New Owner/Vendor/Payee Packet

Miami-Dade CoC TBRA Program

v1.0

Required forms must be submitted with the Request for Move-In Authorization prepared by the TBRA participant’s Housing Specialist for submission to the Miami-Dade County Homeless Trust. Incomplete packets may result in processing delays. Please visit our office or contact us at 305-375-1490 for assistance in completing this form.

Miami Dade County Homeless Trust
Permanent Supportive Housing (PSH) Tenant Based Rental Assistance (TBRA) Program

Main: 305-375-1490 / Fax: 305-375-2722 / TTD/TTY 1-800-955-8771 or dial 771
Si necesita ayuda con este formulario, llame al 305-375-1490
Si w bezwen asistans ak fòm sa a, tanpri rele 305-375-1490
Welcome to the Miami-Dade County CoC Permanent Supportive Housing (PSH) Tenant-Based Rental Assistance (TBRA) Program!

We are thrilled to have you join the thousands of owners in Miami-Dade providing decent, safe, and sanitary units to low-income families and particularly those most in need, households who are homeless. In order to approve you as an owner, we must collect some information from you and/or your organization. Below is a list of documents included in this package that must be submitted for our review:

1) Property Owner Application / Information Sheet
2) IRS Form W-9 (You must submit proof of TAX ID or SSN)
3) Ethics Disclosure Statement for all PHCD Programs
4) Landlord Certification of Responsibility
5) Miami-Dade Vendor Affidavits Form
6) Authorization Agreement for Direct Deposit (MUST SUBMIT ORIGINAL DOCUMENT)
7) Owner Consent Form

**Submission Instructions**

Carefully review the Package and ensure all questions and sections have been completely and accurately filled out. **Incomplete packages may result in processing delays.** Submit this completed package through any of the following convenient ways:

1) via email Mahtosha.Nance@miamidade.gov
2) via fax to 305-375-2722
3) in person or by mail to the Miami-Dade Homeless Trust PSH TBRA Office located at: 111 NW 1st Street, 27th Floor, Miami, Florida 33128

**Information about TBRA Administrator and Payor**

Please note that the Miami-Dade County Homeless Trust administers the PSH TBRA Program with the assistance of contracted housing providers. Under an interdepartmental agreement, the Miami Dade Public Housing and Community Development Department (PHCD) processes rental assistance payments directly to TBRA Program Payees on behalf of and solely at the direction of the Miami-Dade County Homeless Trust.
Property Application / Information Sheet

Please complete all of the information requested on this form. All fields are required.

Application Date: __________________ Type of Application: [ ] New Owner [ ] New TBRA Payee

Legal Property Owner of the Unit

The Miami-Dade County Homeless Trust will verify ownership with the Miami-Dade Property Appraisal’s Office. Discrepancies must be supported through warranty deed, recent closing documents, ground leases, or other supporting documentation.

Company/Owner Name: ____________________________________________________________

Name of Owner/Company Officer: __________________________________________________

Title: __________________________________________________________________________

Street Address: __________________________________________________________________

City, State, Zip: __________________________________________________________________

Phone Number: ___________________________________________________________________

Fax Number: _____________________________________________________________________

E-Mail Address: __________________________________________________________________

Type of Business

Indicate the type of business and attach corresponding documentation: (check one)

[ ] Sole Proprietorship A Copy of the Owner’s Government Issued ID

[ ] Partnership Federal Tax Form 1065 or Partnership Agreement

[ ] Limited Liability Partnership (LLP or PLL) Federal Tax Form 1065 or Partnership Agreement

[ ] Limited Partnership Federal Tax Form 1065 or Partnership Agreement

[ ] Limited Liability Company (LLC or Ltd.) Federal Tax Form 1065 or Articles of Organization

[ ] Corporation Articles of Information or Certificate of Legal Existence AND

Corporate Resolution authorizing the contracting of the unit

TBRA Payee

Identify who will get paid on behalf of the owner and attach corresponding documentation: (check one)

[ ] Same as above Complete this packet

[ ] Existing TBRA Payee Complete this packet

Power of Attorney or Management Agreement

Vendor Name: ____________________________

Vendor Number: __________________________

[ ] New TBRA Payee Payee Name: ____________________________

Power of Attorney or Management Agreement

Complete this packet for Owner and Complete New Owner/Vendor/Payee Packet for Payee
MIAMI-DADE COUNTY HOMELESS TRUST

ETHICS DISCLOSURE STATEMENT FOR ALL HOMELESS TRUST PROGRAMS

Applicant: ___________________________________________ Mailing Address: ___________________________________________
Co-Applicant: _________________________________________ Zip Code: _____________________________________________
E-mail Address: ________________________________________ Telephone: _______________________________________

The Miami-Dade County Conflict of Interest and Code of Ethics at Sec. 2-11.1 (c)(5)(5) allows County Employees and their immediate family members to apply for direct housing assistance programs from the County’s Public Housing and Community Development department (PHCD) if they meet certain conditions and if the following criteria are met. Check if any of the following applies to you:

1. [X] Continuum of Care Permanent Supportive Housing Program.

2. Mark the type of participation you are seeking for the program marked above:
   - [ ] Owner/Landlord
   - [ ] Housing Assistance Applicant

3. [ ] I/we do not currently work for Miami-Dade County.
4. [ ] I/we am/are a School Board or Federal Employee. These employees are not covered under Section 2-11.1 of the Miami-Dade County Conflict of Interest and Code of Ethics Ordinance.

**IF YOU MARKED BOXES 3 OR 4, NO FURTHER ACTION IS NEEDED, THE PHCD REPRESENTATIVE MUST PLACE THIS FORM IN APPLICANT’S FILE.**

5. [ ] I/we am/are a Miami-Dade County Employee (including Jackson Public Health Trust Employees).

   Please provide the department and division you are working for:

   __________________________________________________________

6. [ ] I/we am/are an appointed or elected County Official.

7. [ ] I/we am/are an immediate family to a Miami-Dade County employee, appointed or elected official.

   (*) Immediate family is defined as spouse, domestic partner, parents, stepparents, children and stepchildren.

   Please provide the following information regarding the Miami-Dade County employee, appointed or elected official:

   Name of employee, appointed or elected official: ___________________________________________________________

   Department, Division, or Board: __________________________________________________________


Signature of Applicant: ___________________________________________ Signature of Co-Applicant: _________________________________
Date: __________________________

Warning: Title 18, US Code Section 1001, states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the United States is guilty of a felony. State law may also provide penalties for false or fraudulent statements.
Landlord Certification of Responsibility
For Receipt of Tenant-Based Rental Assistance (TBRA) Payments

Landlord must initial each line.

___1. I certify that I am the owner or the legally designated agent for the above referenced unit, and that the tenant has no ownership interest in this dwelling unit.

___2. I understand that I must comply with equal opportunity requirements.

___3. I understand that I should carefully screen the family for suitability for tenancy, including the family’s background with respect to such factors as rent and utility payment history, caring for unit and premises, respecting the rights of others to the peaceful enjoyment of their housing, and drug-related and criminal activity that is a threat to the life, safety, or property of others.

___4. I understand that I may collect a security deposit from the tenant that is not in excess of private market practice, or in excess of amounts that I charge to unassisted tenants.

___5. I understand my obligation to offer a lease to the tenant and that the lease may not differ in form or content from any other lease that I am currently using for any unassisted tenants. I understand that it is my responsibility to ensure that my lease complies with state and local law. Miami-Dade County Homeless Trust Housing (Homeless Trust) will only review my lease to ensure that the United States Department of Housing and Urban Development (“HUD”) required items are addressed.

___6. I understand that the family members listed on the TBRA Lease Addendum are the only individuals permitted to reside in the unit and receive the TBRA housing subsidy. I understand that the Homeless Trust and I must grant prior written approval for other person(s) to move into the unit (except for the birth, adoption, or court-awarded custody of a child) and such person(s) shall be treated as a roommate of the assisted household with a separate lease. I understand that I am not permitted to live in the unit while I am receiving housing assistance payments.

___7. I understand that it is imperative that I fully understand the terms and conditions of lease. TBRA Landlord Participation Agreement (LPA), TBRA Lease Addendum and Landlord/Tenant and Housing Specialist/Case Manager Agreement and I agree to comply with all requirements contained within such documents.

___8. I certify that I (including a principal or other interested party) am not the parent, child, grandparent, grandchild, sister, or brother of any member of the family. If I am related, I have received written notification from the Homeless Trust that it will approve rental of the unit, notwithstanding such relationship, to provide reasonable accommodation for a family member who is a person with disabilities.

___9. I understand that if I fail to execute the LPA and/or other required documents in the timeframe set by Homeless Trust, the approval of the tenant’s authorization to move-in may be voided. If the transaction is voided by the Homeless Trust, I understand that I will not receive TBRA Payments, or late payments.

___10. I acknowledge the TBRA Payments are considered paid on the date the check is issued or
Electronic payments are transmitted.

11. I understand that the Homeless Trust has the right to recoup TBRA Housing Payment(s) paid erroneously by withholding payment owed to me, including rent payments for other tenants or through other assisted housing programs administered by the Homeless Trust. Should there be no other valid LPAs, I must repay the Homeless Trust upon receipt of an overpayment notice.

12. I understand that I must submit to the tenant for their consideration and to the Homeless Trust for their review any new lease or lease revision a minimum of sixty (60) days in advance of the effective date of the lease/revision.

13. I understand that I must provide the Homeless Trust with a written request for approval of any rent increase a minimum of sixty (60) days in advance of the proposed increase and in accordance with the provisions of the lease and LPA.

14. I understand that the tenant’s portion of the contract rent is determined by the Homeless Trust and that it is illegal to charge any additional amounts for rent or any other item not specified in the lease which has not been specifically approved by the Homeless Trust.

15. I understand that the Homeless Trust may deny or terminate participation, if I have a history of being abusive towards Homeless Trust or TBRA Program staff or program participants.

CAUTION: Initial 16a or 16b only, but NOT both

16a. I acknowledge that I am not a Miami-Dade County employee or an elected official of Miami-Dade County as of the date of this certification. I further acknowledge that I am not the spouse, parent or child of a Miami-Dade County employee or elected official of Miami-Dade County as of the date of this certification. I understand that no Miami-Dade County employee shall enter into a contract or transact any business in which he or a member of his immediate family has a financial interest, direct or indirect with Miami-Dade County or any person or agency acting for Miami-Dade County and any such contract, agreement or business engagement entered in violation of this section shall render the transaction voidable.

or

16b. I acknowledge that I am currently a Miami-Dade County employee and that prior to the execution of the LPA obtained an ethics opinion, dated ______________, 20__, from the Miami-Dade Commission on Ethics and Public Trust granting me authorization to participate as a landlord in the TBRA Program and that I have provided a copy of said opinion to Homeless Trust on ______________, 20__.

17. I understand that I may not assign the LPA to a new owner without the prior written consent of Homeless Trust and that I must complete and sign the Homeless Trust Transfer of Payments Form within ten (10) days of the contemplated transfer/assignment in order to have the TBRA Payments transferred to the new owner, agent, or entity. I further understand that my failure to timely notify the Homeless Trust and/or any unauthorized transfer/assignment constitutes a breach of the LPA subject to immediate termination, recovery of any outstanding overpayments or any other relief that may be sought against the Owner by the Homeless Trust and/or HUD.

18. I understand that I must advise the Homeless Trust and the tenant, in writing, within fifteen (15) days of being notified of pending foreclosure of this property.

19. I understand my obligations in compliance with the LPA to perform necessary maintenance so the unit continues to comply with Housing Quality Standards.

20. I understand that should the assisted unit become vacant, I am responsible for notifying Homeless Trust immediately in writing. I also understand that the LPA Contract and payment will terminate immediately.

21. I understand that I should attempt to resolve disputes between the tenant and me and contact
Homeless Trust, in writing, only in serious disputes that we are unable to resolve.

___22. I understand that I must provide the tenant and Homeless Trust with a written notice specifying the grounds for termination of tenancy, at or before the commencement of the eviction action and a copy of the eviction notice and to comply with all State and local eviction procedures.

___23. I acknowledge that I have been briefed on the TBRA Program. I understand that my failure to fulfill the above may result in the withholding, abatement, or termination of housing assistance payments for the contract unit or another unit; and/or being barred from participating in the Homeless Trust’s housing programs.

___24. I understand that I must notify the Homeless Trust immediately in writing of a change in my mailing address. Failure to do so may interrupt correspondence such as deficiency repair letters and may delay mail delivery or electronic transfer of rental assistance payments.

___25. I acknowledge that I have have not as of the date of this certification been convicted of a felony during the past ten (10) years or that an officer, director, or executive of the entity entering into a contract or receiving funding from the County has has not as of the date of this affidavit been convicted of a felony during the past (10) years. I further acknowledge that if I am or an officer, director, or executive of the entity is subsequently convicted of a felony whether connected to a federal housing assistance program, the Homeless Trust may terminate the LPA.

___26. I understand that if one or any of the previous certifications is found to be false, the Homeless Trust will pursue repayment of any funds made for each month the authorized payment was made by taking all necessary and legal steps to collect these funds, including but not limited to filing a legal action against the owner. The Homeless Trust’s failure to initiate steps to recover the funds within thirty (30) day from the date one or both of the previous certifications is found to be false, does not waive any of the Homeless Trust or HUD’s rights under the LPA.

___27. I understand that knowingly supplying false, incomplete, or inaccurate information is punishable under Federal or State Criminal Law.

_________________________ _____________________________ ____________
Owner/Agent Name Signature Date

WARNING: Title 18, US Code Section 1001, states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the United States is guilty of a felony. State law may also provide penalties for false or fraudulent statements.
**MIAMI-DADE COUNTY OWNERSHIP DISCLOSURE AFFIDAVIT**  
(Sec. 2-8.1 of the Miami-Dade County Code)

Firms registered to do business with Miami-Dade County, shall require the person contracting or transacting such business with the County to disclose under oath his or her full legal name, and business address. Such contract or transaction shall also require the disclosure under oath of the full legal name and business address of all individuals having any interest (legal, equitable, beneficial or otherwise) in the contract other than subcontractors, materialmen, suppliers, laborers or landlords. Post office box addresses shall not be accepted hereunder. If the contract or business transaction is with a corporation the foregoing information shall be provided for each officer and director and each stockholder holding, directly or indirectly, five (5%) percent or more of the outstanding stock in the corporation. If the contract or business transaction is with a partnership, the foregoing information shall be provided for each partner. If the contract or business transaction is with a trust, the foregoing information shall be provided for the trustee and each beneficiary of the trust. The foregoing disclosure requirements shall not apply to contracts with publicly traded corporations, or to contracts with the United States or any department or agency thereof, the State or any political subdivision or agency thereof, or any municipality of this State. Use duplicate page if needed for additional names.

*If no officer, director or stockholder owns (5%) or more of stock, please write “None” below.*

### PRINCIPALS

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<tr>
<th>FULL LEGAL NAME</th>
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### OWNERS

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**CHECK BOXES BELOW**

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If a percentage of the firm is owned by a publicly traded corporation or by another corporation, indicate below in the space “Other Corporations”:

**OTHER CORPORATIONS**

<table>
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<th>% or Ownership</th>
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2. **MIAMI-DADE COUNTY EMPLOYMENT DISCLOSURE AFFIDAVIT**
   (County Ordinance No. 90-133, amending Section 2.8-1(d)(2) of the Miami-Dade County Code)

The following information is for compliance with all items in the aforementioned Section:

1. Does your firm have a collective bargaining agreement with its employees?  
   Yes [ ]  No [ ]
2. Does your firm provide paid health care benefits for its employees?  
   Yes [ ]  No [ ]
3. Provide a current breakdown (number of persons) in your firm's work force indicating race, national origin and gender.

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<td>White</td>
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<td>Black</td>
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<td>Hispanic</td>
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<tr>
<td>Asian/Pacific Islander</td>
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<tr>
<td>Native American/Alaskan Native</td>
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<tr>
<td>Other</td>
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<td>Total Number of Employees</td>
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3. **MIAMI-DADE COUNTY EMPLOYMENT DRUG-FREE WORKPLACE CERTIFICATION**
   (Section 2.8-1.2(b) of the Miami-Dade County Code)

All persons and entities that contract with Miami-Dade County are required to certify that they will maintain a drug-free workplace and such persons and entities are required to provide notice to employees and to impose sanctions for drug violations occurring in the workplace.

In compliance with Ordinance No. 92-15 of the Code of Miami-Dade County, the above named firm is providing a drug-free workplace.

A written statement to each employee shall inform the employee about:

1. Danger of drug abuse in the workplace
2. The firm's policy of maintaining a drug-free environment at all workplaces
3. Availability of drug counseling, rehabilitation and employee assistance programs
4. Penalties that may be imposed upon employees for drug abuse violations

The firm shall also require an employee to sign a statement, as a condition of employment that the employee will abide by the terms of the drug-free workplace policy and notify the employer of any criminal drug conviction occurring no later than five (5) days after receiving notice of such conviction and impose appropriate personnel action against the employee up to and including termination. Firms may also comply with the County's Drug Free Workplace Certification where a person or entity is required to have a drug-free workplace policy by another local, state or federal agency, or maintains such a policy of its own accord and such policy meets the intent of this ordinance.

4. **MIAMI-DADE COUNTY DISABILITY AND NONDISCRIMINATION AFFIDAVIT**
   (Article 1, Section 2.8-1.5 Resolution R162-00 Amending R-385-95 of the Miami-Dade County Code)

Firms transacting business with Miami-Dade County shall provide an affidavit indicating compliance with all requirements of the Americans with Disabilities Act (A.D.A.).

I, state that this firm, is in compliance with and agrees to continue to comply with, and assure that any subcontractor, or third party contractor shall comply with all applicable requirements of the laws including, but not limited to, those provisions pertaining to employment, provision of programs and services, transportation, communications, access to facilities, renovations, and new construction.


The Federal Transit Act, as amended, 49 U.S.C. Section 1612

The Fair Housing Act as amended, 42 U.S.C. Section 3601-3631

I, hereby affirm that I am in compliance with the below sections:

Section 2-10.4(4)(a) of the Code of Miami-Dade County (Ordinance No. 82-37), which requires that all properly licensed architectural, engineering, landscape architectural, and land surveyors have an affirmative action plan on file with Miami-Dade County.

Section 2.8.1.5 of the Code of Miami-Dade County, which requires that firms that have annual gross revenues in excess of five (5) million dollars have an affirmative action plan and procurement policy on file with Miami-Dade County. Firms that have a Board of Directors that are representative of the population make-up of the nation may be exempt.
5. **MIAMI-DADE COUNTY DEBARMENT DISCLOSURE AFFIDAVIT**

   (Section 10.38 of the Miami-Dade County Code)

   Firms wishing to do business with Miami-Dade County must certify that its contractors, subcontractors, officers, principals, stockholders, or affiliates are not debarred by the County before submitting a bid.

   I, confirm that none of this firm's agents, officers, principals, stockholders, subcontractors or their affiliates are debarred by Miami-Dade County.

6. **MIAMI-DADE COUNTY VENDOR OBLIGATION TO COUNTY AFFIDAVIT**

   (Section 2-8.1 of the Miami-Dade County Code)

   Firms wishing to transact business with Miami-Dade County must certify that all delinquent and currently due fees, taxes and parking tickets have been paid and no individual or entity in arrears in any payment under a contract, promissory note or other document with the County shall be allowed to receive or engage in any new business.

   I, confirm that all delinquent and currently due fees or taxes, including, but not limited to, real and personal property taxes, convention and tourist development taxes, utility taxes, and Local Business Tax Receipt collected in the normal course by the Miami-Dade County Tax Collector and County issued parking tickets for vehicles registered in the name of the above firm, have been paid.

7. **MIAMI-DADE COUNTY CODE OF BUSINESS ETHICS AFFIDAVIT**

   (Article 1, Section 2-8.1(j) and 2-11(b)(1) of the Miami-Dade County Code through (6) and (9) of the County Code and County Ordinance No 00-1 amending Section 2-11.1(c) of the County Code)

   Firms wishing to transact business with Miami-Dade County must certify that it has adopted a Code that complies with the requirements of Section 2-8.1 of the County Code. The Code of Business Ethics shall apply to all business that the contractor does with the County and shall, at a minimum; require the contractor to comply with all applicable governmental rules and regulations.

   I confirm that this firm has adopted a Code of business ethics which complies with the requirements of Sections 2-8.1 of the County Code, and that such code of business ethics shall apply to all business that this firm does with the County and shall, at a minimum, require the contractor to comply with all applicable governmental rules and regulations.

8. **MIAMI-DADE COUNTY FAMILY LEAVE AFFIDAVIT**

   (Article V of Chapter 11, of the Miami-Dade County Code)

   Firms contracting business with Miami-Dade County, which have more than fifty (50) employees for each working day during each of twenty (20) or more work weeks in the current or preceding calendar year, are required to certify that they provide family leave to their employees.

   Firms with less than the number of employees indicated above are exempt from this requirement, but must indicate by letter (signed by an authorized agent) that it does not have the minimum number of employees required by the County Code.

   I confirm that if applicable, this firm complies with Article V of Chapter 11 of the County Code, which requires that firms contracting business with Miami-Dade County which have more than fifty (50) employees for each working day during each of twenty (20) or more work weeks in the current or preceding calendar year are required to certify that they provide family leave to their employees.

9. **MIAMI-DADE COUNTY LIVING WAGE AFFIDAVIT**

   (Section 2-8.9 of the Miami-Dade County Code)

   All applicable contractors entering into a contract with the County shall agree to pay the prevailing living wage required by this section of the County Code.

   I confirm that if applicable, this firm complies with Section 2-8.9 of the County Code, which requires that all applicable employers entering a contract with Miami-Dade County shall pay the prevailing living wage required by the section of the County Code.

10. **MIAMI-DADE COUNTY DOMESTIC LEAVE AND REPORTING AFFIDAVIT**

    (Article 8, Section 11A-60 - 11A-67 of the Miami-Dade County Code)

    Firms wishing to transact business with Miami-Dade County must certify that it is in compliance with the Domestic Leave Ordinance.

    I confirm that if applicable, this firm complies with the Domestic Leave Ordinance. This ordinance applies to employers that have, in the regular course of business, fifty (50) or more employees working in Miami-Dade County for each working day during the current or preceding calendar year.
AFFIRMATION

I, being duly sworn, do attest under penalty of perjury that the entity is in compliance with all requirements outlined in these Miami-Dade County Vendor Affidavits.

I also attest that I will comply with and keep current all statements sworn to in the above affidavits and registration application. I will notify the Miami-Dade County, Vendor Services Section immediately if any of the statements attested hereto are no longer valid.

(Signature of Affiant) .................................................  (Date) ..................................................

Printed Name of Affiant and Title

________________________________________

NOTARY PUBLIC INFORMATION

Notary Public –
State of: ________________________________ State ________________________________ County of ________________________________

SUBSCRIBED AND SWORN TO (or affirmed) before me this _________ day of _______________ 20 ________

by ____________________________ He or she is personally known to me ☐ Or has produced identification ☐

Type of Identification Produced ____________________________________________________________________________

________________________________________ __________________________________________________
Signature of Notary Public (Serial Number) 

Print or Stamp of Notary Public Expiration Date __________________________ Notary Public Seal (When applicable)
DIRECT DEPOSIT AUTHORIZATION
For TBRA Payment Payee Only or Owners that will receive TBRA Payments Directly

INSTRUCTIONS

As a Property Owner participating in the Miami-Dade County Homeless Trust PSH Tenant-Based Rental Assistance (TBRA) Program, it is required that the TBRA Payment Payee register for direct deposit to receive your TBRA Payment. By doing so, you acknowledge that, if any action taken by you results in non-acceptance of a direct deposit by the designated financial institution, neither the Homeless Trust nor Miami Dade Public Housing and Community Development (PHCD) as payor on behalf of the Homeless Trust, assumes any responsibility for processing a supplemental payment until the amount of the non-acceptance deposit is returned to PHCD by the financial institution and that you may incur fees and/or other penalties payable to PHCD on behalf of the Homeless Trust.

By Mail: Miami Dade County Homeless Trust TBRA Program
Attn: PHCD Finance
PO BOX 521750
Miami, FL 33152-1750

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<th>Section 1 (To be completed by Vendor)</th>
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| a. **If you are an existing vendor only complete Section 1**  
   b. Mark the correct box if you are a new owner, making a change to an existing account or want to delete the account on file.  
   c. Are you an existing owner at HOMELESS TRUST? Mark yes or no and provide your vendor ID#  
   d. Provide the tax id number if you are a company and provide your SSN# if you are a sole owner. The party identified will receive the 1099 at the end of the year. The information provided must match the W9 form provided  
   e. Address provided must match the address of must match the W9 form provided |

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<th>Section 2 (To be completed by Bank)</th>
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| a. Enter the Financial/Banks institution name, mailing address, contact number  
   b. Determine if the account information provided is a checking or savings account  
   c. Enter the account number  
   d. Enter the routing number (the first nine digits before the account number bottom left corner of the check)  
   e. Enter the bank stamp  
   f. Signature of the authorized bank official |

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<td>This section to be completed by Miami Dade and Public Housing Finance Division Accounting Staff</td>
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**ATTACH**
(To be submitted by Vendor)

ATTACH A VOIODE CHECK
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I (we) hereby authorize the Miami-Dade Public Housing Agency to initiate credit entries to my (our) account in the financial institution named below and authorize the financial institution to credit the same to my (our) account. This authorization is to remain in effect unless revoked by the vendor in writing to the Miami-Dade Public Housing Agency. Account changes must be reported to the Miami-Dade Public Housing Agency thirty (30) days prior to the actual change. Failure to report information timely may result in breach of HAP contract and termination and delay or forfeiture of the attempted and future payments.

If you are an existing vendor only complete Section 1.

EXISTING LANDLORD? ____ NO ____ YES VENDOR #: ___________ VENDOR NAME: ____________________________

SECTION 1 (To be completed by vendor)

TYPE OF TRANSACTION (select one): ☐ ADD (new Vendor) ☐ CHANGE ☐ DELETE/CANCEL

FEDERAL TAX ID OR SOCIAL SECURITY NUMBER: ____________________________

MAILING ADDRESS: __________________________________________________________

CITY, STATE, ZIP: ____________________________________________________________

TELEPHONE NUMBER: ____________________________ EMAIL ADDRESS: ______________

PAYEE PRINTED NAME: ____________________________ PAYEE SIGNATURE: ______________

CO-PAYEE PRINTED NAME: ____________________________ CO-PAYEE SIGNATURE: ______________

SECTION 2 (To be completed by financial institution)

DIRECT DEPOSIT TO BE MADE TO FINANCIAL INSTITUTION NAME: ____________________________

MAILING ADDRESS: ____________________________________________________________

CITY, STATE, ZIP: ____________________________________________________________

TELEPHONE NUMBER: ____________________________

TYPE OF ACCOUNT: ☐ CHECKING ☐ SAVINGS

BANK ROUTING NUMBER: [THE FIRST NINE DIGITS PRIOR TO THE ACCOUNT NUMBER IN THE BOTTOM LEFT CORNER OF THE CHECK]

BANK STAMP: ____________________________

BANK ACCOUNT NUMBER: ____________ ____________________________

BANK OFFICIAL (Please Print Legibly): ____________________________ DATE: ____________

SECTION 3 (To be completed by MDPHA Finance Division's Accounting Staff)

DATE RECEIVED: ____________________________ ACH BANK CODE: ____________________________

VENDOR NUMBER: ____________________________ ACH PROCESS DATE: ____________________________

CASH MANAGEMENT APPROVAL BY: ____________________________ SIGNATURE: ____________________________

DISBURSEMENT OFFICER APPROVAL BY: ____________________________ SIGNATURE: ____________________________

AUTHORIZATION FOR DIRECT DEPOSIT ORIGINALS WILL ONLY BE ACCEPTED. NO FAXED OR ELECTRONICALLY MAILED AGREEMENTS WILL BE ACCEPTED.

**MUST BE SUBMITTED IN ORIGINAL. FAX, E-MAIL, OR COPIES WILL NOT BE ACCEPTED.**
### 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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

**Note:** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

### 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 on page 3.

### General Instructions

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

**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 1098-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? on page 2.

**By signing the filed-out form, you:**

1. 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
3. Claim exemption from backup withholding if you are a U.S. exempt payer. If applicable, you are also certifying that an 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, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.
Note. If you are a U.S. person and 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.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

• An individual who is a U.S. citizen or U.S. resident alien;
• A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
• An estate (other than a foreign estate); or
• A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners’ share of effectively connected taxable income from such business. Furthermore, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 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 section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing their 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:

• In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
• In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
• In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding Tax on Nonresident Alien and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a “saving clause.” Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if he or she stays in the United States more than 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay the IRS 26% of such payments. This is called “backup withholding.” Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment methods, and certain payments from foreign accounts. The above transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester;
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details);
3. The IRS tells the requester that you furnished an incorrect TIN;
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only);
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1953 only).

Certain payers and payments are exempt from backup withholding. See Exempt payee code on page 9 and the separate instructions for the Requester of Form W-9 for more information.

Also see Special rules for partnerships above.

What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payers are exempt from FATCA reporting. See Exemption from FATCA reporting code on page 3 and the Instructions for the Requestor of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from the person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are a tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line: do not leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. Individual. Generally, enter the name on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note. ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the name as you entered on the Form 1040 or 1040A or 1040EZ you filed with your application.

b. Sole proprietor or single-member LLC. Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter any business, trade, or DBA name on line 2.

c. Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation. Enter the entity’s name as shown on the entity’s tax return on line 1 and any business, trade, or DBA name on line 2.

d. Other entities. Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. Disregarded entity. For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a “disregarded entity.” See Regulations section 301.7701-3(c)(6)(iii). Enter the owner’s name on line 1. The name of the entity entered on line 1 should never be a disregarded entity name. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the owner’s name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity’s name on line 2. “Business name/disregarded entity name.” If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.
Line 2
If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3
Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

Limited Liability Company (LLC). If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be treated as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual, sole proprietor or single-member LLC."

Line 4, Exemptions
If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

Exempt payee code.
• Generally, individuals (including sole proprietors) are not exempt from backup withholding.
• Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
• Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
• Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding.

Enter the appropriate code in the space in line 4.

1 — An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b) if the account satisfies the requirements of section 403(b)(2)
2 — The United States or any of its agencies or instrumentalities
3 — A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
4 — A foreign government or any of its political subdivisions, agencies, or instrumentalities
5 — A corporation
6 — A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
7 — A future commission merchant registered with the Commodity Futures Trading Commission
8 — A real estate investment trust
9 — An entity registered at all times during the tax year under the Investment Company Act of 1940
10 — A common trust fund operated by a bank under section 589(a)
11 — A financial institution
12 — A middleman known in the investment community as a nominee or custodian
13 — A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

<table>
<thead>
<tr>
<th>IF the payment is for . . .</th>
<th>THEN the payment is exempt for . . .</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest and dividend payments</td>
<td>All exempt payees except for 7</td>
</tr>
<tr>
<td>Broker transactions</td>
<td>Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.</td>
</tr>
<tr>
<td>Broker exchange transactions and patronage dividends</td>
<td>Exempt payees 1 through 4</td>
</tr>
<tr>
<td>Payments over $600 required to be reported and direct sales over $5,000</td>
<td>Generally, exempt payees 1 through 5</td>
</tr>
<tr>
<td>Payments made in settlement of payment card or third party network transactions</td>
<td>Exempt payees 1 through 4</td>
</tr>
</tbody>
</table>

Note: To determine whether the FATCA code and/or exempt payee code should be completed, consult the financial institution requesting this form.

Line 5
Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information return.

Line 6
Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)
Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the space below. If you do not have an ITIN, see How to get a TIN below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see Limited Liability Company (LLC) on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.
Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 2, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the personal identification number (PIN) indicated on line 1 must sign. Exempt payees, see Exempt payee code earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered inactive during 1983. You must sign your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requestor, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. “Other payments” include payments made in the course of the requester’s trade or business for rentals, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations, payments to a nonemploye for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSAs or HSAs contributions, distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account

Give name and SSN of:

| 1. Individual |
| 2. Two or more individuals (joint account) |
| 3. Custodian account of a minor (Uniform Gift to Minors Act) |
| 4. a. The usual revocable savings trust (grantor is also trustee) |
| 5. a. The usual revocable savings trust (grantor is also trustee) |
| 6. Grantor trust filing under Optional Form 1099 Filers Method 1 (see Regulations section 1.671-4(c)(5)(ii) (A)) |

For this type of account

Give name and EIN of:

| 1. Disregarded entity not owned by an individual |
| 2. A valid trust, estate, or pension trust |
| 3. Corporation or LLC electing corporate status on Form 1120 or Form 2553 |
| 4. Association, club, religious, charitable, educational, or other tax exempt organization |
| 5. Partnership or multi-member LLC |
| 6. A broker or registered nominee |
| 7. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or pension) that receives agricultural program payments |
| 8. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(c)(5)(ii) (E)) |

1. List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person’s number must be furnished.

2. Circle the mirror’s name and furnish the mirror’s SSN.
OWNER CONSENT FORM

Date: __________________________  Client #: __________________________

Tenant’s Name: __________________________

Address: __________________________________________________________

To whom it may concern:

This is to certify that I/we the undersigned owners hereby authorize __________________________,

to ☐ collect payments ☐ execute all necessary documents for the above mentioned property.

All checks should be payable as follows:

Name: __________________________________________________________

Street Address: _________________________________________________

City, State, Zip Code: ___________________________________________

________________________________________  _______________________
Signature  ______________________________________________________

Print Name  ____________________________  _______________________

SUBSCRIBED AND SWORN TO (or affirmed) before me this ___ day of ___________________________ 20___

by _________________________________. He/she is personally known to me or has presented as

_______________________________ as identification

(Type of Identification)

________________________________________  _______________________
Signature of Notary  ________________________________________________

Serial Number  ____________________________  _______________________

Expiration Date  ____________________________  _______________________

Print or Stamp of Notary  ____________________________  _______________________

Notary Public – Stamp of State  ____________________________  _______________________

Owner Consent Form
Submission Instructions

Required ownership forms must be submitted with the Request for Move-In Authorization prepared by the TBRA participant’s Housing Specialist for submission to the Miami-Dade County Homeless Trust. Ownership forms that remain missing or incomplete will result in the unit being rejected.

Carefully review the Package and ensure all questions and sections have been completely and accurately filled out. Incomplete packages may result in processing delays. Submit this completed package through any of the following convenient ways:

1) via email to Mahtosha.Nance@miamidade.gov
2) via fax to 305-375-2722
3) in person or by mail to the HOMELESS TRUST PSH Tenant-Based Rental Housing Program located at 111 NW 1st Street, 27th Floor, Miami, Florida 33128

IMPORTANT: Direct Deposit Information MUST be received in original.

<table>
<thead>
<tr>
<th>Homeless Trust Staff Use Only</th>
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<tbody>
<tr>
<td>Date Received:</td>
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<tr>
<td>Method of Receipt:</td>
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<tr>
<td>New Vendor Date (if Applicable):</td>
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