Information for Vendors, Property Owners & Managers

Thank you for your support of the Home Stretch Housing Assistance Fund. The Fund provides financial assistance for housing costs for qualified applicants and households who are receiving services from specific Alameda County service providers.

All payments are made directly to third parties: landlords or property management companies.

This housing fund may be used for move in assistance like the first month’s rent and security deposits as well as items and services needed to make the home safe and accessible.

Applications are submitted by service providers in partnership with applicants and include information about the applicant’s housing situation. Information is also needed directly from the Property Owner (Landlord) or Property manager for payments to be made on behalf of the applicant.

Required Documentation from Property Owner/Property Manager

In order to make payment, our finance department requires a signed, original invoice and signed, original W-9 form. These two (2) documents cannot be faxed; the originals need to be mailed. Once the paperwork is complete, payment is typically mailed within 2-3 business days.

Please submit the following documents by mail:

☒ Fully completed, signed, original invoice
☒ Original W-9 form with signature
☒ HCSA Housing Assistance Fund Vendor Form

The name on the forms must remain consistent. For example, if the check is made payable to “ABC Property Management,” the W-9 form should include this name and the Business Add/Update Form should include this name.

In addition, in some cases the property owner or property manager may also be asked to provide a copy of the lease, if the applicant does not have a current copy. We must establish tenancy in order to pay the requested housing costs.

Mailing address: Home Stretch Housing Assistance
Fund Attn: Amanda Gartin
1900 Embarcadero, Ste. 206
Oakland, CA 94606

For more information, please call Amanda Gartin at the (510) 567-8030.

Forms Attached: Invoice Form
W-9
Home Stretch Housing Assistance Fund Business Add/Form

Due to the confidential nature of client information, this information shall be used by authorized staff only.
**Home Stretch Housing Assistance Fund Invoice**

<table>
<thead>
<tr>
<th>Name of Property Owner/Manager:</th>
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<tbody>
<tr>
<td>Address of Owner/Manager:</td>
<td></td>
</tr>
<tr>
<td>Owner/Manager Phone Number:</td>
<td></td>
</tr>
<tr>
<td>Invoice Date:</td>
<td></td>
</tr>
<tr>
<td>Tenant Name:</td>
<td></td>
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<tr>
<td>Tenant’s New Address:</td>
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**DESCRIPTION OF INVOICE CHARGES:**

- Tenant Rent: $_________________________
- For the month(s) of: ___________________
- Move in Security Deposit (if applicable): $________________

**Total Due from Alameda County: $________________**

**Send Invoice to:**  
Home Stretch Housing Assistance Fund – Attn: Amanda Gartin  
1900 Embarcadero Cove, Ste. 206  
Oakland, CA  94606

Please make check payable to: _______________________________________________________

X _____________________________________________  
Landlord or Landlord’s Representative: (Please sign in blue ink.)

___________________________________________  
Signor Above: Please Print Full Name

**PLEASE NOTE:** This original signed invoice must be sent by mail to receive payment. Our Finance Department will not generate payment from photocopies or faxed invoices.
Form W-9
Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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

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.
   - Individual/sole proprietor or single-member LLC
   - C Corporation
   - S Corporation
   - Partnership
   - Trust/estate
   - 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.

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)

   Applies to accounts maintained outside the U.S.

5. Address (number, street, and apt. or suite no.) See instructions.

6. City, state, and ZIP code

7. List account number(s) here (optional)

8. Requester's name and address (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. 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.

<table>
<thead>
<tr>
<th>Social security number</th>
<th>or</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
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</table>

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

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-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.
Instructions. This form is for property owners, business owners, and managers to complete on behalf of tenants or residents approved to receive one-time housing related financial assistance from Alameda County. Housing assistance funds can be used for security deposits, rental expenses, home furnishings and household items. Please complete this form along with an original invoice and original W-9 form both forms with signatures to ensure timely payment to you by the County. This vendor and W-9 forms are only required once to create a payment account within Alameda County. E-mail, Fax, or Mail this Form to:

Housing Services Office - ATTN: Amanda Gartin
1900 Embarcadero, STE 206; Oakland, CA 94606
E-mail: HomeStretchFund@acgov.org; Fax: (877) 489-4642; Phone: (510) 567-8030

Is an Alameda County Employee/Board Member/Commissioner affiliated with this business?  ☐ Yes ☐ No
Full Legal Name of Business: ________________________________
Doing Business As (DBA) Name (if applicable): ________________________________
Have you previously been set up as a vendor with Alameda County?  ☐ Yes ☐ No
Type of Business Entity (Select ONE): ☐ Individual ☐ Sole Proprietor ☐ Partnership
☐ Corporation ☐ Tax-Exempted ☐ Government or Trust

Check the boxes that apply to Alameda County payments you may receive:
☐ Rents/Leases ☐ Rents/Leases paid to you as the agent ☐ Home Furnishings/Household Items
☐ Moving Services ☐ Safety & Accessibility Modifications/Services

Business Federal Tax ID Number (required): ________________________________
Business Mailing Address - PO Box/Street Address: ________________________________
City: _______________ State: _______ Zip Code: _______________

Is the business located in Alameda County? Yes ☐ No ☐ If yes, how long? _______ Yrs _________ Mos.
Business/Vendor Contact Name: ________________________________
Business/Vendor Contact Phone #: ___________________ Fax #: ___________________
Business/Vendor E-mail Address: ________________________________

Is this business a publicly traded entity, a public school, or government?  ☐ Yes ☐ No
Is this business a non-profit or a faith-based organization?  ☐ Yes ☐ No
If “Yes” to one of the above, please skip Ethnicity/Gender questions below. The collection of business ethnicity and gender data is for statistical and demographic purposes only. Please check the ONE most applicable in each category that describes the ethnic and gender makeup of your business.

Ethnicity: ☐ African American or Black (> 50%) ☐ Hispanic or Latino (> 50%) ☐ Asian (> 50%)
☐ American Indian or Alaskan Native (> 50%) ☐ Native Hawaiian or other Pacific Islander (> 50%)
☐ Multi-ethnic minority ownership (> 50%) ☐ Multi-ethnic ownership (50% Minority – 50% Non-Minority)
☐ Caucasian / White (> 50%)

Gender: ☐ Female (> 50% ownership) ☐ Male (> 50% ownership)