G.E.S.C. Waitlist Application Process

How to Apply

- The waitlist opens for the first 50 applicants who sign up in person.
- **Effective August 1, 2026**, the number of applicants accepted each month will be determined by available funding.
- Sign-ups are held the first Monday of every month, from 9:00 am to 3:00 pm, or until the waitlist reaches its capacity.
- Each applicant may only sign up for their own household.

Required Documents

To be added to the waitlist, you must present one of the following:

- Valid passport
- If you do not have a valid passport, you will need a valid driver's license/identification card.

Next Steps

Within **two business days** after signing up:

- A GESC case worker will contact you on the number you provided from an (806) 642 phone number to schedule an appointment.
- You **must** provide a legible and valid phone where you can be reached.
- If you do not answer, G.E.S.C. staff will leave a voicemail with appointment details, contact information, and a response deadline.
- You must **verbally confirm your appointment** with your caseworker by the deadline: (**First Thursday of month by 1:00 pm).**
- Bring your **completed application** and **all original required documents** to your appointment.
- Arrive **on time**. Missed or late appointments, or incomplete documentation, will require you to reapply the following month. **Appointments will not be rescheduled.**

Important information

- If you have questions or need to update your contact information, you must contact and speak with your caseworker **before your scheduled appointment**.

Safety & Conduct

To ensure the safety of our staff, clients, and property:

- Clients are **not permitted on the premises before business hours**. Office hours are **Monday through Thursday, 9:00 a.m. to 3:00 p.m.**
- Please do not arrive or wait on G.E.S.C. property before we open. Anyone on the property outside of business hours will be asked to leave.
- To ensure a fair process, access to the property is limited. Individuals who are dropped off will be placed **at the end of the waitlist line**, providing everyone with an equal opportunity through a structured process.
- Parking for the waitlist line is located on the **east side of the building on North Ave. N.**
- **Do not park in or block** G.E.S.C. driveways or the parking lots and driveways of neighboring businesses. Vehicles parked in violation of these rules may be towed at the owner's expense.
- Remain in your vehicle until business hours begin. At **9:00 a.m.**, G.E.S.C. staff will provide instructions for forming the waitlist line.

Stay Connected

- Visit our website: http://www.gescorp.org
- Follow us on Facebook: **Genesis Thrift** and **Guadalupe Economic Services Corporation**.

Contact Us

For questions, contact G.E.S.C. at **(806) 744-4416**, Monday through Thursday, **9:00 a.m. to 3:00 p.m.**

Revised 6/27/2026

INTAKE APPLICATION FOR SERVICES

Certification of Completeness / Checklist

(806) 744-4416 | 1502 Erskine Street Lubbock, TX 79403 | info@gescorp.org

Must reside in Lubbock County and meet income guidelines.

Your application must be complete with **ALL** the required documents listed below, as they apply to your household, if determined as **INCOMPLETE it** will **not** be processed for assistance. You will have to re-apply during the next Application Acceptance Period.

***Please note assistance is not guaranteed, funding is based on first come first serve basis and payments are subject to available funds. You are still responsible for your bill until application and payment have been processed. **Payments for bills can take up to 30 days.** ***

Items needed for a complete application

Please check each box – certifying that you are providing each item listed as they apply to anyone in your household.

- ☐ **This Checklist**. Signed and dated by client.
- ☐ **Release & Authorization Form**. Signed and dated by client.
- ☐ Filled Out Application for Services.
- ☐ **All INCOME** for all household members for the **past 30 days**: *(select all that apply)*

  (Must provide ***All pages of*** *Benefit* Award Letter(s) below: **No Bank Statements**)

  ☐ Paystubs
  ☐ SS ☐ SSDI ☐ SSI ☐ SNAP ☐ TANF ☐ Unemployment
  ☐ Child Support ☐ VA Benefits ☐ Disability ☐ Retirement ☐ Pension
  ☐ Royalties, etc. ☐ ***If NO Income for past 30 days –Complete*** **D**eclaration of **I**ncome **S**tatement Form

If any payments have been made to the current bills below you must provide documentation reflecting new balance/payment)

- ☐ **Rent Assistance:** Current Documents are required of each.
  ☐ Lease (Signed copy/including all pages) ☐ Ledger (showing current balance owed)
  ☐ W9 (Completed & signed by Landlord) ☐ Lease Amendment (if applicable) ☐ Late/Eviction Notice (if applicable)
- ☐ **Mortgage Assistance:**
  ☐ Mortgage Statement (showing current balance) ☐ Proof of home ownership
- ☐ **Utility Assistance:** Current Bills are required for each.
  ☐ Electric/ ☐ Gas/ ☐ Propane ☐ Disconnect Notice

- ☐ **Identification:**
  ☐ Passport (***If Passport is provided, no additional identification is required for that household member.)***

  Otherwise:
  ☐ Texas Driver's License or Texas State Identification Card(s) ***for all household members who are 18+***
  ☐ & Social Security Card(s) ***for all household members***
  ☐ & Birth Certificate(s) ***for all household members***
  ☐ ***Permanent Resident ID*** *(if Applicable) Copy Front & Back*

☐ **Systematic Alien Verification for Entitlements (SAVE) Form: Must be completed for all household members.**

I, the undersigned, understand that, if applicable, all items listed above are required with my application for it to be reviewed for eligibility determination. I understand that my application will **not** be saved and that I may not be able to submit missing documents at a later point if I do not include them with my original application. I certify that I am submitting all items requested along with my application.

_____ _____

Client's Signature **Date**

(806) 744-4416 | 1502 Erskine St. Lubbock, TX 79403 | info@gescorp.org

RELEASE & AUTHORIZATION FORM

UTILITIES ASSISTANCE | Rental Assistance

I,_____, am applying for assistance with **Guadalupe Economic Services Corporation**
(Print Full Name)
referred to hereafter as GESC. I am applying for any source of funding through referrals that are available to GESC, such as Energy Aid funding, Private donations, and/or Federal/State funding programs available in the service area.

I understand that any funding sources needed to assist my household may have access to any information contained in my case file. This also releases GESC to request information from income sources for Income Eligibility Determination and Utility Usage Information. GESC may refer my case, and release information contained within my case file, for additional services that I may qualify for within the agency as well as to outside agencies that may be able to provide additional services/ assistance.

Further, I Understand that if I contact the media, GESC Board Members, TDHCA staff, or elected officials regarding my case, I grant GESC permission to discuss the details of my case with those parties to resolve the complaint.

This Release & Authorization form is valid **for the entire calendar year** in which I am applying for assistance.

☐ ***Optional Agent Representation:*** I hereby appoint the following individual to act as an agent on my behalf. They have my consent to represent me, ask and answer questions, provide information, and sign in my place. Unless I revoke in writing, their authority to act on my behalf, they may serve as my representative with GESC for the same time frame as this Release & Authorization. Further, I understand that I am still responsible for the information, and its validity, provided to GESC and their Funding sources.

(Authorizing a Representative does not forfeit my responsibility to provide true and honest information on my application for services.)

Name of Agent *(Representative)*: _____

Agent *(Representative)* Phone Number:

Relationship to Applicant:

_____

Agent Signature

_____ _____

Applicant Signature or Digital Signature — Date of Signature

Actual Applicant Signature – NOT AGENT/REPRESENTATIVE

Digital Signature: Full Name + Last four digits of SSN

---------- Below Line: For Office Use Only ----------

_____ _____

Authorized CCA Staff Signature — Date

_____

Application#

Guadalupe Economic Services
Corporation Intake Application

(806) 744-4416 | 1502 Erskine Street Lubbock, TX 79403 | info@gescorp.org

Application #: Office Use Only	

Please select all services you wish to apply for:

☐Utilities Assistance ☐ Rental Assistance
☐Medication Assistance
☐Food Assistance
☐Hygiene/Household Products Assistance
☐Other:_____

Applicant's Name	County	Primary Phone Number

Residence Address	City	State	Zip Code	Alternate Phone Number

Mailing Address *(if different than residence)*	City	State	Zip Code	Email Address

Social Security Number	Date of Birth	Age	Relationship to Applicant

Gender
1 ☐Male
2 ☐Female

Ethnicity
1 ☐Hispanic
2 ☐ Non-Hispanic

Race - Select all that apply
1☐American Indian/ Alaska Native
2☐Asian
3☐Black/African-American
4☐Native Hawaiian /Pacific Islander
5☐White/Caucasian
6☐Other: _____
7☐Multi-Race

Highest Level of Education
1☐0-8 Grade
2☐9-12 Grade (Non-Graduate)
3☐Highschool Grad/GED
4☐12+Post-Secondary
5☐2 or 4 year Degree
6☐Master's Degree or higher

Military Status *Must Select an option
☐ Active
☐ Veteran
☐ Non-Military
☐ Never Servered

Disability Status
☐ Disabled
☐ Not-Disabled

Insurance Type
1☐ Direct Purchase
2☐ Employment Based
3☐ Medicaid
4☐ Medicare
5☐ Military Healthcare
6☐ Children's Health Ins. Program-CHIP
7☐ State Health Insurance for Adults
8☐ No Insurance

Work Status
1☐ Employed Full Time
2☐ Part Time
3☐ Short-Term Unemployed 6 months or less
4☐ Long-Term Unemployed More than 6 months
5☐ Migrant-Seasonal Farm Worker
6☐ Unemployed Not in Labor Force
7☐ Retired
8☐ Age 16 & younger

Number of people in the household: _____

☐Single Person
☐2 Adults, No Children
☐Single Parent (Female)
☐Single Parent (Male)
☐Non-Related Adults w/children
☐2 Parent Household
☐Mutli-Generational
☐Other: _____

☐Age 60 or over
☐Homeless
☐Disabled
☐Military Veteran / Active Duty
☐Child(ren) 5 or Younger

Guadalupe Economic Services
Corporation Intake Application

PART TWO: ALL HOUSEHOLD MEMBERS INFORMATION

Household Member 2:		Military Status *Must Select an option ☐ Active ☐ Veteran ☐ Non-Military			Disability Status: ☐ Disabled ☐ Not Disabled
Name		**Date of Birth**	**Age**	**Social Security Number**	**Relationship to Applicant**
Gender	**Race – Select all that apply**	**Education Level**		**Insurance Type**	**Work Status**
1 ☐Male 2 ☐Female	1☐ American Indian/ or Alaska Native 2☐ Asian 3☐ Black/African-American 4☐ Native Hawaiian or Pacific Islander 5☐ White/Caucasian 6☐ Other: _____ 7☐ Multi-Race	1☐ 0-8 Grade 2☐ 9-12 Grade *(Non-Graduate)* 3☐ Highschool Grad *or GED* 4☐ 12+Post-Secondary 5☐ 2 or 4 year Degree 6☐ Master's Degree +		1☐ Direct Purchase 2☐ Employment Based 3☐ Medicaid 4☐ Medicare 5☐ Military Healthcare 6☐ CHIP-Children's Health Insurance Program 7☐ State Health Insurance for Adults 8☐ No Insurance	1☐ Employed Full Time 2☐ Part Time 3☐ Short-Term Unemployed 6 months or less 4☐ Long-Term Unemployed More than 6 months 5☐ Migrant-Seasonal Farm Worker 6☐ Unemployed Not in Labor Force 7☐ Retired 8☐ Age 16 & younger
Ethnicity 1☐Hispanic 2☐non-Hispanic					

Household Member 3:		Military Status *Must Select an option ☐ Active ☐ Veteran ☐ Non-Military			Disability Status: ☐ Disabled ☐ Not Disabled
Name		**Date of Birth**	**Age**	**Social Security Number**	**Relationship to Applicant**
Gender	**Race – Select all that apply**	**Education Level**		**Insurance Type**	**Work Status**
1 ☐Male 2 ☐Female	1☐ American Indian/ or Alaska Native 2☐ Asian 3☐ Black/African-American 4☐ Native Hawaiian or Pacific Islander 5☐ White/Caucasian 6☐ Other: _____ 7☐ Multi-Race	1☐ 0-8 Grade 2☐ 9-12 Grade *(Non-Graduate)* 3☐ Highschool Grad *or GED* 4☐ 12+Post-Secondary 5☐ 2 or 4 year Degree 6☐ Master's Degree +		1☐ Direct Purchase 2☐ Employment Based 3☐ Medicaid 4☐ Medicare 5☐ Military Healthcare 6☐ CHIP-Children's Health Insurance Program 7☐ State Health Insurance for Adults 8☐ No Insurance	1☐ Employed Full Time 2☐ Part Time 3☐ Short-Term Unemployed 6 months or less 4☐ Long-Term Unemployed More than 6 months 5☐ Migrant-Seasonal Farm Worker 6☐ Unemployed Not in Labor Force 7☐ Retired 8☐ Age 16 & younger
Ethnicity 1☐Hispanic 2☐non-Hispanic					

Household Member 4:		Military Status *Must Select an option ☐ Active ☐ Veteran ☐ Non-Military			Disability Status: ☐ Disabled ☐ Not Disabled
Name		**Date of Birth**	**Age**	**Social Security Number**	**Relationship to Applicant**
Gender	**Race – Select all that apply**	**Education Level**		**Insurance Type**	**Work Status**
1 ☐Male 2 ☐Female	1☐ American Indian/ or Alaska Native 2☐ Asian 3☐ Black/African-American 4☐ Native Hawaiian or Pacific Islander 5☐ White/Caucasian 6☐ Other: _____ 7☐ Multi-Race	1☐ 0-8 Grade 2☐ 9-12 Grade *(Non-Graduate)* 3☐ Highschool Grad *or GED* 4☐ 12+Post-Secondary 5☐ 2 or 4 year Degree 6☐ Master's Degree +		1☐ Direct Purchase 2☐ Employment Based 3☐ Medicaid 4☐ Medicare 5☐ Military Healthcare 6☐ CHIP-Children's Health Insurance Program 7☐ State Health Insurance for Adults 8☐ No Insurance	1☐ Employed Full Time 2☐ Part Time 3☐ Short-Term Unemployed 6 months or less 4☐ Long-Term Unemployed More than 6 months 5☐ Migrant-Seasonal Farm Worker 6☐ Unemployed Not in Labor Force 7☐ Retired 8☐ Age 16 & younger
Ethnicity 1☐Hispanic 2☐non-Hispanic					

Household Member 5:		Military Status *Must Select an option ☐ Active ☐ Veteran ☐ Non-Military			Disability Status: ☐ Disabled ☐ Not Disabled
Name		**Date of Birth**	**Age**	**Social Security Number**	**Relationship to Applicant**
Gender	**Race – Select all that apply**	**Education Level**		**Insurance Type**	**Work Status**
1 ☐Male 2 ☐Female	1☐ American Indian/ or Alaska Native 2☐ Asian 3☐ Black/African-American 4☐ Native Hawaiian or Pacific Islander 5☐ White/Caucasian 6☐ Other: _____ 7☐ Multi-Race	1☐ 0-8 Grade 2☐ 9-12 Grade *(Non-Graduate)* 3☐ Highschool Grad *or GED* 4☐ 12+Post-Secondary 5☐ 2 or 4 year Degree 6☐ Master's Degree +		1☐ Direct Purchase 2☐ Employment Based 3☐ Medicaid 4☐ Medicare 5☐ Military Healthcare 6☐ CHIP-Children's Health Insurance Program 7☐ State Health Insurance for Adults 8☐ No Insurance	1☐ Employed Full Time 2☐ Part Time 3☐ Short-Term Unemployed 6 months or less 4☐ Long-Term Unemployed More than 6 months 5☐ Migrant-Seasonal Farm Worker 6☐ Unemployed Not in Labor Force 7☐ Retired 8☐ Age 16 & younger
Ethnicity 1☐Hispanic 2☐non-Hispanic					

Guadalupe Economic Services
Corporation Intake Application

☐Pay Stubs	☐Retirement from Social Security	☐VA Non-Service-Connected Disability Pension
☐Alimony	☐Social Security Disability Income (SSDI)	☐VA Service-Connected Disability Compensation
☐Child Support	☐Supplemental Security Income (SSI)	☐Workers Compensation
☐Pension	☐TANF	☐No Income
☐Private Disability Insurance	☐Unemployment	☐Other: _____

PART FOUR: NON-CASH BENEFITS Select any of the following that **anyone** in the household **receives:**

☐Affordable Care Act Subsidy	☐HUD VASH	☐Public Housing
☐Childcare Voucher	☐LIHEAP	☐SNAP
☐Housing Choice Voucher	☐Permanent Supportive Housing	☐WIC
☐Utilities Assistance Voucher	☐Other: _____	

PART FIVE: HOUSING INFORMATION

Housing Type

☐Private Home	☐Apartment	☐Duplex	**Year Built:**
☐Single Wide Mobile Home	☐Rented Room	☐Homeless	
☐Double Wide Mobile Home	☐Other: _____		**Rent/Mortgage Amount: $**

Housing Status – Please check all that Apply

☐Receiving Rent Assistance	☐HUD or Public Housing
☐Own/Buying	☐Renting
☐Double Wide Mobile Home	☐Other: _____

If renting: Contact Information for your landlord

Name	Address, City, State, Zip Code	County	Phone Number

PART SIX: UTILITIES SERVICE INFORMATION

Who does your family pay for heating or cooling?	☐Utility Company	☐Landlord/Manager	☐Included in Rent	
Electric Utility Vendor Name:				
Electric Utility Vendor Account #:			☐Heat	☐Cool
Gas/Propane Utility Vendor Name:				
Gas/Propane Utility Vendor Account #:			☐Heat	☐Cool
Water Company Vendor Name:				
Water Company Vendor Account #:				
Type of Air Conditioning Used:	☐Central Unit	☐Evaporator Cooler	☐Window Unit(s) Number of Units_____	☐None
Type of Heater Used:	☐Central Unit ☐Wall Furnace ☐Gas Heater	☐Fireplace ☐Wood Burning Stove ☐None	☐Cooking Stove ☐Electric Space Heater ☐Other: _____	

PART SEVEN: CERTIFICATION

1. The information contained in the application is true and correct to the best of my knowledge.
2. My household income has been annualized, at the time of application, according to state-established procedure.
3. I understand that I may request a hearing to appeal any denial of eligibility, amount of assistance received, or a delay of assistance.
4. I authorize the Texas Department of Housing and Community Affairs and its contracted agencies to solicit/verify information on my utility and/or fuel bills, both past and future, to the extent that the information is used only to provide data.
5. **I understand that the safety of Crossroad Community Action's clients and staff is their top priority. As such, any aggressive/violent/threatening behavior may result in a denial of services and legal action.**
6. ***I AM AWARE THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULENT INFORMATION.***

Applicant Signature: _____ **Date:** _____

Guadalupe Economic Services
Corporation Intake Application

Do You or Any Household Member Need Help or Information Regarding ANY of the Following Items?

FOOD:

- ☐Emergency Food
- ☐Food Stamps (SNAP)
- ☐Meals On Wheels
- ☐Home Delivered Meals
- ☐WIC
- ☐Other: _____

Housing:

- ☐Low Income Housing
- ☐Rental Assistance
- ☐Temporary Shelter
- ☐Weatherization of Home
- ☐Other: _____

EMPLOYMENT

- ☐Job Search Assistance
- ☐Employment Program for Persons w/ Disabilities or Seniors 55+
- ☐Job Interview Skills
- ☐New Resume or Update
- ☐Other: _____

TRAINING:

- ☐GED Preparation
- ☐Remedial Education(reading, writing, math)
- ☐ESL (English Second Language)
- ☐Career Exploration
- ☐College Entrance Exam prep
- ☐Vocational/ Tech Training
- ☐Training Programs for Persons w/disabilities or Seniors 55+
- ☐Other: _____

SCHOOL

- ☐School Clothes
- ☐School Supplies
- ☐Immunizations/Boosters for school
- ☐School Related Physicals
- ☐Other: _____

MILITARY/ VETERAN SERVICES

- ☐Employment
- ☐Job Training
- ☐Medical
- ☐Home Delivered Meals
- ☐Counseling
- ☐Other: _____

HEALTH

- ☐Medications Assistance Program
- ☐Adult Elderly
- ☐Disabled
- ☐Immunizations
- ☐Pregnancy Services
- ☐Family Planning
- ☐Transportation to Medical Appointments
- ☐CHIP – Children's Health Insurance Prog.
- ☐Blind
- ☐Deaf
- ☐Respite Care
- ☐Rehab Services
- ☐Mental Health Services
- ☐Elder Care
- ☐Drug/Alcohol/Substance Abuse info or Services
- ☐Affordable Health Insurance Options
- ☐Other: _____

INDIVIDUAL/FAMILY

- ☐Domestic Violence
- ☐Child Abuse/Neglect
- ☐Elderly Abuse/Neglect
- ☐Child/Family Care
- ☐Youth/Family Support Group/Service
- ☐ Clothing
- ☐Transportation to/from programs
- ☐Furniture
- ☐TANF
- ☐Financial Counseling Services
- ☐Other: _____

LEGAL SERVICES

- ☐Child Support
- ☐Criminal
- ☐Civil
- ☐Administrative: Medicaid, SSI, TANF, Food Stamps, Public Housing, Unemployment, etc.
- ☐Other: _____

UTILITIES SERVICES

- ☐Electric
- ☐Water
- ☐Reconnect Fees
- ☐Gas/Propane Bills
- ☐Repairs to Heating & Cooling Appliances
- ☐Other: _____

HOME MODIFICATIONS FOR PERSONS WITH DISABILITIES

- ☐Wheelchair Ramp for Access to Your Home
- ☐Thresholds/Flooring Preventing Wheelchair Access
- ☐ Wider Interior/Exterior Doorways
- ☐Handicap Bathroom Modifications (Toilet, Rails, Shower, etc.)
- ☐Life-Threatening Hazards & Unsafe Conditions
- ☐Other: _____

DECLARATION OF INCOME STATEMENT (DIS)

(DECLARACION DE INGRESOS)

Applicant First Name *(Nombre del Solicitante)*	**Applicant Last Name** *(Apellido)*	**Suffix** *(Sufijo)*
Address *(Dirección)*	**City** *(Ciudad)*	**Zip Code** *(Código Postal)*

State the gross income for household members, 18 years and older, who have no documentation of the income received in the **30 day period** prior to the date of application for assistance:
(Declarar el ingreso recibido por los miembros de su hogar, que tienen 18 años de edad ó mas, y que no tienen documentación de ingresos por los 30 dias antes del aplicar para asistencia)

Name *(Nombre)*	**Gross Income Received $** *(Ingreso Bruto Recibido)*
Name *(Nombre)*	**Gross Income Received $** *(Ingreso Bruto Recibido)*
Name *(Nombre)*	**Gross Income Received $** *(Ingreso Bruto Recibido)*
Name *(Nombre)*	**Gross Income Received $** *(Ingreso Bruto Recibido)*

My household has no documented proof of income due to the following situation
(Mi hogar no tiene prueba para documentar los ingresos por medio de tal razones):

_____

_____

_____

_____

_____

_____

_____

_____

I certify that the above information is true and correct to the best of my knowledge and belief.
(Yo certifico que la información proveida de los ingresos es verdadera y correcta según mi saber y creencia.)

I understand that the information will be verified to the extent possible;
and that I may be subject to prosecution for providing false or fraudulent information.
(Comprendo que la información será verificada hasta donde sea posible y que puedo ser enjuiciado por haber proveido información falsa ó fraudulenta.)

_____ _____

Applicant Signature *(Firma del Solicitante)* **Date** *(Fecha)*

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► **Go to *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 **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) _____

(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.*

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.*