



LexCo CARES

COVID-19 Housing Assistance

212 South Lake Drive, Suite 401 • Lexington, SC 29072 • (803) 785-8121 • (803) 785-8188 Fax

NOTICE TO POTENTIAL APPLICANTS

PURPOSE

CDBG-CV funds are for rental, mortgage and/or utility financial assistance for Lexington County residents that have fallen upon financial hardship due to COVID-19. Renters and homeowners affected by COVID-19 may apply for up to six consecutive months of short-term rental, mortgage and/or utility assistance. Eligible applicants must be Lexington County Residents, must have an annual income that is at or below the 80% Area Median Income, are past due in their rent, mortgage and/or utilities or unable to pay all or part of their rent, mortgage and/or utilities due to circumstances stemming from the Coronavirus. **Applicants must not have received assistance from another funding source.**

Amount of Assistance

LexCo CARES will assist up to six (6) consecutive months of rental, mortgage and/or utility assistance. The amount of assistance is determined by each individual's needs.

LexCo CARES Requirements

The LexCo CARES Program requires that renters or homeowners occupy the property as their primary/legal residence. The reason for their hardship is due to or caused by the Coronavirus Pandemic. Applicant cannot have received funding from other sources for assistance.

LexCo CARES Program Requirements

- Only low- to moderate-income residents of Lexington County who have been affected due to COVID-19 are eligible to apply for the LexCo CARES Program (must be able to justify hardship)
- Applicants must be Lexington County Residents
- Address on your ID must match address on your lease or mortgage
- Applicant's household income at the time of application must be at or below 80% AMI for Lexington County
- Applicant's employment/income must have been impacted by the COVID-19 pandemic, beginning March 10, 2020 or later
- Applicants must be **PAST DUE** on their rent, mortgage and/or utilities
- Rent, mortgage, utilities assistance must bring the rent, mortgage utilities current
- Applicant cannot currently receive any other funding assistance
- The applicant cannot be a current recipient of the Federal Pandemic Unemployment Compensation (\$600 additional weekly benefit)
- Rental, mortgage and utility payments will be paid directly to the landlord, mortgage company or utility company

- All applicants must sign the Duplication of Benefits form and include the names of household members that no other federal assistance has been received during the eligible pandemic period.

I (we) have experienced financial hardship caused by COVID-19 pandemic, and my (our) household is unable to meet the financial obligations of my (our) housing expenses:

- Yes, we have experienced hardship due to COVID-19**
- No, our hardship was not due to the COVID-19 pandemic**

If Yes, continue with completing the Application. If you answered No, we are sorry, but you are not eligible for this program.

To be considered for the LexCo CARES program, income must not exceed the total annual household income amounts shown in the table below:

<i>Number of Members in Household</i>	<i>Maximum Allowable Income</i>
1	\$47,000
2	\$53,700
3	\$60,400
4	\$67,100
5	\$72,500
6	\$77,850
7	\$83,250
8	\$88,600

Source: 2023 HUD Income Limits

APPLICATION REVIEW

The Grant Programs Division will review the application to verify legal residency and income eligibility. The applicant will receive, in writing, the status of the application. Approval of application is based upon application completeness. Approval process is on a first come, first serve basis. **Note: Income eligibility is valid for six months, after which the household income will need to be re-verified.**

Submitting an application is not a guarantee that you will receive assistance through the LexCo CARES Program. All payments will be made to the landlord, mortgage company, or utility service provider. Applicant can receive assistance only once and payments must be consecutive All bills must be in the applicant's name.

Applicant Signature

Date

County of Lexington
Application Checklist For
LexCo CARES
Rent, Mortgage and Utility Assistance Program

Before submitting your application for please be sure all items listed below are included with the application:

- A copy of bank statements for the past 6 months (Self-employed persons 2 years worth of bank statements); if you do not have a checking account submit a written signed statement that you do not have one.
- Current Mortgage Statement or Lease Agreement
- A copy of state and Federal tax returns for the past 2 years. If you do not file a return complete a Request for Transcript of Tax Return 4506-T form.
- A copy of pay stubs for the past 3 months and current Social Security benefit and/or retirement statements, etc. If you do not earn any income, please complete and submit the Notarized Affidavit of Zero Income form.
- Affidavit of Financial Hardship Due to COVID-19
- Evidence that you have ownership of the property (i.e. deed).
- Copy of Social Security card for all household members, and a copy of driver's license or picture ID for those 18 and older.
- Unemployment check stubs or proof of unemployment deposit.
- Copy of utility bill as proof of residency (i.e. electricity or water bill).
- Signed Declaration of Citizenship Status
- Duplication of Benefits Affidavit
- Authorization Form – Rent, Mortgage and/or Utility signed by applicant
- Application complete and signed

APPLICANT INFORMATION

Name (Full Legal Name)	Driver's License or State I.D. No.
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Co-Applicant Name (Full Legal Name)	Driver's License or State I.D. No.
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Address	Home Telephone ()	Work Telephone ()
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Email Address: _____

Have you received assistance from any other sources for COVID-19 relief? Yes No

Type of Assistance You are Requesting: Mortgage Rent Utilities

How long have you lived at the property? _____

If a homeowner, is your home currently for sale? Yes No

Current # Living in House:	# of Adults	# of Children

Housing Costs:	Monthly Cost	Monthly Cost	Monthly Cost
Mortgage/Rent		Hazard Insurance	
Taxes		Flood Insurance	
Electric		Improvement Loan	
Gas		Other:	
Sewer		Other:	
Water		Other:	

Combined Total Housing Costs	
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Household Members' Information (Please include information on everyone in the household.)					
Name (Full Legal Name)	Social Security #	Relationship	Date Of Birth	Age	Sex
					M F
					M F
					M F
					M F
					M F
					M F
					M F
					M F
					M F
					M F

Are you a veteran? Yes No

Do you or anyone in your household have a disability or handicap? Yes No

If yes, are you receiving Social Security Disability Income?:

Are any members in your household over 18 years of age and full time students? _____ Yes _____ No
 If yes, list members: _____

Income

Do you or any adult member of your household receive any of the following income OR do you or any adult member of your household receive, on behalf of a minor any of the following income?

		Yes	No			Yes	No
1.	Employment	<input type="checkbox"/>	<input type="checkbox"/>	12.	Income on Behalf of Minor Children	<input type="checkbox"/>	<input type="checkbox"/>
2.	Income from a business	<input type="checkbox"/>	<input type="checkbox"/>	13.	Payments from Insurance Policies	<input type="checkbox"/>	<input type="checkbox"/>
3.	Social Security (Adult)	<input type="checkbox"/>	<input type="checkbox"/>	16.	Educational Grants	<input type="checkbox"/>	<input type="checkbox"/>
4.	Social Security (Child)	<input type="checkbox"/>	<input type="checkbox"/>	17.	Disability or Death Benefits	<input type="checkbox"/>	<input type="checkbox"/>
5.	Disability	<input type="checkbox"/>	<input type="checkbox"/>	18.	Scholarships	<input type="checkbox"/>	<input type="checkbox"/>
6.	AFDC	<input type="checkbox"/>	<input type="checkbox"/>	19.	Verteran's Administration	<input type="checkbox"/>	<input type="checkbox"/>
7.	Unemployment Benefits	<input type="checkbox"/>	<input type="checkbox"/>	20.	Armed Forces	<input type="checkbox"/>	<input type="checkbox"/>
8.	Worker's Compensation	<input type="checkbox"/>	<input type="checkbox"/>	21.	Caretaking of Children or Elderly	<input type="checkbox"/>	<input type="checkbox"/>
9.	Payments from Insurance Policies	<input type="checkbox"/>	<input type="checkbox"/>	22.	Other _____	<input type="checkbox"/>	<input type="checkbox"/>
10.	Retirement Benefits	<input type="checkbox"/>	<input type="checkbox"/>	23.	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
11.	Pension Benefits	<input type="checkbox"/>	<input type="checkbox"/>				

If you answered YES to any of the above; Complete the area provided below.

Household Member	Source of Benefit/ Income	Employer or Agency's Mailing Address, City, State, Zip	#Hrs Per Week	Full/ Part time	Amount Per Month
				F P	
				F P	
				F P	
				F P	
				F P	

(If additional space is needed, use the back of this sheet)

- Did all household members 18 or older file a federal income tax return last year? Yes No

- If no, explain: _____

<u>Assets</u>					
Do you or any member of your household own any of the following types of assets?					
	Yes	No		Yes	No
1. Checking Account	<input type="checkbox"/>	<input type="checkbox"/>	8. Other Financial Assets	<input type="checkbox"/>	<input type="checkbox"/>
2. Savings Account	<input type="checkbox"/>	<input type="checkbox"/>	9. Rental Property	<input type="checkbox"/>	<input type="checkbox"/>
3. Savings Certificate	<input type="checkbox"/>	<input type="checkbox"/>	10. Other Real Estate	<input type="checkbox"/>	<input type="checkbox"/>
4. Bonds	<input type="checkbox"/>	<input type="checkbox"/>	11. Annuities	<input type="checkbox"/>	<input type="checkbox"/>
5. Stocks	<input type="checkbox"/>	<input type="checkbox"/>	12. Land Contracts	<input type="checkbox"/>	<input type="checkbox"/>
6. Money Market Funds	<input type="checkbox"/>	<input type="checkbox"/>	13. Deeds or Trust	<input type="checkbox"/>	<input type="checkbox"/>
7. Credit Union Savings	<input type="checkbox"/>	<input type="checkbox"/>	14. Other	<input type="checkbox"/>	<input type="checkbox"/>
If you answered YES to any of the above, please complete the following information:					
Household Member	Asset # above (1-14)	Income Amount	Per week, month, or year?	Description of Asset & List Name of Bank and/or Financial Institution	

- Have you or any other member of your household disposed of any of the above types of assets during the past two years? Yes No

If yes, explain: _____

I certify that the information given on this form is correct and complete:

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Note: Section 101 of Title 18 of the US Code states that a person is guilty of a felony for knowingly and willing making false or fraudulent statements to any department of the United States Government.

APPLICANT'S CERTIFICATIONS

The applicant(s) certifies that all information in the application and all information furnished in support of this application is given for the purpose of obtaining rental, mortgage and/or utility assistance from the County of Lexington Grant Program, LexCo CARES. Applicant also certifies that all information in the application is true and complete to the best of the applicant's knowledge and belief. The applicant additionally certifies that the applicant's primary residence is address on this application for which they are applying for assistance.

Applicant's Signature:	Date:
Co-applicant's Signature:	Date:

WARNING: PENALTY FOR FALSE OR FRAUDULENT STATEMENT

U.S. Title 18, Section 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willingly falsifies...or makes false, fraudulent statement or representations, or makes or uses any false writing or document, knowing the same to contain any false, fictitious, or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

State of South Carolina

County of Lexington

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20_____, by _____, proved to me on the basis of presentation of satisfactory evidence to be the person(s) who appeared before me.

Signature _____
Notary Public

Seal:

My commission expires: _____

Please Return Completed Application To:
County of Lexington
Community Development Department
Grant Programs Division
212 South Lake Drive, Suite 401
Lexington, SC 29072
(803) 785-8121



County of Lexington
LexCo CARES
Rent, Mortgage, Utility Assistance Program
CONSENT TO RELEASE INFORMATION

I hereby authorize the release of information from your records to the County of Lexington Grant Programs Division, LexCo CARES Program. I understand that the release of this information does not guarantee assistance will be provided. This authorization is made in connection with an application that has been made in order to obtain assistance with past due rent, mortgage and/or utilities.

Address: _____

Applicant
Print Name: _____

Signature: _____

Date: _____

Co-Applicant
Print Name: _____

Signature: _____

Date: _____



**Verification of Employment
County of Lexington
LexCo CARES
Rent, Mortgage, Utility Assistance Program**

AUTHORIZATION: Federal Regulations require us to verify employment and Income of all members of the household applying for the LexCo CARES Program. This information will be used only to determine eligibility and level of benefit of the household.

Homeowner/Renter(s) must provide written documentation in support of the claim of financial hardship related to COVID-19. The types of documentation that are acceptable include, but are not limited to, this verification of employment form completed by applicant and employer, a letter or notice from employer on letterhead, establishing proof for reduction in work hours or proof of employer/business shut down due to COVID-19 or medical bills, ect. If self-employed, homeowner/renter(s) shall provide proof of self-employment including federal income tax returns and a signed explanation of the hardship.

RELEASE: I hereby authorize the release of the requested information.

Company Name: _____ COMPANY Phone Number: _____

Employee Name: _____

(Signature of Employee/Applicant) (Date)

To Be Completed By the Employer Only

Occupation: _____ Dates of Employment: From: _____ To: _____

Type of Employment: Full-time Part-time Temporary Seasonal

Was employee terminated due to COVID-19 : Yes No

Was employee's hours/earnings affected due to COVID-19? : Yes No

For Income Verification

Pre-COVID-19 Rate of Pay as of _____: \$ _____ per _____ (hourly, weekly, or monthly)
dd/mm/yy

Due to COVID-19 New Rate of pay as of _____: \$ _____ per _____ (hourly, weekly, or monthly)
dd/mm/yy

Overtime: \$ _____, Tips \$ _____, Commissions, Bonuses: \$ _____

Former Regular Hours Worked prior to COVID-19: Hours per _____ day: _____ week; or _____ month

New Regular Hours Worked due to COVID-19: Hours per _____ day: _____ week; or _____ month

Title: _____
(Signature of Authorized Representative)

Date: _____ Telephone: _____

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.



County of Lexington LexCo CARES Rent, Mortgage, Utility Assistance Program

THE FOLLOWING INFORMATION IS CONFIDENTIAL

The information concerning Minority Group Categories is requested for statistical purposes so the United States Department of Housing and Urban Development (HUD) may determine the degree to which its programs are being utilized by Minority Families, and has no bearing on the acceptance of this application.

Please place the number of persons in your household that qualify in each category.

White	
Black/African American	
Asian	
American Indian/Alaskan Native	
Native Hawaiian/Other Pacific Islander	
American Indian/Alaskan Native & White	
Asian & White	
Black/African American & White	
American Indian/Alaskan Native & Black/African American	
Hispanic or Latino	
Hispanic & White	
Hispanic & Black/African American	
Hispanic & American Indian/Alaskan Native	
Other Multi-Racial	

Applicant

Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Are you Head of the Household? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Married <input type="checkbox"/> Single	<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed

Co-Applicant

Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Are you Head of the Household? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Married <input type="checkbox"/> Single	<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed



County of Lexington

LexCo CARES

AFFIDAVIT OF FINANCIAL HARDSHIP DUE TO COVID-19

Homeowner/Renter Name(s): _____

Property Address: _____

I (We) _____, have experienced financial hardship caused by the COVID-19 pandemic, and my (our) household is unable to meet the financial obligations of my (our) housing expenses.

Yes **No**

1. The amount that is currently due or will be due is \$ _____.

2. My (Our) ability to pay the above amount has been negatively affected by the COVID-19 virus for the following reasons* (check all that apply):

Reduction in work hours as follows:

Temporary business shut down as follows:

Layoffs or terminations due to COVID-19 as follows:

Increase in out-of-pocket medical expenses as follows:

Other (explain):



Duplication of Benefits Affidavit

Duplication of Benefits

As cited in the 2020 CARES Act, "that, notwithstanding section 105(a)(8) of the Housing and Community Development Act of 1974 (42 U.S.C. 5305(0)(8)), the Secretary shall ensure there are adequate procedures in place to prevent any duplication of benefits as required by section 312 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5155) and in accordance with section 1210 of the Disaster Recovery Reform Act of 2018 (division D of Public Law 115-254; 132 Stat. 3442), which amended section 312 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5155)"

A duplication of benefits occurs when a person, household, business, government, or other entity receives financial assistance from multiple sources for the same purpose, and the total assistance received for that purpose is more than the total need for assistance. All applicants must provide a signed self-certification that includes the names of household members and a narrative confirming that no other federal rental, mortgage and/or utility assistance has been or will be received for the time period pertaining to this application. The LexCo CARES program may verify the accuracy of all self-certifications.

If it is found that additional funds were received that are determined to be duplicative, the applicant agrees to pay the LexCo CARES Program funds back to Lexington County in the amount of such duplication.

All Applicants shall certify below, under penalty of perjury, under the laws of South Carolina, that they are not able to receive, and have not received, other federal or non-federal benefits or assistance for rental, mortgage and/or utility assistance for the current time period requested and the current date of this affidavit. Applicants shall further certify that they will not pursue other federal or non-federal benefits for the same uses of this grant program for rental, mortgage and/or utility assistance until the final assistance payment is made by Lexington County's LexCo CARES Program.

Tenant/Homeowner

Date

All individuals who are residing at the property requesting assistance for rental, mortgage and utility assistance, who are 18 years of age or older must sign this Duplication of Benefits Form. Attach additional signature page if needed.

All individuals who are residing at the property requesting assistance for rental, mortgage and utility assistance, who are 18 years of age or older must sign this Duplication of Benefits Form. Attach additional signature page if needed.

Duplication of Benefits Affidavit Continued. (Both pages must be submitted with application even if only 1 person in household is signing)

Tenant/Homeowner Date

Tenant/Homeowner Date

State of South Carolina
County of Lexington

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20_____,
by _____, proved to me on the basis of presentation of
satisfactory evidence to be the person(s) who appeared before me.

Signature _____
Notary Public

Seal:

My commission expires: _____

All individuals who are residing at the property requesting assistance for rental, mortgage and utility assistance, who are 18 years of age or older must sign this Duplication of Benefits Form. Attach additional signature page if needed.

*Homeowner/Renter(s) must provide written documentation in support of the claim of financial hardship related to COVID-19. The types of documentation that are acceptable include, but are not limited to, a letter or notice from employer, establishing proof of reduction in work hours or proof of employer/ business shut down due to COVID19, medical bills, etc. If homeowner(s) is self-employed, homeowner(s) shall provide proof of self-employment including federal income tax returns and a signed explanation of the hardship.

3. Contact information for employer is as follows:

Name of Employer: _____

Address: _____

Contact Name: _____ Phone: _____

Email: _____

I affirm that the answers are true and reflect my current finances and status regarding COVID-19. I understand that a material misstatement fraudulently or negligently made in this affidavit or any other statement made by me (us) in connection with this application for assistance with the LexCo CARES Program may constitute a federal violation punishable by a fine and/or denial of my (our) application for assistance with rent, mortgage and/or utilities. I/We understand that if we have already received financial assistance prior to discovery of the false statement, immediate repayment of all funds awarded will have to be returned to Lexington County which may include criminal penalties imposed by law. I authorize the County of Lexington to obtain records of information pertaining to my financial or employment status from any source in order to verify the information provided by me.

Dated this ____ day of _____, 20____

Applicant's Signature: _____

***Statement must be signed in front of a Notary Public. Lexington County Community Development has several notaries on staff as well as most all financial institutions (banks).**

State of South Carolina
County of Lexington

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20____,
by _____, proved to me on the basis of presentation of
satisfactory evidence to be the person(s) who appeared before me.

Signature _____

Seal:

Notary Public

My commission expires: _____



Lexington County Community Development

Declaration of Citizenship Status

--		<input type="checkbox"/> M <input type="checkbox"/> F	-
Applicant Name	Social Security #	Sex	Date of Birth {mm/dd/yyyy}

I, _____ (print name) hereby declare, under penalty of perjury, that I am:

1. a citizen by birth, a naturalized citizen or national of the United States.

2. a noncitizen with eligible immigration status in the category checked below:

_____ (i) Noncitizen lawfully admitted for permanent residence, as defined by section 101(1)(20) of the Immigration and Nationality Act (INA) as an immigrant, as defined by section 101(a)(15) of the INA (8 U.S.C. 1001(a)(20) and 1101(a)(15), respectively . [immigrants] (This category includes a non-citizen admitted under Section 210 or 210A of the INA (8 U.S.C 1160 or 1161), [special agricultural worker] who has been Granted lawful resident status and five years has elapsed since the granting of this status;

_____ (ii) A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under Section 249 of the INA (8 U.S.C. 1259);

_____ (iii) A noncitizen who is lawfully present in the U.S. pursuant to an admission under section 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under section 203(a)(7) of the INA (8 U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity;

_____ (iv) A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergency reasons or reasons deemed strictly in the public interest under section 212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [parole status];

_____ (v) A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under section 243(h) of the INA (8 U.S.C. 1253(h)) [threat to life or freedom]; or

_____ (vi) A noncitizen lawfully admitted for temporary or permanent residence under section 245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245A].

3. not contending eligible immigration status and I understand that I am not eligible for financial assistance.

Signature of Adult Family Member	Date

Signature of Adult Family Member	Date



LexCo CARES

If needing rental assistance, applicant and property management/landlord must complete and sign the documents in this packet.

Applicant to complete: Authorization form

Applicant and Property Management/Landlord to complete: Verification of Past Due Rent

Property Management/Landlord to complete: Landlord Affidavit, Duplication of Benefits Affidavit, and W9 Form

Please Mail or Fax the Completed Forms To:

County of Lexington Community Development Department -
Grant Programs Division

212 South Lake Drive

Lexington, SC 29072 Suite 401

Office: (803) 785-8121 Fax: (803) 785-8188

LexCo CARES

Authorization Form - Rent Assistance

Landlord/Management Company

Property Address:

The Lessee and Co-Lessee (if any) named below (individually and collectively, "Lessee"), authorize the above landlord/management company to share, release, discuss, and otherwise provide to Lexington County Community Development/LexCo CARES Program, personal information contained in or related to the lease of the Lessee. This information may include (but is not limited to) the name, address, telephone number, social security number, government monitoring information, account balances, program eligibility, and payment activity of the Lessee.

The Landlord will take reasonable steps to verify the identity of a Third Party, but has no responsibility or liability to verify the identity of such Third Party. The Landlord also has no responsibility or liability for what a Third Party does with such information.

Authorized Third Party Contact Information

Sara Byrd
Name

(803) 785-8121
Phone

cdcustomerservice@lex-co.com

I UNDERSTAND AND AGREE WITH THE TERMS OF THIS THIRD-PARTY AUTHORIZATION:

Lessee

Printed Name

Signature

Date

Co-Lessee

Printed Name

Signature

Date



**County of Lexington
LexCo CARES
Rent, Mortgage, Utility Assistance Program
Verification of Past Due Rent**

The applicant identified below has applied for a rental, mortgage and/or utility assistance grant from the County of Lexington's LexCo CARES Program. The applicant has authorized this Agency in writing to obtain verification of the status of existing past due utility payments on the property from any source named in the application. The requested information in this verification of past due rent is for the confidential use of the County of Lexington and the U.S. Department of Housing and Urban Development. Please furnish the information requested below and return this form. If you have any questions, please feel free to contact:

Sara Byrd at 803-785-8121 or cdcustomerservice@lex-co.com

Thank you for your cooperation.

PART I. APPLICANT INFORMATION (To be completed by applicant only)

Name of Applicant _____
 Address of Applicant _____

PART II. LANDLORD INFORMATION (To be completed by applicant only)

Name of Landlord/Apt _____
 Address of Apt. Complex _____

PART III. RENTAL INFORMATION (To be completed by LANDLORD only)

Date of Lease _____ Monthly Rent \$ _____

Is Rent Current? ____ Yes ____ No

If No, amount in arrears \$ _____

Please attach a breakdown of arrearage and funds needed to bring account current. Clearly state late fee charges.

Completed By: Name _____ Telephone No. _____
 Title _____ Date _____
 Signature _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.



LEXINGTON COUNTY

LexCo CARES

COVID-19 RENTAL ASSISTANCE

LANDLORD AFFIDAVIT

Tenant Information:

Tenant Name: _____

Tenant Address: _____

Tenant Phone Number: _____

Number of People Living in the Household: _____

Monthly Rental Amount: _____

Date that tenant became past-due: _____

Amount needed to become current: _____

Landlord Information:

Business Name: _____

Contact Name: _____

Contact Number: _____

Mailing Address: _____

Complete and sign the attached W-9 for payment.

As the landlord, you are acknowledging that your tenant is applying for rental assistance through the COVID-19 Rental/Mortgage/Utility Assistance Program (LexCo Cares). The program is administered through Lexington County. You are also acknowledging that the funds provided are to go only toward rent payments for your tenant and any monies provided to you through this program beyond what is owed must be

returned to the County of Lexington. Payment cannot be used towards administrative, penalty, or late fees.

Authorized Signature: _____

Title: _____

Date: _____



Duplication of Benefits Affidavit

Duplication of Benefits

As cited in the 2020 CARES Act, *"that, notwithstanding section 105(a)(8) of the Housing and Community Development Act of 1974 (42 U.S.C. 5305(0)(8)), the Secretary shall ensure there are adequate procedures in place to prevent any duplication of benefits as required by section 312 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5155) and in accordance with section 1210 of the Disaster Recovery Reform Act of 2018 (division D of Public Law 115-254; 132 Stat. 3442), which amended section 312 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5155)"*

A duplication of benefits occurs when a person, household, business, government, or other entity receives financial assistance from multiple sources for the same purpose, and the total assistance received for that purpose is more than the total need for assistance. All applicants must provide a signed self-certification that includes the names of household members and a narrative confirming that no other federal rental, mortgage and/or utility assistance has been or will be received for the time period pertaining to this application. The LexCo CARES program may verify the accuracy of all self-certifications.

If it is found that additional funds were received that are determined to be duplicative, the applicant agrees to pay the LexCo CARES Program funds back to Lexington County in the amount of such duplication.

Landlord/Property Management shall certify below, under penalty of perjury, under the laws of South Carolina, that they are not able to receive, and have not received, other federal or non-federal benefits or assistance for rental assistance for the current time period requested and the current date of this affidavit. Landlord/Property Management shall further certify that they will not pursue other federal or non-federal benefits for the same uses of this grant program for rental assistance for the below named tenant(s) until the final assistance payment is made by Lexington County's LexCo CARES Program.

Tenant(s) Name: _____

Apartment #: _____

All individuals who are residing at the property requesting assistance for rental, mortgage and utility assistance, who are 18 years of age or older must sign this Duplication of Benefits Form. Attach additional signature page if needed.

Landlord/Property Management Printed Name

(Both pages must be submitted with application even if only 1 person in household is signing)

Landlord/Property Management Signature

Date

Title

State of South Carolina
County of Lexington

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20_____,
by _____, proved to me on the basis of presentation of
satisfactory evidence to be the person(s) who appeared before me.

Signature _____
Notary Public

Seal:

My commission expires: _____

All individuals who are residing at the property requesting assistance for rental, mortgage and utility assistance, who are 18 years of age or older must sign this Duplication of Benefits Form. Attach additional signature page if needed.

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.	
	<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																						
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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.

By signing the filled-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 payee. 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, 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*, later, 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. Further, 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 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.

- 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 Pub. 515, *Withholding of Tax on Nonresident Aliens 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 his or her stay in the United States exceeds 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 to the IRS 24% 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 card and third party network transactions, and certain payments from fishing boat operators. Real estate 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 instructions for Part II 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), or
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 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

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 payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester 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 this 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 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 (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. Individual. Generally, enter the name shown 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 same as the name you entered on the Form 1040/1040A/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 your business, trade, or "doing business as" (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 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. 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 U.S. 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 on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on 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 line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(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 futures 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 584(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.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	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.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

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 returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

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 social security number box. 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.

If you are a single-member LLC that is disregarded as an entity separate from its owner, 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 *What Name and Number To Give the Requester*, later, 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. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

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 item 1, 4, or 5 below indicates 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 person identified 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 active during 1983. You must give 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 requester, 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 rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee 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), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or 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	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor ⁴
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

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 minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

***Note:** The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.



LexCo CARES

If needing mortgage assistance, applicant and mortgage lender must complete and sign the documents in this packet.

Applicant to complete: Authorization form

Applicant and Mortgage Lender to complete: Verification of Mortgage

Mortgage Lender to complete: Mortgagee Affidavit, W9 Form, and Duplication of Benefits Affidavit

Please Mail or Fax the Completed Forms To:

County of Lexington Community Development Department -
Grant Programs Division

212 South Lake Drive

Lexington, SC 29072 Suite 401

Office: (803) 785-8121 Fax: (803) 785-8188

LexCo CARES

Authorization Form – Mortgage Assistance

Mortgage Lender/Servicer Company

Account Number

Homeowner Address

The undersigned Borrower and Co Borrower (if any) named below (individually and collectively, "Borrower"), authorize the above Servicer company to share, release, discuss, and otherwise provide to Lexington County Community Development/LexCo CARES Program, personal information contained in or related to the mortgage loan of the borrower. This information may include (but is not limited to) the name, address, telephone number, social security number, government monitoring information, account balances, program eligibility, and payment activity of the Borrower.

The Servicer will take reasonable steps to verify the identity of a Third Party, but has no responsibility or liability to verify the identity of such Third Party. The Servicer also has no responsibility or liability for what a Third Party does with such information.

Authorized Third Party Contact Information

Sara Byrd
Name

(803) 785-8121
Phone

cdcustomerservice@lex-co.com

I UNDERSTAND AND AGREE WITH THE TERMS OF THIS THIRD-PARTY AUTHORIZATION:

Borrower

Co-Borrower

Printed Name

Printed Name

Signature

Signature

Date

Date



County of Lexington
LexCo CARES
Rent, Mortgage, Utility Assistance Program
Verification of Mortgage

The applicant identified below has applied for a rental, mortgage and/or utility assistance grant from the **County of Lexington's LexCo CARES Program**. The applicant has authorized this Agency in writing to obtain verification of the status of existing mortgages on the property from any source named in the application. The requested information in this verification of mortgage is for the confidential use of this Agency and the U.S. Department of Housing and Urban Development. Please furnish the information requested below and return this form. If you have any questions, please feel free to contact:

Sara Byrd at 803-785-8121 or cdcustomerservice@lex-co.com

Thank you for your cooperation.

PART I. APPLICANT INFORMATION (To be completed by applicant or Lender)

Name of Applicant _____

Address of Applicant _____

Mortgage Account Number _____

PART II. LENDER INFORMATION (To be completed by applicant or Lender)

Name of Lender _____

Address of Lender _____

PART III. MORTGAGE INFORMATION (To be completed by LENDER only)

Date of Mortgage _____ Original Principal Amount \$ _____

Date of Maturity _____ Current Principal Balance \$ _____

Monthly Payment: Principal and Interest \$ _____

Mortgage Insurance \$ _____

Real Estate Tax Escrow \$ _____

Hazard Insurance Escrow \$ _____

Other _____ \$ _____



LEXINGTON COUNTY

LexCo CARES

COVID-19 MORTGAGE ASSISTANCE

MORTGAGEE AFFIDAVIT

Homeowner Information:

Homeowner Name: _____

Homeowner Address: _____

Homeowner Phone Number: _____

Number of People Living in the Household: _____

Monthly Mortgage Amount: _____

Date that Mortgagor became past-due: _____

Amount needed to become current: _____

Mortgagee Information:

Business Name: _____

Contact Name: _____

Contact Number: _____

Mailing Address: _____

Is this loan backed by the Federal Government:

- Insured by the Federal Housing Administration (FHA) Yes No
- Insured under section 255 of the National Housing Act Yes No

- **Guaranteed under section 184 or 184A of the Housing and Community Development Act of 1992** Yes No
- **Guaranteed or insured by the Department of Veterans Affairs** Yes No
- **Guaranteed, insured, or made by the Department of Agriculture** Yes No
- **Purchased or securitized by the Federal Home Loan Mortgage Corporation or the Federal National Mortgage Association** Yes No

Complete and sign the attached W-9 for payment.

_____ (Mortgagee name) affirms that the property is not federally subsidized under any Department of Housing and Urban Development (HUD) program and is not receiving any payments for _____ (Homeowner name) from any HUD program.

As the mortgagee, you are acknowledging that your borrower is applying for mortgage assistance through the COVID-19 Rental/Mortgage/Utility Assistance Program (LexCo CARES). The program is administered through Lexington County. You are acknowledging that the funds provided are to go only toward mortgage payments for your borrower and any monies provided to you through this program beyond what is owed must be returned to the County of Lexington. Payment cannot be used towards administrative, penalty, or late fees.

Authorized Signature: _____

Title: _____

Date: _____



Duplication of Benefits Affidavit

Duplication of Benefits

As cited in the 2020 CARES Act, "that, notwithstanding section 105(a)(8) of the Housing and Community Development Act of 1974 (42 U.S.C. 5305(0)(8)), the Secretary shall ensure there are adequate procedures in place to prevent any duplication of benefits as required by section 312 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5155) and in accordance with section 1210 of the Disaster Recovery Reform Act of 2018 (division D of Public Law 115-254; 132 Stat. 3442), which amended section 312 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5155)"

A duplication of benefits occurs when a person, household, business, government, or other entity receives financial assistance from multiple sources for the same purpose, and the total assistance received for that purpose is more than the total need for assistance. All applicants must provide a signed self-certification that includes the names of household members and a narrative confirming that no other federal rental, mortgage and/or utility assistance has been or will be received for the time period pertaining to this application. The LexCo CARES program may verify the accuracy of all self-certifications.

If it is found that additional funds were received that are determined to be duplicative, the applicant agrees to pay the LexCo CARES Program funds back to Lexington County in the amount of such duplication.

Mortgage Lender shall certify below, under penalty of perjury, under the laws of South Carolina, that they are not able to receive, and have not received, other federal or non-federal benefits or mortgage assistance for the current time period requested and the current date of this affidavit. Mortgage Lender shall further certify that they will not pursue other federal or non-federal benefits for the same uses of this grant program for mortgage assistance for the below named mortgagor until the final assistance payment is made by Lexington County's LexCo CARES Program.

Mortgagor(s): _____

Account #: _____

All individuals who are residing at the property requesting assistance for rental, mortgage and utility assistance, who are 18 years of age or older must sign this Duplication of Benefits Form. Attach additional signature page if needed.

Duplication of Benefits Affidavit Cont.

Mortgage Lender - Printed Name

(Both pages must be submitted with application even if only 1 person in household is signing)

Mortgage Lender - Signature

Date

Title

State of South Carolina
County of Lexington

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20_____, by _____, proved to me on the basis of presentation of satisfactory evidence to be the person(s) who appeared before me.

Signature _____
Notary Public

Seal:

My commission expires: _____

All individuals who are residing at the property requesting assistance for rental, mortgage and utility assistance, who are 18 years of age or older must sign this Duplication of Benefits Form. Attach additional signature page if needed.

By signing the filled-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 payee. 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, 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*, later, 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. Further, 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 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.

- 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 Pub. 515, *Withholding of Tax on Nonresident Aliens 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 his or her stay in the United States exceeds 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 to the IRS 24% 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 card and third party network transactions, and certain payments from fishing boat operators. Real estate 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 instructions for Part II 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), or
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 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

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 payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester 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 this 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 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 (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. Individual. Generally, enter the name shown 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 same as the name you entered on the Form 1040/1040A/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 your business, trade, or "doing business as" (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 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. 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 U.S. 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 on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on 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 line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(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 futures 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 584(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.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	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.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

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 returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

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 social security number box. 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.

If you are a single-member LLC that is disregarded as an entity separate from its owner, 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 *What Name and Number To Give the Requester*, later, 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. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

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 item 1, 4, or 5 below indicates 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 person identified 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 active during 1983. You must give 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 requester, 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 rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee 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), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or 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	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor ⁴
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

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 minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

***Note:** The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.



LexCo CARES

If needing utility assistance, applicant must complete and sign the documents in this packet.

Applicant to complete: Authorization form and Verification of Past Due Utilities

Applicant to include: A copy of past due utilities statement from utility provider

Please Mail or Fax the Completed Forms To:

County of Lexington Community Development Department -
Grant Programs Division

212 South Lake Drive

Lexington, SC 29072 Suite 401

LexCo CARES

Authorization Form – Utility Assistance

Utility Service Company

Account Number

Homeowner Address

The undersigned Customer named below authorize the above Utility Service Company to share, release, discuss, and otherwise provide to Lexington County Community Development/LexCo CARES Program, personal information contained in or related to the customer's account of the borrower. This information may include (but is not limited to) the name, address, telephone number, social security number, government monitoring information, account balances, program eligibility, and payment activity of the Customer.

The Utility Service Company will take reasonable steps to verify the identity of a Third Party, but has no responsibility or liability to verify the identity of such Third Party. The Utility Service Company also has no responsibility or liability for what a Third Party does with such information.

Authorized Third Party Contact Information

Sara Byrd
Name

(803) 785-8121
Phone

cdcustomerservice@lex-co.com

I UNDERSTAND AND AGREE WITH THE TERMS OF THIS THIRD-PARTY AUTHORIZATION:

Customer

Co-Customer

Printed Name

Printed Name

Signature

Signature

Date

Date



County of Lexington
LexCo CARES
Rent, Mortgage, Utility
Assistance Program
Verification of Past Due Utilities

The applicant identified below has applied for a rental, mortgage and/or utility assistance grant from the County of Lexington's LexCo CARES Program. The applicant has authorized this Agency in writing to obtain verification of the status of existing past due utility payments on the property from any source named in the application. The requested information in this verification of past due utility payments is for the confidential use of the County of Lexington and the U.S. Department of Housing and Urban Development. Please furnish the information requested below and return this form. If you have any questions, please feel free to contact:

Sara Byrd at 803-785-8121 or cdcustomerservice@lex-co.com

Thank you for your cooperation.

PART I. APPLICANT INFORMATION (To be completed by applicant only)

Name of Applicant _____
 Address of Applicant _____

 Utility Account Number _____

PART II. LENDER INFORMATION (To be completed by applicant only)

Name of Utility Provider _____
 Address _____

PART III. UTILITY INFORMATION (To be completed by applicant only)

Are Utility Payments Current? Yes No
 If No, amount in arrears \$ _____

Please attach the most recent past due utility statement.

Completed By: Name _____
 Signature _____ Date _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

Request for Transcript of Tax Return

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Request may be rejected if the form is incomplete or illegible.
- ▶ For more information about Form 4506-T, visit www.irs.gov/form4506t.

OMB No. 1545-1872

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use Form 4506, Request for Copy of Tax Return. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 Customer file number (if applicable) (see instructions)	

Note: Effective July 2019, the IRS will mail tax transcript requests only to your address of record. See **What's New** under **Future Developments** on Page 2 for additional information.

6 **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ _____

a **Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b **Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days

c **Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days

7 **Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days

8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

| / / | / / | / / | / / |

Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.

Phone number of taxpayer on line 1a or 2a

Signature (see instructions)	Date
Title (if line 1a above is a corporation, partnership, estate, or trust)	
Spouse's signature	Date

Sign Here

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

Future Developments

For the latest information about Form 4506-T and its Instructions, go to www.irs.gov/form4506t. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

The filing location for the Form 4506-T has changed. Please see **Chart for individual transcripts or Chart for all other transcripts** for the correct mailing location.

What's New. As part of its ongoing efforts to protect taxpayer data, the Internal Revenue Service announced that in July 2019, it will stop all third-party mailings of requested transcripts. After this date masked Tax Transcripts will only be mailed to the taxpayer's address of record.

If a third-party is unable to accept a Tax Transcript mailed to the taxpayer, they may either contract with an existing IVES participant or become an IVES participant themselves. For additional information about the IVES program, go to www.irs.gov and search IVES.

General Instructions

Caution: Do not sign this form unless all applicable lines have been completed.

Purpose of form. Use Form 4506-T to request tax return information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note: If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Customer File Number. The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, are shown on the transcript.

An optional Customer File Number field is available to use when requesting a transcript. This number will print on the transcript. See Line 5 instructions for specific requirements. The customer file number is an optional field and not required.

Tip. Use Form 4508, Request for Copy of Tax Return, to request copies of tax returns.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9948.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart shows two different addresses, send your request to the address based on the address of your most recent return.

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

Line 5. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number **should not** contain an SSN. Completion of this line is not required.

Note. If you use an SSN, name or combination of both, we will not input the information and the customer file number will reflect a generic entry of "9999999999" on the transcript.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Note: If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:	Mail or fax to:
Florida, Louisiana, Mississippi, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUCS Austin, TX 73301 855-587-9604
Alabama, Arkansas, Delaware, Georgia, Illinois, Indiana, Iowa, Kentucky, Maine, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, North Carolina, Oklahoma, South Carolina, Tennessee, Vermont, Virginia, Wisconsin	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094
Alaska, Arizona, California, Colorado, Connecticut, District of Columbia, Hawaii, Idaho, Kansas, Maryland, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Dakota, Utah, Washington, West Virginia, Wyoming	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-298-1145

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-298-1145
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094



County of Lexington
Community Development Block Grant
NOTARIZED AFFIDAVIT OF ZERO INCOME

Name: _____ SS# _____ - _____ - _____

Address: _____

RE: _____ Relationship to Head of Household: _____

1. Are you employed full-time, part-time or seasonally? Yes _____ No _____
If so, Where: _____ How Long: _____
2. Do you expect to work for any period during the next twelve (12) months?
Yes _____ No _____ If so, Where: _____
3. Do you work for anyone who pays in cash or do you earn tips? Yes _____ No _____
If so, how much? _____
4. Are you on leave of absence from work due to lay-off, medical, maternity or military leave?
Yes _____ No _____ If so, when do you plan to return? _____
5. Do you receive, or expect to receive unemployment benefits? Yes _____ No _____
6. Do you receive regular cash contributions from individuals not living in your household or from outside agencies? Yes _____ No _____
7. Do you receive child support, alimony, welfare, public assistance, pension or annuity?
Yes _____ No _____
8. Do you own or have a vehicle? Yes _____ No _____ Monthly payments? \$ _____
Monthly average gas and upkeep \$ _____. How do you pay the above payment/expenses? _____
9. Do you have a cell phone? Yes _____ No _____ Monthly payment \$ _____
10. How do you pay for the above expense? _____

