

| CHANGE PAYEE/OWNER | EDEN effective date: |
|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CURRENT PAYEE | |
| TENANT INFORMATION | |
| Tenant Name(s) | |
| Property Address | |
| OWNER INFORMATION | |
| Owner Name | Owner Tax ID |
| Parcel Number | Date of Title Transfer |
| Owner Address | |
| Owner Phone | Owner Email |
| professionally managed and Payee/10 management's mailing address, phone below so that correspondence is direct | st submit form W9 for Payee. NOTE: If 1999 recipient is the owner, please provide 1999 number and email address on the W-9 and here 1999 recipient management. Tax ID (1099 recipient) |
| | |
| | Email |
| | |
| Prior to your acquisition of the property owner. Please be | T NOTICE FOR NEW OWNERS roperty, EDEN may have paid a security deposit to the aware that if EDEN has paid any or all of the security returning the security deposit to EDEN when the tenant moves out. |
| Signature: | Date: |
| | following documents, to EDEN for processing (can be |

- submitted via mail, fax or e-mail see footer):
 Completed W-9 form (1099 recipient)
 - Direct Deposit Authorization
 - Proof of Ownership if new owner. Copy of Management Agreement if Management Company is agent for owner

A Housing Resource and Development Agency
7812 Madison Avenue, Cleveland, OH 44102 (216) 961 9690 FAX (216) 651-4066
Shelter Plus Care FAX (216) 651-6692 www.edeninc.org / info@edeninc.org
TDD/TTY: 1-800-545-1833, ext. 873

(Rev. October 2018) Department of the Treasury Internal Revenue Service

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 N | ame (as shown on your income tax return). Name is required on this line; do | not leave this line blank. | | |
| | 2 B | usiness name/disregarded entity name, if different from above | | | |
| Print or type. See Specific Instructions on page 3. | 5 A | heck appropriate box for federal tax classification of the person whose name allowing seven boxes. Individual/sole proprietor or □ C Corporation □ S Corporation single-member LLC Limited liability company. Enter the tax classification (C=C corporation, S=S) Note: Check the appropriate box in the line above for the tax classification LLC if the LLC is classified as a single-member LLC that is disregarded from another LLC that is not disregarded from the owner for U.S. federal tax pur is disregarded from the owner should check the appropriate box for the tax Other (see instructions) ► ddress (number, street, and apt. or suite no.) See instructions. | Partnership S corporation, P=Partner of the single-member own the owner unless the oposes. Otherwise, a single | Trust/estate ship) vner. Do not check owner of the LLC is ple-member LLC that er. | 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) (Applies to accounts maintained outside the U.S.) and address (optional) |
| | 7 Li | st account number(s) here (optional) | | | |
| Par | tΙ | Taxpayer Identification Number (TIN) | | | |
| Enter | your | TIN in the appropriate box. The TIN provided must match the name | given on line 1 to av | oid Social sec | curity number |
| | | thholding. For individuals, this is generally your social security numb | | or a | |
| entitie | s, it i | en, sole proprietor, or disregarded entity, see the instructions for Pa s your employer identification number (EIN). If you do not have a nu | | ta or |] - [] - [] [|
| TIN, la | | a account is in more than one name, see the instructions for line 1. | identification number | | |
| Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Number To Give the Requester</i> for quidelines on whose number to enter. | | | | and Employer | |
| | | , | | | - |
| Par | Ш | Certification | | | |
| | • | alties of perjury, I certify that: | | | |
| 2. I an Ser | n not vice | ber shown on this form is my correct taxpayer identification number subject to backup withholding because: (a) I am exempt from back (IRS) that I am subject to backup withholding as a result of a failure er subject to backup withholding; and | cup withholding, or (b) | I have not been n | otified by the Internal Revenue |
| 3. I an | ı a U | .S. citizen or other U.S. person (defined below); and | | | |
| 4. The | FAT | CA code(s) entered on this form (if any) indicating that I am exempt | from FATCA reportin | g is correct. | |
| you ha acquis | ve fa ition | on instructions. You must cross out item 2 above if you have been not iled to report all interest and dividends on your tax return. For real esta or abandonment of secured property, cancellation of debt, contribution nterest and dividends, you are not required to sign the certification, but | te transactions, item 2 ns to an individual retir | does not apply. Fo ement arrangement | r mortgage interest paid, (IRA), and generally, payments |
| Sign Here | | Signature of U.S. person ► | | Date ▶ | |
| Gei | ner | al Instructions | Form 1099-DIV (dir funds) | vidends, including | those from stocks or mutual |
| Section | n ref | erences are to the Internal Revenue Code unless otherwise | , | various types of in | come, prizes, awards, or gross |

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)

- 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,





What Are You Waiting For?!! Sign Up for Direct Deposit Today

Advantages with EDEN Direct Deposit:

- 1) Rent payments will be posted to your bank account on the first banking day of the month.
- 2) No more lost checks and fees to have them reissued.
- 3) Make a public declaration that you are going green.

Sign up today! Complete the enclosed form and return it to EDEN with a voided check.

Forms can be:

Emailed to <u>edenlandlordinfo@edencle.org</u>

Faxed to 216-651-4066

Mailed to EDEN, Inc., 7812 Madison Ave, Cleveland OH 44102

We would like all of our landlords to participate in the Direct Deposit program in order to better serve you. For those landlords that will still require paper checks, EDEN has no choice but to implement a fee schedule for replacement checks:

Check Reissue Fee \$5.00 per check Stop Payment Fee \$35.00 per check

Questions? Contact EDEN at edenlandlordinfo@edencle.org or 216-961-9690 x319.

Eden, Inc. - 2 -

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (ACH CREDITS)

| COMPANY NAME: | EDEN, Inc. | | | |
|--------------------------|----------------------------------------------------------|-----------------------------|-----------------------------------------------------------------------------------------|--|
| necessary, debit entries | and adjustments for any cr icated below and the depos | • • | t entries and to initiate, if our) Checking or Savings er called BANK, to credit and/or | |
| Bank Name: | | Branch: | | |
| City: | | State: | Zip: | |
| TRANSIT ABA# | | ACCOUNT # | | |
| | (Routing Number) | | | |
| | nation in such time and in s | uch manner as to afford CO | written notification from me (or MPANY and DEPOSITORY a | |
| Name: | | | | |
| (Please print r | name <u>as it current is</u> on che | cks from EDEN, Inc.) | | |
| SSN: | | Or EIN: | | |
| (Please use th | e <u>same number</u> you put on | the W-9 on file with EDEN, | inc. | |
| Date: | Signed: | | | |
| Date: | Signed: | | | |
| | (On a joint account, both parties must sign) | | | |
| Email address: | | | | |
| | | (Optiona |) | |
| | | | | |
| IMPORTANT: please be | sure to include a voided ch | neck with this form. (We ca | nnot process without this.) | |
| | | | | |
| Received at EDEN | Initials | Does # mat | cch? Y N | |
| Vendor Code | Entered | Initials | | |