

Pasco County Community H.E.A.R.T
Helping with Emergency Assistance Relief for Tenants



Agency Name: West Pasco Business Association

RENTAL ASSISTANCE AUTHORIZATION INVOICE

Landlord Information

Client Information

*Check payable to: _____

Tenant Name: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Payee Signature: _____

Date: _____

Printed Name: _____

Landlord Federal ID# OR SS #: _____

Total Amount Approved \$ _____

Month: _____
Monthly Amount: \$ _____

Month: _____
Monthly Amount: \$ _____

Month: _____
Monthly Amount: \$ _____

Month: _____
Monthly Amount: \$ _____

Month: _____
Monthly Amount: \$ _____

Month: _____
Monthly Amount: \$ _____

Add additional months as needed

Please note this information must match information on the W-9.

PASCO H.E.A.R.T. – Helping with Emergency Assistance Relief for Tenants
AFFIDAVIT OF DUPLICATION OF BENEFITS WITH RECIPIENT

This Agreement is entered into by and between West Pasco Business Association (“Partner”) and _____ (landlord) (“Recipient”).

Whereas, Recipient is receiving US Department of the Treasury Emergency Rental Assistance funds through Pasco County Helping with Emergency Assistance Relief for Tenants Program (H.E.A.R.T.) in the amount of \$ _____ (“Award”) to provide funding to pay Rent for the property located at: _____

If _____ (“Tenant(s)”) meet(s) all other qualifications associated with this application, the Partner will directly pay Recipient funds on Tenant’s behalf to serve as his/her/their rent for the period beginning _____ and ending _____ (“Rent”).

Now, therefore, the Partner has an option to recoup the Award in the event of a Duplication of Benefits upon the terms, conditions and contingencies herein set forth:

Federal Benefits and Charitable Donations

Recipient agrees that if he/she/they receive(s) further federal benefits or charitable donations to pay the Rent, the Recipient will report receiving benefits by emailing info@wpba.biz (Partner’s email address) or calling (727)934-0940 (Partner’s telephone number) within fourteen (14) days of receipt of additional proceeds and/or benefits. If Recipient fails to report additional federal benefits or charitable donations, then Partner may require the Recipient to immediately repay the Award.

Duplication of Benefits

Recipient agrees that if benefits received subsequent to the receipt of the Award are a duplication of benefits proceeds (“Subsequent DOB Proceeds”) received from other sources such as federal benefits or charitable donations, that the following shall apply:

1. If the Recipient has received the full amount of the Award, any Subsequent DOB Proceeds shall be repaid by Recipient to the Partner up to the amount of the Subsequent DOB Proceeds.
2. If some portion of the Award has been expended by the Partner to the Recipient, any Subsequent DOB Proceeds shall be used, retained and/or disbursed in the following order: (1) Subsequent DOB Proceeds shall first be paid by Recipient to the Partner to reduce the unexpended portion of the Award; (2) if the application of the Subsequent DOB Proceeds would reduce the unexpended Award to zero, any remaining Subsequent DOB Proceeds shall be applied to expended portion of the Award and retained by the Partner; (3) if the application of the Subsequent DOB Proceeds reduces both the unexpended and the expended portions of the Award to zero, any remaining Subsequent DOB Proceeds shall be returned to the Recipient(s), and this Agreement shall terminate.

Enforcement

The Recipient and the Partner acknowledge that the Partner has the right and responsibility to enforce this Agreement. The Partner may assign its rights under this Agreement to Pasco County, such assignment shall give Pasco County the same rights as those provided to the Partner in this Agreement.

IN WITNESS WHEREOF, the undersigned Recipient has affixed his/her signature and seal this ___ day of _____, 2021.

Landlord Recipient

Request for Taxpayer Identification Number and Certification

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

▶ Go to 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.		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>
	<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) ▶ _____		
	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:
- 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.

Sign Here	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.

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.