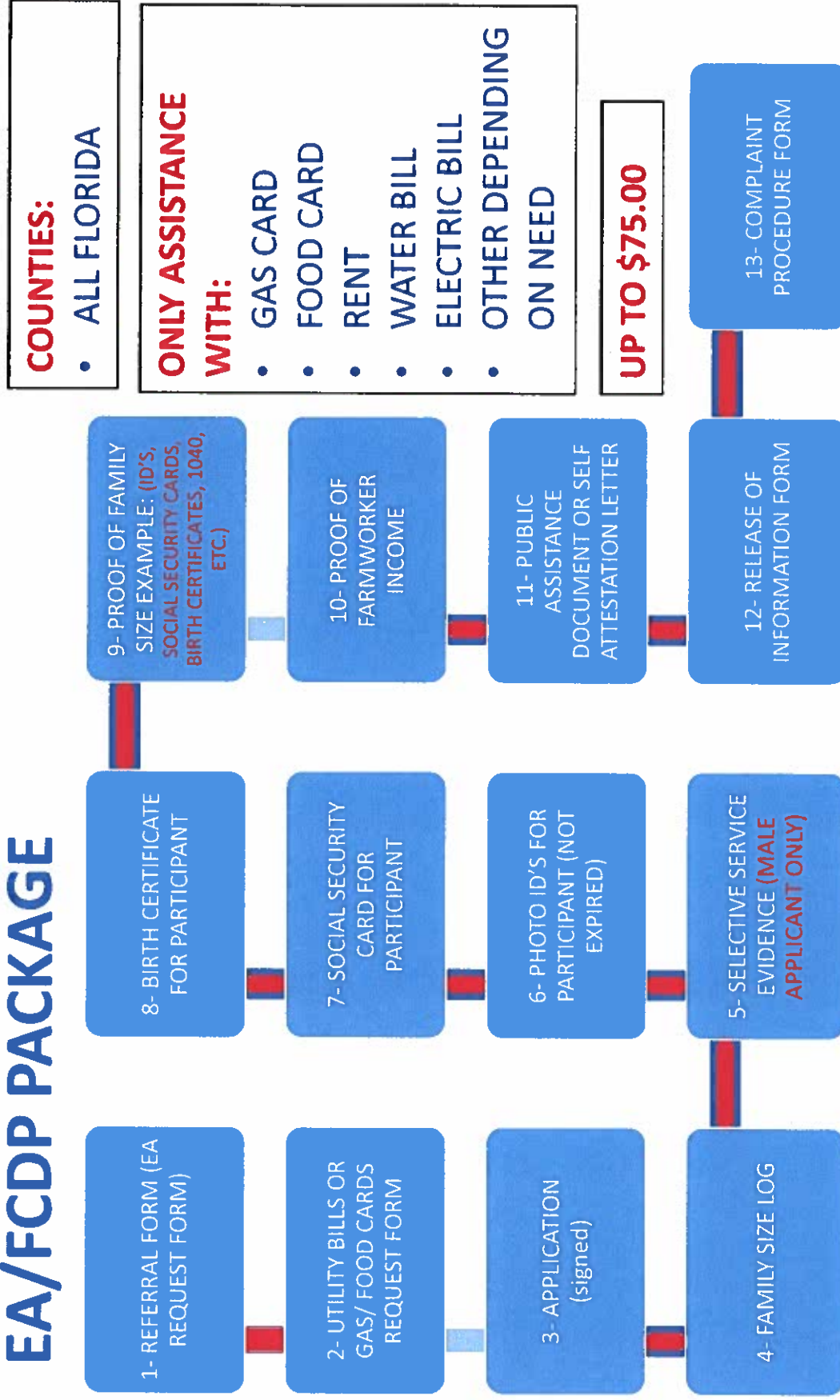


# EA/FCDP PACKAGE





# **FLORIDA DEPARTMENT OF EDUCATION FARMWORKER CAREER DEVELOPMENT PROGRAM**

(Local FJEP Office Address, City, State, Zip  
Telephone and Fax Numbers)

## **EMERGENCY ASSISTANCE REQUEST FORM**

<b>1. TO:</b> <b>FCDP Emergency Assistance – Agricultural Labor Program Inc.</b>		<b>2. FROM (PROJECT):</b>			
<b>3. CUSTOMER NAME &amp; TRACKING NO.:</b>		<b>4. DATE:</b>			
<table style="width:100%; border: none;"> <tr> <td style="width: 40%; vertical-align: top;"> <b>5. REASON FOR REFERRAL:</b>  <input type="checkbox"/> Gas Cards (Marathon)  <input type="checkbox"/> Gas Cards (Race Trac)  <input type="checkbox"/> Cooking Gas Bill </td> <td style="width: 60%; vertical-align: top;"> <input type="checkbox"/> Food Card  <input type="checkbox"/> Rent  <input type="checkbox"/> Utilities (Light Bill)  <input type="checkbox"/> Water Bill  <input type="checkbox"/> Other </td> </tr> </table>				<b>5. REASON FOR REFERRAL:</b> <input type="checkbox"/> Gas Cards (Marathon) <input type="checkbox"/> Gas Cards (Race Trac) <input type="checkbox"/> Cooking Gas Bill	<input type="checkbox"/> Food Card <input type="checkbox"/> Rent <input type="checkbox"/> Utilities (Light Bill) <input type="checkbox"/> Water Bill <input type="checkbox"/> Other
<b>5. REASON FOR REFERRAL:</b> <input type="checkbox"/> Gas Cards (Marathon) <input type="checkbox"/> Gas Cards (Race Trac) <input type="checkbox"/> Cooking Gas Bill	<input type="checkbox"/> Food Card <input type="checkbox"/> Rent <input type="checkbox"/> Utilities (Light Bill) <input type="checkbox"/> Water Bill <input type="checkbox"/> Other				
<b>6.</b> I am aware of and request the above services. I authorize the release of the information from item #7 to the <u>Local Office</u> . <i>Estoy consciente de estar solicitando los servicios indicados arriba. Yo autorizo en proveer a La Oficina Local la información indicada en el #7.</i>  <div style="border-top: 1px solid black; width: 100%;"></div> Participant's Signature / Firma del participante		<b>7. The application package: (graphic)</b> ~Emergency Assistance Request Form ~Employ Florida Application signed ~Work History (all back-up documentation) ~Family Size Log (all back-up documentation) ~Complaint Procedures signed ~Release of Information Form signed by all family members 16 or older. ~ Self-Attestation of Public Assistance ~ Landlord Verification Form (service in rent) ~W-9 (service in rent)			
<b>8. STAFF SIGNATURE:</b>					
<b>THIS SECTION TO BE COMPLETED BY ALPI- EA</b>					
<b>10.</b> <input type="checkbox"/> <b>ACCEPTED (completed)</b> <input type="checkbox"/> <b>NOT ACCEPTED (not completed)</b>  <b>ACTION TAKEN:</b>					
<b>AGENCY / SIGNATURE:</b> _____  <b>TITLE:</b> _____ <b>DATE:</b> _____					
<b>11. COMMENTS: STAFF USE ONLY</b> (If agency/company did not reply, indicate method of finding results.)					

Rev. 8/2019

IMPORTANT: EA staff will enter the activity codes and case notes into Employ Florida for each service received.

**NFJP APPLICATION**  
**Employ Florida**

**General Information**

<b>App ID:</b>		<b>Application Date:</b> 06/07/2019	
<b>Name:</b>		<b>SSN:</b> XXX-XX-	
<b>Login Name:</b>	<b>State ID:</b>	<b>User ID:</b>	
<b>LWIA:</b> NFJP -		<b>Office:</b>	
		<b>Office of Responsibility:</b>	

**Assigned Case Manager:**

**Eligibility Dates**

<b>Related Assistance Services Eligibility:</b> 06/07/2019	<b>NFJP Services Eligibility:</b> 06/07/2019
--	--

**Contact Information**

<b>Current Address:</b>	<b>County:</b>
<b>Mailing Address:</b>	

<b>Primary Phone:</b>	<b>Alternate Phone:</b>	<b>Fax:</b>
<b>Phone Type:</b> Home	<b>Phone Type:</b> Cell/mobile Phone	
<b>Email:</b>		

**Demographic Information**

<b>Date of Birth:</b>	<b>Verified</b>	<b>Age:</b>	<b>Gender:</b> Female
-----------------------	-----------------	-------------	-----------------------

<b>Selective Service:</b> Not Applicable	<b>Authorized to work in US:</b> U.S. Permanent Resident - Verified
<b>Selective Service Registration Number:</b> Not Available	<b>Alien Registration Number:</b>
<b>Selective Service Registration Date:</b> Not Available	<b>Alien Registration Expiration Date:</b>

<b>Hispanic:</b> Yes	<b>Race:</b> White
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**NFJP APPLICATION**  
**Employ Florida**

**Veteran Eligible Spouse Information**

**Veteran Status:** No

**Receiving services from Vocational Rehabilitation:** No

**Employment Information:**

**Employment Status:** Not Employed - Verified

**Receiving Unemployment Compensation:**

**Referred By:** Not Applicable

**Claimant has been exempted from work search:** Not Applicable

**Date Claimant was exempted from job search:**

**Long Term Unemployed (27 or more consecutive weeks):**

**Occupation of Most Recent Employment Prior to WIOA Participation:**

**Education Information**

**Highest School Grade Completed:** 9th Grade Completed

**Highest Educational Level Completed:** No educational level completed

**School Status:** Not attending school or Secondary School Dropout

**Was High School Diploma Received:** Not Available

**Individualized Education Program Participant:** Not Available

**Currently receiving services from Adult Education (WIOA Title II):** No

**Currently receiving services from YouthBuild:** No **YouthBuild Grant Number:** Not Applicable

**Currently receiving services from Job Corps:** No

**Currently receiving services from Vocational Education (Carl Perkins):** No

**Public Assistance**

**Receiving TANF:** No

**Supplemental Nutrition Assistance  
Program (SNAP):** No

**General Assistance(GA) )::** No  
**GA Recipient:** Not Available

**Refugee Cash Assistance(RCA):** No  
**RCA Recipient:** Not Available

**Eligible for Federal School Free Lunch:**  
**Free Lunch Recipient:** Not Available

**Receiving or been notified will receive any Pell Grant Monies:** No

**Individual receives SNAP benefits:** No

**Receiving services under SNAP Employment & Training Program:** No

**Pell Grant Recipient:** No

**NFJP APPLICATION**  
**Employ Florida**

**Barriers**

English Language Learner: Yes - Verified

Basic Skills Deficient/Low Levels of Literacy: No

Homeless: No

Ex-Offender: No

Displaced Homemaker No

Single Parent:

Pregnant or Parenting Youth: No

Foster Care Youth: No

Runaway Youth: No

Cultural Barriers:

Lacks Transportation: No

Long Term Agricultural Employment: No

Lacks significant Work History: No

**Farmworker Information**

Qualified for NFJP Program: Seasonal Farmworker

Farmworker Name:

**Farmworker Employment**

Employer	Work Type	Industry	Employment Dates	# of Days	Income
	Unemployed		01/01/2018 - 01/14/2018	13	\$0.00
WMG ROE & SON INC.	Farm	Postharvest Crop Activities (except Cotton Gi	01/15/2018 - 06/29/2018	165	\$7011.91
	Unemployed		06/30/2018 - 09/30/2018	92	\$0.00
WMG ROE & SON INC.	Farm	Postharvest Crop Activities (except Cotton Gi	10/01/2018 - 12/21/2018	81	\$5443.94
	Unemployed		12/22/2018 - 12/31/2018	9	\$0.00

**Family Income:**

Family Member	Relationship	Income

**Income Information**

Participant six month pre-program earnings: \$5399.34 - Verified

Farmworker total pre-program earnings during 12 month eligibility period: \$5399.34 - Verified

Family Size: 3

Dependents in family under age 18:

Family Status: Member of Family as defined in 20 CFR 685.110

Annualized Family Income: \$12455.85

**Eligibility**

Employed 50% of total time in Farmwork: Yes

Employed 50% of income from farmwork: Yes

Meets definition of Low Income: Yes

Meets youth age requirement (14-24): No

Related Assistance Services: Yes

NFJP Services: Yes

**NFJP APPLICATION**  
**Employ Florida**

**Signatures**

**Applicant Certification Statement:** *(Not to be signed and dated until all documentation has been provided.)* I certify that the information on this application is accurate to the best of my knowledge. I understand that my willful misstatement of the facts may cause my forfeiture of rights in the WIA Program and may result in criminal action. I give permission for outside sources to be contacted and for them to disclose any information necessary to verify my eligibility for National Farmworker Jobs Program (NFJP). I further understand and agree that my social security number and other information on this application will be provided to other government agencies if required by law.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Staff Signature**

\_\_\_\_\_  
**Date**

**NFJP Application - Disability Information**  
**Employ Florida**

**General Information**

<b>AppId:</b>	<b>Application Date:</b> 06/07/2019	
<b>Name:</b>	<b>SSN:</b> XXX-XX	
<b>Login Name:</b>	<b>State ID :</b>	<b>User Id:</b>
<b>LWIA:</b> NFJP -	<b>Office:</b>	
<b>Assigned Case Manager:</b>	<b>Office of Responsibility:</b>	

**Disability Information**

<b>Considered to have Disability:</b> No	<b>Category of Disability:</b> Not Applicable
<b>Received Services from State Development Disability Agency:</b> Not Applicable	
<b>Received Services From a State or Local mental health agency (LSMHA):</b> Not Applicable	
<b>Received services from a Home &amp; Community Base Service Provider under a State Medicaid (HCBS) Waiver:</b> Not Applicable	
<b>Disability Work Setting :</b> Not Applicable	
<b>Type of customized Employment Services Received:</b> Not Applicable	
<b>Received Disability Financial Capability:</b> Not Applicable	
<b>Section 504 Plan:</b> Not Applicable	
<b>Received Services from Vocational Rehabilitation:</b> Not Applicable	
<b>Receiving SSI:</b> No	<b>Receiving SSDI:</b> No
<b>SSI Recipient:</b> Not Available	
<b>Ticket-to-Work Holder issued by Social Security Administration:</b> No	

**Signatures**

**Applicant Certification Statement:** *(Not to be signed and dated until all documentation has been provided.)* I certify that the information on this application is accurate to the best of my knowledge. I understand that my willful misstatement of the facts may cause my forfeiture of rights in the WIA Program and may result in criminal action. I give permission for outside sources to be contacted and for them to disclose any information necessary to verify my eligibility for National Farmworker Jobs Program (NFJP). I further understand and agree that my social security number and other information on this application will be provided to other government agencies if required by law.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Staff Signature**

\_\_\_\_\_  
**Date**



**FLORIDA DEPARTMENT OF EDUCATION  
FARMWORKER CAREER DEVELOPMENT PROGRAM**

**Program Site**

**Family Size Log**

First Name	Last Name	Age	Date of Birth	Relationship with Applicant	Family Relationship Verified by:
1.				Applicant	
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

**Instructions:**

Enter the applicants' names on the first line followed by his or her parents or spouse. Enter all other family members in order of age. If more space is needed, add a page.

Age – Enter the age of each person in the family

Date of Birth – Enter the date of birth of each person in the family

Relationship with applicant – Enter the relationship with the applicant, e.g., husband, wife, son, daughter, brother, sister...



Family Relationship Verified by – Documentation used to verify relationship, e.g., birth certificate, federal income tax return (IRS 1040 forms), or family Bible.

**Information:**

Family- Two or more related by blood, marriage or decree of court who are living in a single residence and are included in one or more to the following categories(CRD Manual, glossary definition p.7)

- Husband, wife and dependent children
- Parent or guardian and dependent children
- A husband and wife

“Dependent” means an individual who was claimed as a dependent on the qualifying farmworker’s federal income tax return for the previous year, or is the spouse of the qualifying farmworker, or, if not claimed as a dependent for federal income tax purposes, is able to establish their relationship as the farmworker’s:

- child, grandchild, great grandchild, including legally adopted children
- stepchild
- brother, sister, half brother, half sister, stepbrother, or stepsister
- parent, grandparent, or other direct ancestor but not foster parent
- foster child
- stepfather or stepmother
- uncle or aunt
- niece or nephew
- father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law

To be considered a dependent, an individual specified in the list above must also have received over half of his/her total support from the eligible farmworker’s family during the eligibility determination period. (20 CFR 669.110)(TEGL-25-04-Attachment)



**FLORIDA DEPARTMENT OF EDUCATION  
FARMWORKER CAREER DEVELOPMENT PROGRAM**  
The Agricultural and Labor Program, Inc.  
300 Lynchburg Rd. Lake Alfred, FL 33850  
Telephone # 863-956-3491 Fax # 863-956-5560

**RELEASE OF INFORMATION FORM**

Name /Nombre	SS #	Date/Fecha
<p>I give permission to Florida Department of Education / <u>The Agricultural &amp; Labor Program, Inc.</u> <u>Farmworker Career Development Program</u> to:</p> <ol style="list-style-type: none"><li>1. Administer a standard series of tests for the purpose of assessment and planning. I understand the results will be kept confidential.</li><li>2. Verify income statements I have given during eligibility.</li><li>3. Obtain information about me from educational/vocational institutions concerning training I have previously received. This information will be used only for determining my current training needs and will be kept confidential.</li><li>4. Share relevant information about me with potential employers in the form of a résumé. This information would be limited to what could be legally requested within a job application.</li><li>5. Obtain information from any subsequent employers on my employment status, wages, and fringe benefits. This information will be used only for statistical follow-up purposes and will not be released except as cumulative statistics. Individual employer data will be kept confidential.</li></ol> <p>Customer Signature: <b>X</b> _____ Date: _____</p>		
<p>Yo doy permiso al Departamento de Educación del estado de Florida y El Programa de Carreras para Trabajadores Agrícolas/ <u>The Agricultural &amp; Labor Program, Inc.</u> para:</p> <ol style="list-style-type: none"><li>1. Administrar una serie de pruebas estandarizadas para el propósito de la evaluación y planificación. Entiendo que los resultados se mantendrán confidenciales.</li><li>2. Verificar las declaraciones de ingresos que le han dado durante el proceso de elegibilidad.</li><li>3. Compartir mis datos con posibles empleadores a través de un curriculum vital. Estos datos se limitarían a lo que podría ser legalmente requerida en una solicitud de empleo.</li><li>4. Compartir mis datos con posibles empleadores a través de un curriculum vitae. Estos datos se limitarían a lo que podría ser legalmente requerida en una solicitud de empleo.</li><li>5. Obtener información de cualquier empleadores posteriores sobre mi situación en el empleo, los salarios y beneficios. Esta información será utilizada sólo para propósitos de seguimiento estadístico y no será divulgada excepto en las estadísticas acumuladas. Se mantendrán confidenciales los datos relativos a cada empleador.</li></ol> <p>Firma del cliente: <b>X</b> _____ Fecha: _____</p>		



**FLORIDA DEPARTMENT OF EDUCATION  
FARMWORKER CAREER DEVELOPMENT PROGRAM  
THE AGRICULTURAL AND LABOR PROGRAM, INC.  
300 LYNCHBURG ROAD, LAKE ALFRED, FL 33850  
Tel. #863-956-3491 Fax #863-956-5560**

**COMPLAINT PROCEDURES**

It is against the law for this recipient of Federal financial assistance to discriminate on the following bases:

- against any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief; and
- against any beneficiary of programs financially assisted under Title I of the Workforce Innovation and Opportunity Act of 2014 (WIOA), on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIOA Title I-financially assisted program or activity.

The recipient must not discriminate in any of the following areas:

- deciding who will be admitted, or have access, to any WIA Title I-financially assisted program or activity;
- providing opportunities in, or treating any person with regard to, such a program or activity; or
- making employment decisions in the administration of, or in connection with, such a program or activity.

**What to Do If You Believe You Have Experienced Discrimination**

If you think that you have been subjected to discrimination under a WIOA Title I-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either:

- the recipient's Employment Relations Specialist, Local Project Address; or
- the Farmworker Career Development Program, Florida Department of Education, 1313 N. Tampa Street, Room 103 Tampa, FL 33602; Tel. (813) 224-1920 or
- the Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210, Voice: (202) 693-6502  
TTY (202) 693-6515 or email: [CivilRightsCenter@dol.gov](mailto:CivilRightsCenter@dol.gov)

If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above).

If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the recipient to issue that Notice before filing a complaint with CRC. However, you must file your CRC complaint within 30 days

of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient).

If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

**Complaints should include:**

- ☐ Your full name and address (you must keep the organization with whom you file your complaint advised of changes in your address, your name or phone number)
- ☐ The names and addresses (if known) of other persons involved
- ☐ A clear and concise statement of the facts (with sufficient detail)
- ☐ A daytime telephone number where you may be reached

The above has been explained to me or read  
by \_\_\_\_\_

Project Representative

On \_\_\_\_ / \_\_\_\_ / \_\_\_\_ and I have been offered a copy to retain.

**X**

Applicant Signature

Staff should complete this section, if this is about Applicant Eligibility

Is Applicant Eligible? ☐ Yes ☐ No Reason Ineligible:

- ☐ Above Income Guidelines
- ☐ Does not meet farmworker or dependent of a farmworker definition
- \*☐ Does not meet eligibility for out-of-school youth criteria
- ☐ Is not authorized to work in the United States
- ☐ Is not registered for the draft

\*Note: Applies when determining eligibility for WIOA Out of School Youth Program participants only.

ALPI-EA Farmworker Career Development Program  
Phone # 863-956-3491

This institution is an equal opportunity provider, and employer  
Auxiliary aids and services are available upon request to individuals with disabilities.

Distribution: One to Applicant  
One to Local File

**This 2 documents need to be fill  
out by the Landlord.**



THE AGRICULTURAL AND LABOR PROGRAM, INC.

# LANDLORD VERIFICATION FORM

This is to certify that \_\_\_\_\_ is a tenant residing at \_\_\_\_\_ owned by me.

I certify that the information provided is correct and if found to be false, I will be subject to legal action by ALPI. Further, I understand that it may take 30-45 days before I will receive the approved amount toward the tenant's rent. I may be required to register as a landlord if I own multiple properties.

LAND LORD SIGNATURE

PRINT NAME

MAILING ADDRESS

STREET ADDRESS

CITY

COUNTY

ZIP CODE

TELEPHONE NUMBER:

MESSAGE PHONE:

TENANT RENT DUE \$

WEEKLY RATE

MONTHLY RATE

NEW RENTAL?

YES

NO

TENANT EVICTION

YES

NO

HAS COURT PAPERS "SUMMONS AND COMPLAINT" BEEN SERVED?

YES

NO

QUALIFYING STATEMENT:

Under Tenant Rights Law, the Landlord or property owner must follow legal procedures to evict a tenant.

\*\*\*\*\* THIS FORM IS DUE 10 DAYS FROM DATE OF APPLICATION \*\*\*\*\*

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

STAFF PERSON:

DATE FORM RETURNED:

CLIENT:

AMOUNT APPROVED:

SS #

DATE:

PLEASE SEND DOCUMENT TO:

MAIL TO: A.L.P.I.

FAX TO: Yaritza Diaz

ATTN: Yaritza Diaz

FAX NUMBER: 863-837-1001

P.O. BOX 3126, WINTER HAVEN, FL 33885

Email: ydiaz@alpi.org

Tel. 863-956-3491 Ext. 222

## Request for Taxpayer Identification Number and Certification

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

Print or type. See Specific Instructions on page 3.	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"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ <b>Note:</b> 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	
	-  -
or	
Employer identification number	
	-

### 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](http://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.*