Information for Vendors, Property Owners & Managers

Thank you for your support of the Home Stretch Housing Assistance Fund. The Fund provides financial assistance for housing costs for qualified applicants and households who are receiving services from specific Alameda County service providers.

All payments are made directly to third parties: landlords or property management companies.

This housing fund may be used for move in assistance like the first month’s rent and security deposits as well as items and services needed to make the home safe and accessible.

Applications are submitted by service providers in partnership with applicants and include information about the applicant’s housing situation. Information is also needed directly from the Property Owner (Landlord) or Property manager for payments to be made on behalf of the applicant.

Required Documentation from Property Owner/Property Manager

In order to make payment, our finance department requires a signed, original invoice and signed, original W-9 form. These two (2) documents cannot be faxed; the originals need to be mailed. Once the paperwork is complete, payment is typically mailed within 2-3 business days.

Please submit the following documents by mail:

- Fully completed, signed, original invoice
- Original W-9 form with signature
- HCSA Housing Assistance Fund Vendor Form

The name on the forms must remain consistent. For example, if the check is made payable to “ABC Property Management,” the W-9 form should include this name and the Business Add/Update Form should include this name.

In addition, in some cases the property owner or property manager may also be asked to provide a copy of the lease, if the applicant does not have a current copy. We must establish tenancy in order to pay the requested housing costs.

Mailing address: Home Stretch Housing Assistance Fund
Attn: Krishna N. Henry
1900 Embarcadero, Ste. 206
Oakland, CA 94606

For more information, please call Krishna N. Henry at the (510) 567-8030.

Forms Attached: Invoice Form
W-9
Home Stretch Housing Assistance Fund Business Add/Form
Home Stretch Housing Assistance Fund Invoice

Name of Property Owner/Manager: ____________________________________________
Address of Owner/Manager: _________________________________________________
Owner/Manager Phone Number: _______________________________________________

Invoice Date: ______________________________________________________________
Tenant Name: _______________________________________________________________
Tenant’s New Address: _________________________________________________________

DESCRIPTION OF INVOICE CHARGES:

Tenant Rent: $ _______________________________________________________________
For the month(s) of: _________________________________________________________
Move in Security Deposit (if applicable): $__________________________

Total Due from Alameda County: $ ____________________________

Send Invoice to: Home Stretch Housing Assistance Fund – Attn: Krishna N. Henry
1900 Embarcadero Cove, Ste. 206
Oakland, CA 94606

Please make check payable to: ________________________________________________

X _________________________
Landlord or Landlord’s Representative: (Please sign in blue ink.)
_______________________________________________________________
Signor Above: Please Print Full Name

PLEASE NOTE: This original signed invoice must be sent by mail to receive payment. Our Finance Department will not generate payment from photocopies or faxed invoices.
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.

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.
   - Individual/sole proprietor or single-member LLC
   - C Corporation
   - S Corporation
   - Partnership
   - Trust/estate
   - 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.)
   - 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)

(Applicable to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

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

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.
Instructions. This form is for property owners, business owners, and managers to complete on behalf of tenants or residents approved to receive one-time housing related financial assistance from Alameda County. Housing assistance funds can be used for security deposits, rental expenses, home furnishings and household items. Please complete this form along with an original invoice and original W-9 form both forms with signatures to ensure timely payment to you by the County. This vendor and W-9 forms are only required once to create a payment account within Alameda County.

E-mail, Fax, or Mail this Form to:

Housing Services Office - ATTN: Krishna N. Henry
1900 Embarcadero, STE 206; Oakland, CA 94606
E-mail: HomeStretchFund@acgov.org; Fax: (877) 489-4642; Phone: (510) 567-8030

Is an Alameda County Employee/Board Member/Commissioner affiliated with this business? ☐ Yes ☐ No

Full Legal Name of Business: ____________________________________________________________

Doing Business As (DBA) Name (if applicable): ____________________________________________

Have you previously been set up as a vendor with Alameda County? ☐ Yes ☐ No

Type of Business Entity (Select ONE):
☐ Individual ☐ Sole Proprietor ☐ Partnership
☐ Corporation ☐ Tax-Exempted ☐ Government or Trust

Check the boxes that apply to Alameda County payments you may receive:
☐ Rents/Leases ☐ Rents/Leases paid to you as the agent ☐ Home Furnishings/Household Items
☐ Moving Services ☐ Safety & Accessibility Modifications/Services

Business Federal Tax ID Number (required): ______________________________________________

Business Mailing Address - PO Box/Street Address: _____________________________________

City: ____________________________ State: ________ Zip Code: ____________________________

Is the business located in Alameda County? Yes ☐ No ☐ If yes, how long? ______ Yrs _______ Mos.

Business/Vendor Contact Name: _______________________________________________________

Business/Vendor Contact Phone #: __________________________ Fax #: _______________________

Business/Vendor E-mail Address: ______________________________________________________

Is this business a publicly traded entity, a public school, or government? ☐ Yes ☐ No

Is this business a non-profit or a faith-based organization? ☐ Yes ☐ No

If “Yes” to one of the above, please skip Ethnicity/Gender questions below. The collection of business ethnicity and gender data is for statistical and demographic purposes only. Please check the ONE most applicable in each category that describes the ethnic and gender makeup of your business.

Ethnicity: ☐ African American or Black (> 50%) ☐ Hispanic or Latino (> 50%) ☐ Asian (> 50%)
☐ American Indian or Alaskan Native (> 50%) ☐ Native Hawaiian or other Pacific Islander (> 50%)
☐ Multi-ethnic minority ownership (> 50%) ☐ Multi-ethnic ownership (50% Minority – 50% Non-Minority)
☐ Caucasian / White (> 50%)

Gender: ☐ Female (> 50% ownership) ☐ Male (> 50% ownership)