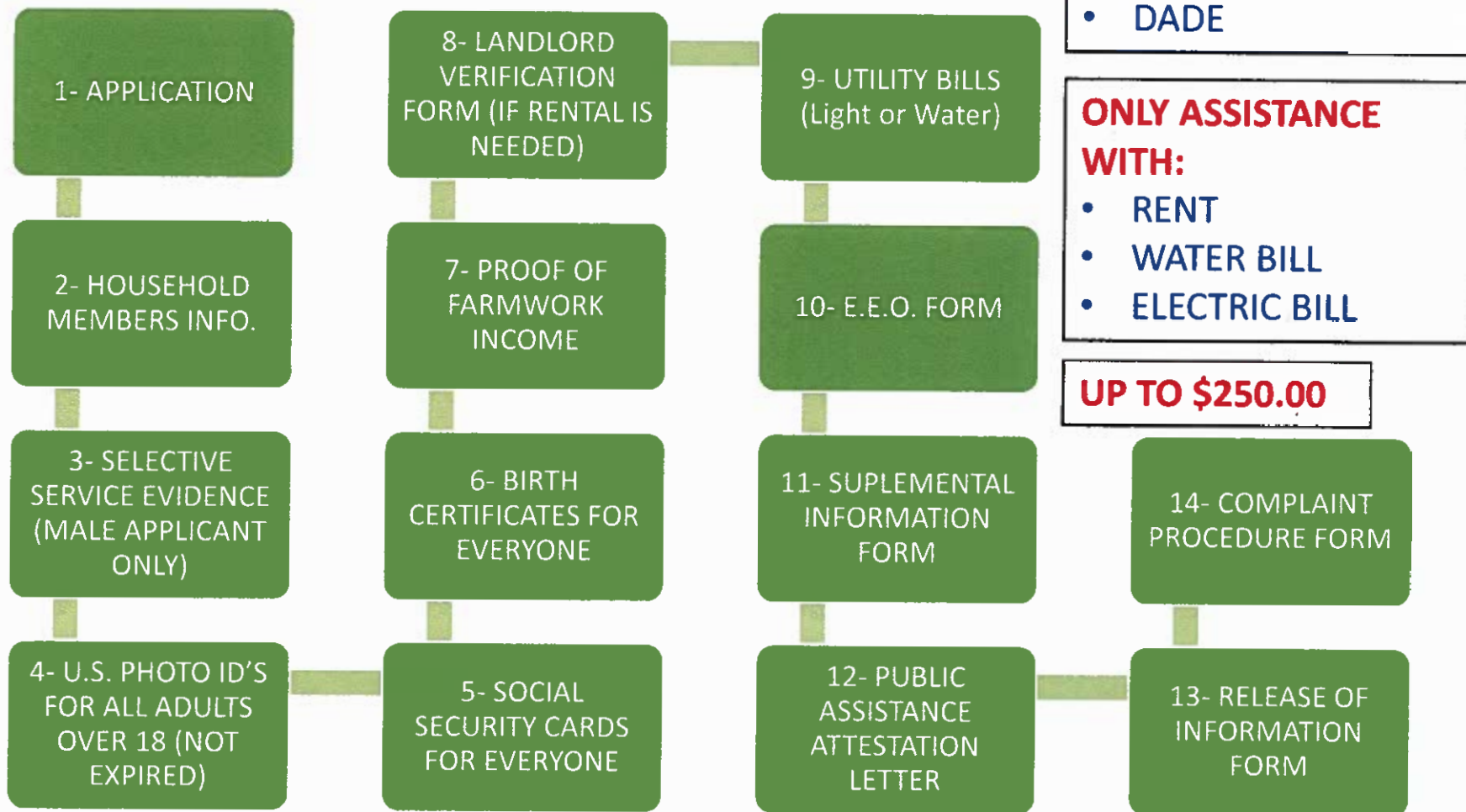




## FNPH PACKAGE





**FLORIDA DEPARTMENT OF EDUCATION  
FARMWORKER CAREER DEVELOPMENT PROGRAM**  
THE AGRICULTURAL AND LABOR PROGRAM INC.  
300 LYNCHBURG RD. LAKE ALFRED, FL 33850  
TEL. 863-956-3491 FAX. 863-956-5560

**APPLICATION FOR FCDP SERVICES**

1. PROJECT:

**2C755AL**

**SECTION E.1 APPLICANT BASIC INFORMATION**

2. APPLICANT'S NAME (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_ SSN \_\_\_\_\_  
3. BIRTH DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ 4. TRACKING NO. \_\_\_\_\_ 5. GENDER: ☐ MALE  
☐ FEMALE  
6. HOME ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

By entering the SSN we may be able to process your application more quickly

**SECTION E.2 APPLICANT INFORMATION**

7. APPLICANT IS A ☐ FARMWORKER, OR A ☐ DEPENDENT OF \_\_\_\_\_ SSN \_\_\_\_\_  
8. APPLICANT SIX MONTH PRE-PROGRAM EARNINGS \_\_\_\_\_  
9. IF APPLICANT IS A DEPENDENT, IS THE FARMWORKER ALSO ENROLLED IN THE FCDP PROGRAM? ☐ YES ☐ NO  
10. IF THE FARMWORKER IS ENROLLED, WHAT IS HIS/HER TRACKING NUMBER? \_\_\_\_\_  
11. WAS THE APPLICANT REFERRED BY A ONE-STOP PARTNER? ☐ YES ☐ NO  
12. CURRENT ADDRESS \_\_\_\_\_ ☐ SAME AS HOME ADDRESS  
\_\_\_\_\_  
ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_  
13. HOME OR CONTACT PHONE \_\_\_\_\_ 14. EMERGENCY CONTACT \_\_\_\_\_  
15. SECONDARY CONTACT PHONE \_\_\_\_\_ 16. SECONDARY EMERGENCY CONTACT \_\_\_\_\_

**APPLICATION REVIEW AND COMMENTS:**

## SECTION E.5 ENROLLMENT INFORMATION

### 21. RACE

- ☐ ASIAN  
☐ WHITE  
☐ BLACK OR AFRICAN AMERICAN  
☐ AMERICAN INDIAN OR ALASKAN NATIVE  
☐ HAWAIIAN OR OTHER PACIFIC ISLANDER

### 22. ETHNICITY

- ☐ HISPANIC  
☐ NOT HISPANIC

### 24. FARMWORKER STATUS

- ☐ MIGRANT  
☐ SEASONAL

### 23. BARRIERS TO EMPLOYMENT

- ☐ LIMITED ENGLISH PROFICIENCY  
☐ OFFENDER  
☐ HOMELESS (include runaway youth)  
☐ DISPLACED HOMEMAKER  
☐ LACKS SUFFICIENT WORK HISTORY  
☐ LONG TERM AGRIC. EMPLOYMENT  
☐ PREGNANT OR PARENTING YOUTH  
☐ SUBSTANCE ABUSE  
☐ LACKS TRANSPORTATION  
☐ SINGLE HEAD OF HOUSEHOLD WITH DEPENDENTS UNDER AGE 18  
☐ INDIVIDUAL WITH A DISABILITY  
☐ TANF EXHAUSTEE

### 25. LABOR FORCE

- ☐ EMPLOYED  
☐ UNEMPLOYED

### 26. U.I. STATUS

- ☐ CLAIMANT  
☐ EXHAUSTEE  
☐ NONE

### 27. HOUSING STATUS

- ☐ HOMELESS  
☐ SINGLE FAMILY  
☐ MULTI-FAMILY  
☐ CAMP  
☐ MOBILE HOME

### 28. WOULD MOVE TO FARMWORKER HOUSING IF AVAILABLE

- ☐ YES  
☐ NO

### 29. DWELLING OVERCROWDED

- ☐ YES  
☐ NO

### 32. BASIC LITERACY SKILLS DEFICIENT

- ☐ YES  
☐ NO

### 33. CUSTOMER STATUS

#### EDUCATION COMPLETED

- ☐ 0 NO SCHOOL GRADE  
☐ 01-11 ELEMENTARY /SECONDARY  
☐ 12 H.S. GRADUATE  
☐ 88 GED  
☐ 13-15 POST H.S. ( TECH, VOC. COL. )  
☐ 16 BACHELOR'S DEGREE  
☐ 17 BEYOND BACHELOR'S DEGREE  
☐ 91 ASSOCIATE DEGREE (AA/AS)

### 30. OWNERSHIP OF DWELLING

- ☐ RENT  
☐ OWN  
☐ OTHER

### 34. VETERAN STATUS

- ☐ YES  
☐ NO

### 35. SELECTIVE SERVICE

- ☐ REGISTERED  
☐ NOT REQUIRED  
☐ WAIVER  
☐ FEMALE  
 (NOT APPLICABLE)

- ☐ COPY ON FILE

#### STUDENT AT TIME OF ENROLLMENT (PART-TIME / FULL-TIME)

- ☐ IN SCHOOL, HS OR LESS  
☐ IN SCHOOL, ALTERNATIVE  
☐ IN SCHOOL, POST HS  
☐ NO

### 31. IMMEDIATE NEEDS

- ☐ NUTRITIONAL  
☐ CHILD CARE  
☐ MEDICAL  
☐ TRANSPORTATION

### (35 OR) 36. PUBLIC ASSISTANCE RECEIVED

- ☐ TANF  
☐ GA, RCA, SSI/SSA  
☐ FOOD STAMPS

TOTAL FAMILY SIZE \_\_\_\_\_

CHILDREN UNDER 18 \_\_\_\_\_

CHILDREN 0-5 \_\_\_\_\_

## SECTION E.6

## VERIFICATIONS

### 37. DOCUMENTS USED TO VERIFY WORK AUTHORIZATION

- ☐ U.S. PASSPORT (LIST A)
- ☐ UNEXPIRED FOREIGN PASSPORT WITH I-551 (LIST A)
- ☐ PERMANENT RESIDENT CARD OR I-551 (LIST A)
- ☐ EMP. AUTHORIZATION DOCUMENT (I-766) (LIST A)
- ☐ FOREIGN PASSPORT WITH I-94 OR I-94 A (LIST A)
- ☐ FSM OR RMI PASSPORT WITH I-94 OR I-94 A (LIST A)

- OR -

- ☐ DRIVERS LICENSE (LIST B)
- ☐ ID WITH PHOTOGRAPH (LIST B)
- ☐ SCHOOL ID WITH PHOTOGRAPH (LIST B)
- ☐ VOTER REGISTRATION CARD (LIST B)
- ☐ U.S. MILITARY ID CARD OR DRAFT RECORD (LIST B)
- ☐ MILITARY DEPENDENT ID (LIST B)
- ☐ U. S. MARINER CARD (LIST B)
- ☐ NATIVE AMERICAN DOC (LIST B)
- ☐ CANADIAN DRIVERS LICENSE (LIST B)
- ☐ SCHOOL RECORD OR REPORT (LIST B)
- ☐ HOSPITAL RECORD (LIST B)
- ☐ DAY-CARE OR NURSERY RECORD (LIST B)

- AND -

- ☐ U.S. SSN CARD (LIST C)
- ☐ BIRTH CERTIFICATE FORM FS-545 OR DS-1350 (LIST C)
- ☐ BIRTH CERTIFICATE COPY (LIST C)
- ☐ NATIVE AMERICAN DOC (LIST C)
- ☐ U.S. CITIZEN ID I-197 (LIST C)
- ☐ RESIDENT CITIZEN ID I-179 (LIST C)
- ☐ UNEXPIRED EMPLOYMENT DOC (LIST C)

VERIFICATION NUMBER STATE EXPIRATION DATE

#### LIST A DOCUMENT SPECIFICATIONS:

VERIFICATION NUMBER STATE EXPIRATION DATE

- OR -

#### LIST B DOCUMENT SPECIFICATIONS:

VERIFICATION NUMBER STATE EXPIRATION DATE

- AND -

#### LIST C DOCUMENT SPECIFICATIONS:

VERIFICATION NUMBER STATE EXPIRATION DATE

### 38. DOCUMENTS PRESENTED TO VERIFY INCOME

- ☐ SUNTAX
- ☐ CHECK STUBS
- ☐ W-2 FORMS
- ☐ TAX RETURNS
- ☐ SELF-DECLARATION
- ☐ VERIFICATION LETTERS
- ☐ OTHER \_\_\_\_\_

## SECTION E.7

## APPLICANT ELIGIBILITY

CERTIFICATION: To be read to the applicant and/or translated into his/her primary language

I authorize the Florida Department of Education, Adult Migrant Program Services Unit and Farmworker Career Development Program to share information I have provided with other WIOA One-Stop partners. I authorize access to any information concerning myself that is available from other WIOA partners. This information is subject to review and verification, and I may have to provide documents to support it. I am aware that I may be denied services if and when I am found ineligible to receive services, and that I may be prosecuted if I have given false information. I allow release of this information for verification purposes. I understand this statement as it has been read or explained to me. I have received a copy of complaint procedures.

APPLICANT'S SIGNATURE **X** \_\_\_\_\_

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

39. APPLICANT MEETS WIA SECTION 167 ELIGIBILITY REQUIREMENTS AND IS ELIGIBLE:

☐ YES ☐ NO

40. APPLICANT MAY RECEIVE SERVICES PURSUANT TO WIA SECTIONS 188(A) (5) OR 189(H):

☐ YES ☐ NO

ENTER INTO PROGRAM:

41. ENROLLMENT DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

42. PROJECT SITE: ALPI-EA/ FARMWORKER CAREER DEVELOPMENT PROGRAM

43. EMPLOYEE SIGNATURE \_\_\_\_\_

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

44. REVIEWER SIGNATURE \_\_\_\_\_

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

## **HOUSEHOLD MEMBERS INFORMATION**

**TO COMPLY WITH INFORMATION FOR OUR MIS SYSTEM WE WILL NEED  
THE FOLLOWING FOR ALL HOUSEHOLD MEMBERS.**



	<b>FIRST NAME AND LAST NAME (PRINT)</b>	<b>LAST 4 SS#</b>	<b>RELATIONSHIP</b>	<b>BIRTH DATE</b>	<b>AGE</b>
<b>1</b>			SELF		
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					
<b>6</b>					
<b>7</b>					
<b>8</b>					
<b>9</b>					
<b>10</b>					
<b>11</b>					
<b>12</b>					

**BRING THIS FORM WITH YOU WHEN YOU COME TO HAVE YOUR APPLICATION DONE (FILLED OUT)**

# E.E.O.

I understand that my signature on this document indicates that I have or had explained to me the non-discrimination laws and procedures for filing a complaint, and that I understand that I have the right to file a complaint if I feel that my rights covered by the document bearing my signature was provided to me at the time of my enrollment or receipt of services by the Farmworker services and that a copy of this signed form is placed in my file with my signature.

Agency's Equal Employment Opportunity Officer

Christine Samuel, Human Resource Director

300 Lynchburg Rd. Lake Alfred, FL 33850

Or

P.O. BOX 3126 Winter Haven, FL 33885

Toll Free: 1-800-300-3491

Fax: 863-956-5560

Applicant's Signature: **X** \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Director's Signature: \_\_\_\_\_

Youth: \_\_\_\_\_

Adult: \_\_\_\_\_



# SUPPLEMENTAL INFORMATION

## FNPH/EA

### CLIENT'S INFORMATION

CLIENT'S NAME:

### QUESTIONS:

#### 1. WHAT IS YOUR CURRENT MARITAL STATUS?

- ☐ MARRIED      ☐ SEPARATED      ☐ SINGLE, NEVER MARRIED  
☐ DIVORCED      ☐ WIDOWED      ☐ OTHER UNKNOWN \_\_\_\_\_

#### 2. IF THERE ARE OTHER ADULTS IN THE HOUSEHOLD WHO HAVE NO INCOME OR UNABLE TO WORK.

EXPLAIN:

#### 3. EMPLOYER(S) CONTACT INFORMATION.

NAME:

ADDRESS:

PHONE NUMBER:

#### 4. IS THE NAME ON THE UTILITY BILL BELONGS TO A HOUSEHOLD MEMBER? YES \_\_\_\_\_ or NO \_\_\_\_\_.

IF NO, PLEASE EXPLAIN.

#### 5. IF YOU ARE MARRIED AND HAVE DIFFERENT LAST NAMES PLEASE EXPLAIN.

#### 6. 1040's AND W2 FORMS TO BE ABLE TO VERIFY INCOME AND FAMILY MEMBERS IN THE HOUSEHOLD. (IF APPLICABLE)

#### 7. SUNTAX YEARLY INCOME. (IF APPLICABLE)

#### 8. IS THERE ANY FAMILY MEMBER OVER 60 IN YOUR HOUSEHOLD RECEIVING SOCIAL SECURITY BENEFIT?

X

APPLICANT SIGNATURE

DATE



**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



## SELF ATTESTATION OF PUBLIC ASSISTANCE

I \_\_\_\_\_ certify that I'm currently receiving  
**Participant/ Client Name**

public assistance from:

☐ FOOD STAMPS

☐ TANF

☐ GA, RCA, SOCIAL SECURITY SSI/ SSA

☐ WIC

☐ PUBLIC HOUSING

☐ OTHER \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Participant/ Client Signature**

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





**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**

<b>Name /Nombre</b>	<b>SS #</b>	<b>Date/Fecha</b>
<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.**

# 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.	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		
	<b>2</b> Business name/disregarded entity name, if different from above		
	<b>3</b> 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) ► _____ 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) ► _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ (Applies to accounts maintained outside the U.S.)	
	<b>5</b> Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)	
	<b>6</b> City, state, and ZIP code		
	<b>7</b> 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.

<b>Social security number</b>									
				-				-	
<b>or</b>									
<b>Employer identification number</b>									

### Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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.

<b>Sign Here</b>	Signature of U.S. person ► _____	Date ► _____
------------------	----------------------------------	--------------

## General Instructions

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](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.