



**Sangamon County Community Resources**

2833 S Grand Ave E, Suite C100

Springfield, IL 62703

Phone: (217) 535-3120 Fax: (217) 535-3119

August 2021

Dear Landlord/Property Manager,

We invite you to apply for the Sangamon County Rescue Rental Assistance Program. In order to process your application and be considered for approval, we will need you to fill out the enclosed forms and provide copies of certain documents

1. Please fill out the **Landlord Certification Form**
2. **W-9**
3. **ACH** form (not required but highly encouraged)

Please provide:

- A copy of the current lease
- A tenant ledger for the last 6 months but preferably since the beginning of tenancy.
- Copy of Eviction/Court documents (if applicable)
- Copy of the tenants applications. (if applicable) Please Include photo ID & Social Security Cards if available.

We would like to involve the tenant in any solution if possible. We realize that some tenants may not be cooperative or may have already moved out. Please do not let that discourage you from applying.

If you need help filling out this application, please call our office at (217) 535-3120 and one of the CSBG/rental staff will be able to answer any questions. You may email your application to [Margo.Murray@co.sangamon.il.us](mailto:Margo.Murray@co.sangamon.il.us) or [Erika.Orr@co.sangamon.il.us](mailto:Erika.Orr@co.sangamon.il.us). You may also mail or drop off the application to the above address or fax it to (217) 535-3119.

We look forward to working with you.

Sincerely,

Christina Sugars  
CSBG Coordinator



Sangamon County Community Resources  
2833 South Grand Avenue East  
Springfield, IL 62703  
Phone: (217) 535-3120 Fax: (217) 535-3119

## Landlord Certification

Landlord Name: \_\_\_\_\_

Landlord Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Tenant: \_\_\_\_\_

Rental Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

List utilities paid by the tenant:  electric  gas  sewer  trash  water

List utilities paid by the landlord:  electric  gas  sewer  trash  water

List all amounts overdue and what they are owed for if ledger not provided:

\_\_\_\_\_

Have you received rent payments for this tenant from any agency in the past 6 months?

No  Yes If yes, where? \_\_\_\_\_

Do you receive payments from the Springfield Housing Authority for this tenant?

No  Yes Amount: \$ \_\_\_\_\_

I certify that am the (circle one) **owner / property manager / other** of the identified rental property and have full authority to certify the information herein and to take all action necessary to represent this stated rental property. I hereby certify that all information contained herein is true and accurate. I further understand and agree that by certifying to the information herein, I am agreeing and contracting to become a beneficiary of any assistance paid as a result of this process.

I make this certification with full understanding that providing false information that results in the improper payment of assistance for the tenant may result in Community Resources taking whatever legal actions are necessary against the owner, property manager, or other authorized agent to recoup the amounts of assistance paid on behalf of the tenant; barring the owner, property manager, or other authorized agent from applying for or receiving assistance from community resources in the future; and/or turning the matter over the Sangamon County State's Attorney's office for prosecution.

Landlord Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**SANGAMON COUNTY VENDOR ACH PAYMENT FORM**

Sangamon County Treasurers Office

200 S. Ninth Room 102, Springfield, IL 62701, Phone: 217-753-6800, Fax: 217-753-6837

E-Mail: TRSFINREQ@CO.SANGAMON.IL.US Website:www.co.sangamon.il.us/Offices/treas/treasrer.asp

**VENDOR INFORMATION**

VENDOR NAME:

\_\_\_\_\_

VENDOR TAX ID # OR SS#:

\_\_\_\_\_

VENDOR PHONE:

\_\_\_\_\_

VENDOR ADDRESS

\_\_\_\_\_

VENDOR-CITY, STATE, ZIP

\_\_\_\_\_

VENDOR CONTACT:

\_\_\_\_\_

VENDOR CONTACT PHONE:

\_\_\_\_\_

VENDOR CONTACT E-MAIL

\_\_\_\_\_

PAYMENT INFORMATION E-MAIL

\_\_\_\_\_

**ACCOUNT INFORMATION**

PLEASE CIRCLE TYPE OF ACCOUNT

CHECKING

SAVINGS

ACCOUNT NAME:

\_\_\_\_\_

ABA ROUTING NUMBER:

\_\_\_\_\_

ACCOUNT NUMBER:

\_\_\_\_\_

NAME OF BANK OR CREDIT UNION:

\_\_\_\_\_

I hereby authorize the Sangamon County to initiate accounts payable payments through automatic bank deposits and, if necessary, adjustments to my account for payments made in error. I also agree to accept ACH Remittance information via E-mail as proper remittance information.

AUTHORIZED SIGNATURE:

\_\_\_\_\_

TITLE:

\_\_\_\_\_

DATE (MM/DD/YYYY):

\_\_\_\_\_

Please return this form and direct questions about ACH payments to the Sangamon County Treasurer's office via e-mail, phone or fax at the contact information listed above. Please contact us if the above information changes to insure non-interruption of payments

# Request for Taxpayer Identification Number and Certification

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

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

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"/> 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) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
	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				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> </tr> </table>				
OR				
Employer identification number				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> </tr> </table>				

**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 ▶
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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-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.*