



**City of Miami**  
**Department of Housing and Community Development**  
**CRF Mortgage Assistance Program**



The City of Miami Mortgage Assistance Program (MAP), for eligible homeowners (owner-occupied, with a property exemption) *within City of Miami limits* provides assistance towards the past due mortgage payments of qualifying households who are: (1) 140% Area Median Income (AMI) or below; (2) experienced job loss or income reduction on or after March 1<sup>st</sup> due to COVID-19; (3) and submit a completed application package as indicated below. This program's application period opens on August 17, 2020, 9 am, and closes on December 29, 2020, or until funding is exhausted.

The program has just over \$1 million in Coronavirus Relief Funds (CRF) via the State of Florida. Due to limited funds, applicants will be assisted on a first-come, first-ready, first served basis. The homeowner must have been current on their mortgage prior to March 1, 2020. The MAP program can pay PITI (Principal, Interest, Taxes and Insurance) between March 1 and December 30, 2020. The MAP award will be paid one time, directly to the qualified applicant's mortgage lender in the form of a grant, with no repayment required. Applying for the MAP does not guarantee eligibility or assistance.

Current Income Limits for the Program						
Household Size	1	2	3	4	5	6
Maximum Income (140% of Area Median Income)	\$89,600	\$102,480	\$115,220	\$127,960	\$138,320	\$148,540

**Before starting this application, please confirm your home's location falls within *City of Miami limits*.** If your property is not within City of Miami limits, it does ***not*** qualify for this program.

- Open your web browser and type: [https://www.miamidade.gov/pa/property\\_search.asp](https://www.miamidade.gov/pa/property_search.asp)
- Click on the Property Search button.
- Enter your home address and press the search button.
- Verify your folio number starts with "01." If your property's folio number does *not* start with "01", your property is ineligible.

For your submission to be considered, you must submit the *Housing Intake Application* and *all supporting documents* identified in the checklist below in ONE sealed envelope. Incomplete application packages (missing documents) will not be processed. Application packages received for this program are considered public records under Chapter 119, Florida Statutes, and cannot be returned to the applicant.

**Applicant Checklist** - Please provide the documents listed below to ensure that your application will be processed in an expedited manner.

- ☐ Signed Eligibility Release Form (attached);
- ☐ Housing Intake Application (attached);
- ☐ Award/Denial Letter (from any other CARES Act assistance received);
- ☐ Self-Certification of COVID-19 related hardship (form attached);
- ☐ Self-Certification of income for all household members over 18 years of age (one copy of this form is attached);
- ☐ Copy of driver's license, ID or birth certificate for all household members;
- ☐ Copy of Property Deed in applicant's name;
- ☐ Copy of Current Mortgage Statement indicating arrears;
- ☐ W-9 form from the mortgage lender (attached);
- ☐ Supplier Direct Deposit (ACH) Authorization form (attached) from mortgage lender(s) that prefer electronic payment

The submission, in **one sealed envelope** with all supporting documents, can be sent via U.S. Mail to City of Miami, Dept. of Housing & Community Development, **Mortgage Assistance Program, PO Box #013581, Miami, FL 33101** or **dropped off at the Department of Housing & Community Development, 14 NE 1 Ave., Lobby Drop Box, Miami, FL 33132, Monday through Friday, 9 am to 4 pm.**

Within ten (10) business days of receipt of your submission, we will advise you in writing of your eligibility. If you have questions on the program, please call 305-416-2080.



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## INSTRUCTIONS FOR APPLICATION AND RELEASE FORM

### General Instructions

Read the instructions for this application.

Please type or use BLUE or BLACK ink. Do not use pencil or other colors of ink. Please write legibly.

All blanks must be completed or have N/A written in.

All household members 18 years of age or older must sign and date the application.

Submit application, with all the required documentation, as indicated on page 1.

### Itemized Instructions

- 1. APPLICANT INFORMATION:** Provide your legal name, an address where you receive your mail, an e-mail address (if applicable), your date of birth, your marital status and other fields.
- 2. CO-APPLICANT/OTHER HOUSEHOLD MEMBER INFORMATION:** List all other members of the household residing in the unit. Attach additional sheets if necessary.
- 3. ALTERNATE CONTACTS INFORMATION:** This information is being collected to assist us in locating you in the event that you move or are living temporarily in another location. List contacts who are helping you through this process, if applicable.
- 4. HOUSEHOLD COMPOSITION AND CHARACTERISTICS:** As of today, list the current Head of Household and all other members of the household. Indicate the relationship of each family member to the Head of Household, gender, date of birth and marital status. Indicate if any of the members listed are disabled and explain if there are any expected additions to the future household, e.g. birth of a child, adoption, legal custody ruling resulting in an additional household member.
- 5. RACE AND ETHNICITY FOR HEAD of HOUSEHOLD:** This information is collected for reporting purposes only.
- 6. ELIGIBILITY INFORMATION:** The information collected here is important to determine eligibility as it relates to emergency assistance.
- 7. COVID-19 INFORMATION:** Provide basic information concerning eligibility related to the public health emergency with respect to COVID-19. Provide information on whether you or a household member was directly affected by COVID-19.
  - a. Agreement to turn over Proceeds; Future Reassignment.

If the applicant has received or receives any Proceeds from any source that covers the expenses covered by the CRF assistance provided, the applicant agrees to promptly pay such amounts to the City/County.
  - b. In the event that the applicant received, receives or is scheduled to receive any Proceeds not previously disclosed to the City/County the applicant shall notify the City/County of such Subsequent Proceeds, and the City/County will determine the amount, if any, of such Subsequent Proceeds that are a duplication of benefits (DOB). Subsequent Duplication of Benefits proceeds shall be disbursed as follows:
    - (1) If the Award has been fully expended by the City/County, any Subsequent DOB Proceeds shall be paid by applicant to the City/County up to the amount of the Award.
    - (2) If no portion of the Award has been expended by the City/County, any Subsequent DOB Proceeds shall be paid by applicant to the City/County and used to reduce the Award. If the



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application of the Subsequent DOB Proceeds would reduce the Award to zero, all Subsequent DOB Proceeds and any funds previously paid by the applicant to the City/County shall be returned to the applicant, and this Agreement shall terminate.

- (3) If some portion of the Award has been expended by the City/County, any Subsequent DOB Proceeds shall be used, retained and/or disbursed in the following order: (1) Subsequent DOB Proceeds shall first be paid by applicant to the City/County 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 City/County; (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 applicant, and this Agreement shall terminate.
- (4) If the City/County makes the determination that the applicant does not qualify to participate in the Program or the applicant decides not to participate in the Program, the Subsequent DOB Proceeds and any funds previously paid by the applicant to the City/County that have not been used or obligated by the Program shall be returned to the applicant, and this Agreement shall terminate.
- (5) Once the City/County has recovered an amount equal to the Award, the City/County will reassign to applicant any rights assigned to the City/County pursuant to this Agreement.

**8. OTHER ASSISTANCE RECEIVED:** Provide all information on any other type of related assistance to COVID-19.

**9. INCOME INFORMATION:** Provide information on all household income sources. Income includes the following: Wages, salaries and tips, alimony, child support, military income, part-time income, temporary income, TANF, Social Security, other benefits, and other income for all household members over age 18. Food benefits are NOT considered income.

**10. ASSET INFORMATION:** Provide the requested information on assets for all household members. Examples of what constitutes assets are listed below:  
Typical assets include:

- Cash held in savings, checking accounts, safe deposit boxes, homes, etc.;
- Stocks, bonds, treasury bills, CDs, mutual funds, money market accounts, and other investment accounts;
- Individual retirement accounts, 401(k), Keogh accounts, and other similar retirement savings accounts;
- Cash value of life insurance policies available to the holder before death;
- Personal property that is held for investment purposes;
- Equity in real property;
- Retirement and pension funds;
- Mortgage or deeds of trust held by the applicant

Some items of personal property are **NOT** counted as assets for the purposes of determining annual income:

- Automobiles;
- Jewelry; and/or
- Term life insurance policies





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**11. FALSE STATEMENTS**

Chapter 817 of the Florida Statutes provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under §775.082 or 775.083.

Applicant is hereby notified that intentionally or knowingly making a materially false or misleading written statement relating to the Program could result in ineligibility for benefits, action to recover any Program benefits paid to or on behalf of applicant, and/or a referral to criminal law enforcement.

Applicant represents that all statements and representations made by applicant regarding Proceeds received by applicant have been and shall be true and correct.

**12. PUBLIC RECORDS DISCLOSURE AND ACKNOWLEDGMENT**

Information provided by the applicant(s) may be subject to Chapter 119, Florida Statutes, regarding Open Records.

Information provided by you/your household that is not protected by Florida Statutes can be requested by any individual for their review and/or use. This is without regard as to whether or not you qualify for funding under the program(s) for which you are applying. Having been advised of this fact prior to finalizing the application for assistance or supplying any information, your signature below indicates that:

I/We agree to hold harmless and indemnify the City/County, any governmental agency, its officers, employees, stockholders, agents, successors and assigns from any and all liability and costs that may arise due to compliance with the provisions of Chapter 119, Florida Statutes.

I/We agree that the City/County does not have any duty or obligation to assert any defense, exception, or exemption to prevent any or all information given to the City/County in connection with this application, or obtained by them in connection with this application, from being disclosed pursuant to a public records law request.

I/We agree that the City/County does not have any obligation or duty to provide me/us with notice that a public records law request has been made.

I/We agree to hold harmless the City /County or any governmental agency, its officers, employees, stockholders, agents, successors and assigns from any and all liability that may arise due to my/our applying for assistance.

**13. ELIGIBILITY RELEASE:** It is required that you sign this form, which allows the Subrecipient, State or Vendor to request information from Third Parties concerning your eligibility and participation in this program. This form allows for income, assets, child support, etc. to be verified and documented.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Household Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Household Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Household Member

\_\_\_\_\_  
Date



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## HOUSING INTAKE APPLICATION

<b>TO BE COMPLETED BY CITY STAFF:</b>	
Application Number:	
Application Received By:	Date/Time Application Received:

<b>1. What type of housing assistance are you requesting?</b> Circle all that apply:	
Mortgage                      HOA fees	
Other (Explain)	
<b>2. TO BE COMPLETED BY APPLICANT: (Head of Household)</b>	
Full Name:	
Current Address:	Apt.#
City, State Zip:	
Daytime phone:	Mobile Phone:
E-mail Address:	Date of Birth:
Marital Status:	Age:
Employed?    Yes              No	Self Employed?    Yes              No
<b>3. TO BE COMPLETED BY CO-APPLICANT:</b>	
Full Name:	
Daytime phone:	Mobile Phone:
E-mail Address:	Date of Birth:
Marital Status:	Age:
Employed?    Yes              No	Self Employed?    Yes              No



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**4. HOUSEHOLD COMPOSITION, CHARACTERISTICS AND FAMILIAL STATUS:** As of today, all other members of the household. Indicate the relationship of each family member to the Head of Household (spouse, sibling, etc.). In addition, indicate if there are any additional members in the near future to the household.

Household Member Name	Relationship to Head of HH	Age	Date of Birth	Marital Status	Is household member listed disabled? Y/N	Employed
						Yes No
						Yes No
						Yes No
						Yes No
						Yes No

**5. RACE AND ETHNICITY FOR HEAD of HOUSEHOLD (Check one):** -This information is being collected for reporting purposes only.

**RACE (Check all that apply):**

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other Multi-Racial

**ETHNICITY (Check one):**

- ☐ Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."
- ☐ Non-Hispanic or Latino - A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**ELIGIBILITY INFORMATION:** - If the answer to any of the following questions is NO, you are not eligible for assistance:

Were you or a household member affected by COVID-19?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
How many household members are affected by COVID-19?		
For each Household member affected by COVID-19, provide the following information:		
<b>1st household member affected by COVID-19</b>		
Name:		
Are they unemployed or underemployed due to COVID-19?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Date person became unemployed or under employed:		
Name and address of employer prior to being impacted by COVID-19:		



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What was the annual gross income of this person prior to being affected by COVID-19 or March 1, 2020 whichever is later?		
Current employer:		
What was the projected annual gross income of this household after being affected by COVID-19?		
Is the person receiving unemployment benefits? Yes or No		
If yes, how much are they receiving monthly \$		
Additional information about Hardship:		
<b>2nd household member affected by COVID-19</b>		
Name:		
Are they unemployed or underemployed due to COVID-19?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Date the person became unemployed or under employed		
Name and address of employer prior to being impacted by COVID-19:		
What was the annual gross income of this person prior to being affected by COVID-19 or March 1, 2020 whichever is later?		
Current employer:		
What was the projected annual gross income of this household after being affected by COVID-19?		
Is the person receiving unemployment benefits? Yes or No		
If yes, how much are they receiving monthly? \$		



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Additional information about Hardship:

**Property Information**

Do you own a pre-1994 mobile or manufactured home?

☐ YES

☐ NO

**Please note that if you currently rent or own a manufactured or mobile home constructed before June 1994, you are not eligible for assistance.**

Are you past due or delinquent on your mortgage or utilities?

☐ YES

☐ NO

What is your monthly mortgage payment?  
What is your average monthly electric payment?  
What are the penalties due, if any?

How many mortgage payments are past due?  
How many months of HOA fees are past due?  
How many months of utilities are past due?

Amount Due  
Amount Due  
Amount Due

*The following question will require a special review to determine eligibility:*

Did you apply for COVID-19 assistance to any other program or organization?

☐ YES

☐ NO

Explain:

Have you received any COVID related assistance?

☐ Yes ☐ No

Amount Approved?  
Amount Received to date:

List agency providing services

1

2

3

**Small Business Administration (SBA)**

Have you received any event-related assistance from the SBA? (If no, continue to the next section.)

☐ Yes ☐ No





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Amount Approved?	Amount Received to date:
What is your SBA Application No.(s)?	1
	2
What is your SBA Loan No.(s)?	1
	2

What is the status of your SBA Loan, e.g. paying as agreed, did not use, etc.

i. Did you receive any other assistance due to the disaster (COVID-19)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii. If yes, explain the type of assistance you received e.g. Red Cross, United Way, previous federal or state assistance (CRF, CDBG, CDBG-DR, HOME), etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**INCOME INFORMATION:** Income includes: Wages, salaries and tips, alimony, child support, military income, part-time income, temporary income, TANF, Social Security, unemployment benefits, other benefits for all household members. List ALL household members and their incomes. Attach a separate sheet if you need more space.

**FOOD STAMPS ARE NOT CONSIDERED INCOME- do not list food stamps.**

Household Member Name	Full Time Student? Y/N	Source of Income (include employer name) If Applicable	Rate of Pay	Payment Basis (hourly, weekly, monthly, etc.)

**ASSET INFORMATION:** Provide the requested information on any property you may own or assets you may have.

Do you own any other real estate?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
If yes, provide address, city and state of property(s):			
What is the tax roll value of the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what is the current balance owed on the mortgage?			
Do you have income from the property? (rental income)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is your primary residence currently in foreclosure?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
List below the types and sources of any household assets. Provide both the current cash value and the estimated annual income from the asset. (A listing of examples is located in the instruction section.) Provide this information for all household members.			
Household Member Name	Type & Source of Asset	Cash Value of Asset	Annual Income from Asset



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**ELIGIBILITY RELEASE:** It is required that you sign this form, which allows the City/County, subrecipient, sponsor, State or Vendor to request information from Third Parties concerning your eligibility and participation in this program.

Information Covered: Inquiries may be made about items attested to (signed) below by the applicant.

Instructions to Applicant: Your signature on this Eligibility Release, and the signatures of each member of your household who is 18 years of age or older, authorizes the City/County or any of its duly authorized representatives to obtain information from a third party regarding your eligibility and continued participation in the CRF Program for disaster assistance. Each adult member of the household must sign this Eligibility Release.

Information provided by the applicant(s) may be subject to Chapter 119, Florida Statutes, regarding Open Records.

**APPLICANT CERTIFICATION:** Certify that all the information in the application is true, to the best of your knowledge. By signing this application to verify the information contained, the applicant authorizes the City/County or any of its duly authorized representatives to verify the information listed herein.

I/We understand the information provided above is collected to determine if I/we are eligible to receive assistance under the CRF program.

I/We hereby certify that all the information provided herein is true and correct.

I/We understand that providing false statements or information for the purpose of obtaining assistance is grounds for termination of housing assistance and is punishable under Chapter 817 of the Florida Statutes as a first-degree misdemeanor.

I/We authorize the above-referenced City/County/subrecipient/sponsor and any of its duly authorized representatives to verify all information provided in this application.

I/We understand that additional information will likely be required to move forward with this program.

**Applicant's Authorization:**

I authorize the above-named Subrecipient, Sponsor, State or Vendor to obtain information about me and my household that is pertinent to determining my eligibility for participation in the Program. I acknowledge that:

- (1) A photocopy of this form is as valid as the original; AND
- (2) I have the right to review information received using this form; AND
- (3) I have the right to a copy of information provided to the Subrecipient and to request correction of any information I believe to be inaccurate; AND
- (4) All adult household members will sign this form and cooperate with the Subrecipient in the eligibility verification process; AND
- (5) Applicants who provide a self-certification will be required to provide proof of income when the President's or Governor's executive order expires. If the applicant falsified information to obtain assistance, all funds paid on behalf of the applicant must be repaid to the program.

<b>Signature of Applicant:</b>	<b>Date</b>
<b>Signature of Co-Applicant:</b>	<b>Date</b>
<b>Household member:</b>	<b>Date</b>



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Household member:	Date
Household member:	Date
Household member:	Date
Warning: Chapter 817 of the Florida Statutes provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under §775.082 or 775.083.	



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**CRF ASSISTANCE SELF-CERTIFICATION OF INCOME FORM**

*NOTE: To be completed by each adult household member. Please make photocopies of this form as needed.*

Name \_\_\_\_\_ Local Government CITY OF MIAMI, FL  
Address \_\_\_\_\_ Phone# \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Email \_\_\_\_\_

1. ☐ I hereby certify that I have been negatively impacted by the **COVID-19** pandemic.

☐ I am underemployed or unemployed.

Explain your COVID-19 related hardship:






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2. I will receive income from the following sources over the next 12 months: (Circle Y (yes) or N (no) for each statement):

- |   |   |  |
|---|---|--|
| Y | N | Gross wages from employment (including commissions, tips, bonuses, fees, etc.)<br>\$ _____   |
| Y | N | Net income from operation of a business \$ _____   |
| Y | N | Rental income from real or personal property \$ _____<br>Property Value \$ _____   |
| Y | N | Cash value of all assets (checking, savings, CD, stocks, bonds)  |
| Y | N | Value of whole life insurance policies \$ _____  |
| Y | N | Interest or dividends from all assets \$ _____   |
| Y | N | Social Security payments, annuities, retirement funds, pensions, or death benefits<br>\$ _____   |
| Y | N | Unemployment Benefits \$ _____   |
| Y | N | Disability payments \$ _____   |
| Y | N | Public assistance payments \$ _____  |
| Y | N | Temporary Assistance for needy Families (TANF) \$ _____  |
| Y | N | Periodic allowances such as alimony, child support, or gifts received from persons not living in my household \$ _____                                 |
| Y | N | Sales from self-employed resources \$ _____  |
| Y | N | Any other source not named above \$ _____  |
| Y | N | I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months. |

I will be using the following sources of funds to pay for rent and other necessities:

**I certify my anticipated gross annual income for the next 12 months to be (Total of section 2): \$\_\_\_\_\_.**

I will inform local government staff if my income changes during the period when I am receiving assistance.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the agreement. The information provided is subject to verification by the county or eligible municipality.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Printed Name of Applicant

\_\_\_\_\_  
 Date

Witness \_\_\_\_\_

Witness \_\_\_\_\_



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Or

**FOR AN OATH OR AFFIRMATION:**

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and described before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,

by \_\_\_\_\_.

(NOTARY SEAL)

Signature \_\_\_\_\_

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

Name of Notary (Typed, Printed, or

Stamped)

# 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.	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 <b>one</b> of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____	Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ► _____	(Applies to accounts maintained outside the U.S.)
	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:

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](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.*

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## City of Miami

### SUPPLIER DIRECT DEPOSIT (ACH) AUTHORIZATION

The City of Miami Supplier Direct Deposit (ACH) Authorization form must be completed and signed by an authorized representative of the Supplier to initiate, change, or stop direct deposit of payments into a designated financial institution. The Supplier must print clearly and attach a voided check, deposit slip, or Bank Verification Letter (on bank letterhead) to this authorization form. Bank Verification Letters must also be accompanied by additional support such as a recent bank statement.

Completed forms must be submitted to the City of Miami, Finance Department, Accounts Payable Division via mail at 444 SW 2nd Ave, 6th Floor, Miami, FL, 33130, or faxed to 305-416-1987, or emailed to [payables@miamigov.com](mailto:payables@miamigov.com)

#### SUPPLIER INFORMATION

Name of Supplier:		Supplier Number (if known):	
FEIN/TIN/SSN:	Phone Number:	Fax Number:	
Email:			
Supplier Address:	City:	State & Zip Code:	

#### FINANCIAL INSTITUTION INFORMATION

Financial Institution Name:		Telephone Number:	
Account Number:		Routing Number:	
Address:	City:	State & Zip Code:	
Account Type (select one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings		Action Requested (select one): <input type="checkbox"/> Start <input type="checkbox"/> Change <input type="checkbox"/> Stop	

I hereby authorize and request the City of Miami to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to the account as designated herein. This authorization is to remain in effect until withdrawn by me in writing with sufficient notice to the City to allow adequate time to effect termination.

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

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Attachment: ☐ Void/Cancelled Check      ☐ Deposit Slip  
☐ Bank Verification Letter (accompanied by additional support such as a recent bank statement)

#### FOR INTERNAL USE ONLY

Entered by:	Input Date:	Effective Date:
Verified by:	Date:	