDLORD INFORMATION

Name of Landlord:				
DBA:				
Mailing Address: Address	<u>City</u>		<u>State</u>	<u>Zip</u>
Daytime Phone:		Other Phone	:	
Email:				

You must give Property Manager/Landlord contact information for application to be approved.

Submission of this application gives your consent for the Area Agency on Aging to contact your Property Manager or Landlord. I understand that false information or statements are punishable by federal law. I certify that all information I have provided in this application is complete and accurate. I have read and understand this statement.

Office Use Only

Tax ID Number:	W-9 Received: Yes No
Approved: Yes No	If no, reason:
Amount Approved:	Check #:
Tenant Name:	Mail Date:

#### LANDLORD VERIFICATION

For questions or assistance, please contact the AAA (Contact on page 2)

Name of Tenant:			
Mailing Address: Address	<u>City</u>	<u>State</u>	<u>Zip</u>
Physical Address: Address	<u>City</u>	<u>State</u>	<u>Zip</u>
Amount of Rent:	If in arrears, how much	?	

Amount of Assistance Requested (include late fees):

Date: \_\_\_\_\_

Signature of Landlord/Property Manager

Federal Tax ID or Social Security Number

Departr	W-9 November 2005) ment of the Treasury Revenue Bervice	Request for Taxpayer Identification Number and Certific	ation	Give form to the requester. Do not send to the IRS.	
page 2.	Name (as shown e	n your income tax return)			
5	Business name, if	different from above			
Print or type Specific Instructions	Check appropriate	box: Individual/ Sole proprietor Corporation Partnership Cther ►		Exempt from backup withholding	
Print o	Address (number,	street, and apt. or suite no.) F	Requester's name and add	ress (optional)	
pecific_	City, state, and ZI	P code			
See 5	Uist account number(s) here (optional)				
Par	t Taxpay	er Identification Number (TIN)			
backu alien, your e	p withholding. Fo sole proprietor, or employer identifica	propriate box. The TIN provided must match the name given on Line 1 to individuals, this is your social security number (SSN). However, for a resid disregarded entity, see the Part I instructions on page 3. For other entities tion number (EIN). If you do not have a number, see <i>How to get a TIN</i> on p more then one name see the chart on page 4 for middlese on unlose.	dent s, it is page 3.	or tification number	
	er to enter.	n more than one name, see the chart on page 4 for guidelines on whose			

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
- 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. person (including a 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. (See the instructions on page 4.)

Sign Here	Signature of U.S. person ►	Date 🏲

#### Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

 Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

 Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:  An individual who is a citizen or resident of the United States,

 A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or

 Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

The U.S. owner of a disregarded entity and not the entity,

Gat. No. 10231X

Form W-9 (Rev. 11-2005)

## **Required Documentation**

- Proof of Household Income (For all persons living in the household)
- Lease Agreement
- W-9 (Form Submitted by Landlord)
- Driver's License or other Official Identification of applicant

The federal form W-9 and Landlord Verification form are to be completed by the landlord and faxed or emailed to the AAA