11/24/15

Building Better Futures

Landlord Emergency Assistance Payment Acceptance Agreement

Dear Telephone		
from UMOS' Emergency As	sistance Program. This is a one-tilly yment issuance is contingent on the	sistance grant for the amount of \$ <u>360.00</u> me payment. This agreement is not a he applicant's eligibility, which is currently
application process we mus Assistance that you are will	st be assured that if the applicant i ling to accept the approved Emerg	360.00 in back rent. As part of the s found to be eligible for Emergency ency Assistance grant amount and stop the aining past due amounts are between the
of this agreement me at bre		below, and scan and email a signed copy o my attention at (414) 769-2840. You can se Ave., Milwaukee, WI 53207.
	bligates you to continue renting to ement or becomes delinquent in fu	o said tenant if the tenant violates a non- uture rent payments.
If you have any questions of (414) 389-6214.	r need additional information, plea	ase feel free to contact me at
Regards, BRENDA FRANCO UMOS Emergency Assistance	e Specialist	
l,(Landlord/Property Owner or N grant amount listed above for	Aanager Name)	t the approved Emergency Assistance bove, to stop current eviction proceedings.
Landlord/Property Ow	ner or Manager Signature & Date	Phone Number .
Emergency Assistance Paymen	t should be made payable to:	
Individual/Company Address:		
FEIN or Social Security #:		
This is the (please check one):	Property Owner Property Manager (not owner	Management Company r)
(non-04/07/15)	UMOS, Inc.	Fage 1 of 1



(Rev. December 2014)

Request for Taxpayer Identification Number and Certification

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

Informal Revenue Service		• •			- 1 -		o rue	11 10,
1 Name (se shown on your income tex return). Name is required on this line;	do not leave this line blank							
2 Business name/disregarded entity rame, if different from above								
single-member LLC Limited limitify company. Enter the text classification (C=C company). Note, For a single-member LLC that is discovered to not check LLC.	retion Parinership Trust/estate SSS corporation, Papartnership) >			4 Exemptions toodes apply only to cartain smilles, not includingly; see instructions on page 3; Exempt payee code (if any) Exemption from FATCA reporting				
the lax classification of the single-member owner.				code	-			
Other (see instructions) >		Гъ		<u> </u>		enolateine	ri Dutride	80 U.S.
5 Address frumber, street, and apt. or sulls no.)		Requester	s name .	8110 8001	ess (o)	DONAY		
6 City, sitte, and ZIP code		1						
7 List eccount number(a) here (aptional)		L.,						
ard: Taxpayer Identification Number (TIN)				_				
nier your TIN in the appropriate box. The TIN provided must match the na			ocial se	ounty nu	mber	-		
ackup withholding. For Individuals, this is generally your social security no sident alien, sole proprietor, or disregarded entity, see the Part I instruction tillies, it is your employer identification number (EIN). If you do not have a	ons on page 3. For other	r ela]-[-	·	
V on page 3.	4	Dr F	mployer	identific	atton r	umber		
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Certification						ш.	<u></u>	
der penalties of perjury, I certify that:								
no longer subject to backup withholding; and I am a U.S. critizen or other U.S. person (defined below); and	•	- la -a	t.					
The FATCA code(s) entered on this form (if any) indicating that I am exem	not from FATCA reportin	IO IS COLLEC		ly subje	cl lob	ackup	vithh	olding
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Landlord Disclaimer

I certify, under penalty of perjury, that the information contained in this application are true and complete statement of facts according to the best of my knowledge. I further certify that I have read and understand the statements and agree to provide proof of any information identified or requested.

UMOS reserves the right to cross reference all information provided by you in connection with this application. Failure to provide accurate information may result in denial of services and you may be held liable for payment of services/benefits received.

Ц	Program	
	I am a member of UMOS' Board of Directors.	
	I am not an employee of UMOS, nor a memb	er of UMOS' Board of Directors.
Owne	er/Landlord Name (Print)	Date
 Owne	r/Landlord Signature	Date



UNIOS . Building Better Futures

Date: 11/24/15 Greetings, has applied for an Emergency Assistance grant. In order to Issue an Emergency Assistance payment the following attached forms must be completed and returned to UMOS. Intent to Rent or Landlord Acceptance Agreement W-9-Taxpayer Identification X Landlord Disclaimer Please return ALL of the forms to me via email or fax: brenda.franco@umos.org (414) 769-2840 If you have any questions regarding the completion of the forms, please contact me at (414) 389-6214. The sooner we receive the completed forms back the sooner we'll be able to issue the **Emergency Assistance payment.** Thank-you, **BRENDA FRANCO**



Emergency Assistance Request for Verification

Date: <u>11/24/15</u>			
Applicant's Name: Address:	E DE		
<u> </u>			
Dear Mr./Ms.	<u>'</u> :		
	onfirmation that you applied wing your application it was	for the Emergency Assistance (EA found that:	A) on <u>11/24/15</u>
You have provide processed for eligibility		on and your Emergency Assistance	application is being
	r relative (2 nd parent) reside surances and sign the EA Ap	s in your household group plication form.	must come in to
	Assistance application has be ntation/verification to deter	en completed; however, our agen mine your eligibility:	cy is still in need of
A current	and original Five-Day Evictio	on Notice	
The following doc	umentation is needed to issu	ue payment on your behalf:	
` ☐ Intent to R · ☑ Landlord A ՝ ☑ <u>W9 FORM</u>	ent .cceptance Agreement 		
The following docu	mentation is needed for UN	MOS records:	
🔀 Landlord D	İsclaimer		
Please return ALL nece	ssary documentation to UM	OS, 2701 S. Chase Avenue, Milwa	iukee, WI 53207.
-	lty obtaining the information the due date below so I can	on that is needed, please contact r assist you.	ne at
your application date.		istance eligibility decision within documents as soon as possible. You information provided.	
All documentation is d	ue by: 12/01/15		
		11-24-15	
Applicant Signature		Date	
B. Franci	~	11-24-15 Date 11-24-15	
Emergency Assistance S	pecialist Signature	Date	
(Rev. 01/21/14)	UMO	OS, Inc.	Page 1 of 1