

# Housing Assistance Fund

## Information for Property Owners & Managers

Thank you for your support of the 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 rental assistance like the first month's rent and security deposit 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 a payment, our finance department requires three business vendor forms: *a signed invoice, the business vendor add update form and a signed W-9 form.* Once the paperwork is complete, payment is typically received within 30 days of application approval.

Please submit the following documents by email:

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

The name on the forms must remain consistent. For example, if the check is made payable to "ABC Property Management," the Business Vendor Add Update Form and W-9 form should include this name in the same spot, written exactly the same, down to the punctuations.

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 to pay the requested housing costs. Alameda County Health must be able to verify that the vendor has the right to rent the property. Alameda County Health has search tools to do this, however if ownership cannot be verified the application cannot be approved.

E-mail: [HomeStretchFund@acgov.org](mailto:HomeStretchFund@acgov.org)

Fax: (877) 489-4642

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

*For more information, please call Housing Assistance Fund at the (510) 567-8030.*

## Housing Assistance Fund Invoice

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Name of Property Owner/Vendor: \_\_\_\_\_

Remittance Address (Address where  
check should be mailed to): \_\_\_\_\_

Owner/Vendor Phone Number: \_\_\_\_\_

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

Tenant/Applicant Name: \_\_\_\_\_

Tenant's/Applicant's New Address: \_\_\_\_\_  
\_\_\_\_\_

### DESCRIPTION OF INVOICE CHARGES:

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#### Rental Assistance:

For the Month of: \_\_\_\_\_

First Month's Rent (if applicable): \$ \_\_\_\_\_

Move in Security Deposit (if applicable): \$ \_\_\_\_\_

**Total Due from Alameda County:** \$ \_\_\_\_\_

#### Payments for Vendors other than Landlords/Property Managers (i.e. moving company):

Amount of Reimbursement to provider: \$ \_\_\_\_\_

Amount Due to Vendor \$ \_\_\_\_\_

**Total Due from Alameda County:** \$ \_\_\_\_\_

**Send Invoice to:** Housing Assistance Fund – HomeStretchFund@acgov.org

Please make check payable to: \_\_\_\_\_

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Property Owner or Representative Signature

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Signor Above (**Please Print Full Name**)

## Housing Assistance Fund

### Business Vendor Add/Update Form

**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 this Form to:** E-mail: [HomeStretchFund@acgov.org](mailto:HomeStretchFund@acgov.org); Phone: (510) 567-8030

**1. Is an Alameda County Employee/Board Member/Commissioner affiliated with this business?**

☐ Yes ☐ No

If Yes, there may be a conflict of interest pursuant to Section 66 of the Alameda County Charter that requires further action. Contact County Counsel to confirm there is no conflict or interest in order to proceed with this request.

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

**3. Is the business located in Alameda County?** Yes ☐ No ☐ If yes, how long? \_Yrs \_\_\_\_\_Mos.

**4. Supplier Information:**

Federal Tax ID Number: \_\_\_\_\_

Supplier Full Legal Name: \_\_\_\_\_

Supplier Doing Business As (DBA) Name (if applicable): \_\_\_\_\_

Supplier Contact Name: \_\_\_\_\_

Supplier Address (Where check should be mailed): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Supplier Contact Phone #: \_\_\_\_\_ Supplier E-mail Address: \_\_\_\_\_

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

**6. Check all 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

**7. Business Ownership Composition:**

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

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

Is this supplier an individual payee that is not providing goods or services to the County? ☐ Yes ☐ No

If "Yes" to any of the above, skip 8 and 9 below.

**8. Business Ownershp Ethnicity:**

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

**9. Business Ownership Gender Identity:**

☐ Female (> 50% ownership) ☐ Male (> 50% ownership) ☐ Non-Binary (> 50% ownership) ☐ Decline to State

# 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 <b>one</b> 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) ► _____ <b>Note:</b> 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 <b>not</b> 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) _____  <small>(Applies to accounts maintained outside the U.S.)</small>
<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.

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](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.