

## **G.E.S.C. Waitlist Application Process (2026)**

### **How to Apply**

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

### **Required Documents**

- 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 that you provided from (806) 642 phone number to schedule an appointment.
- MUST provide a legible and valid phone number where you can be reached. If you do not answer, GESC staff will leave a voice message with appointment details, contact information and deadline date to respond.
- You must verbally confirm your scheduled appointment with a case worker by the deadline: first Thursday of month by 1:00 pm.
- Bring your completed application and all original and current required documents to the interview.
- Missed/late interviews or incomplete documentation will require reapplication the following month. Interviews will not be rescheduled.

### **Important Information**

- If you have questions or need to update your contact information, you must contact the office 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-Thursday, 9am-3pm. Please do not arrive or wait on GESC property before opening. 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 N. Ave N.
- DO NOT park in or block driveways, the parking lots or the parking lots 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 9am GESC staff will provide instructions on 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, call G.E.S.C. at (806) 744-4416, Monday–Thursday, 9:00 am–3:00 pm.





# INTAKE APPLICATION FOR SERVICES

## Certification of Completeness / Checklist

(806) 744-4416 | 1502 Erskine Street Lubbock, TX 79403 | [info@gescorp.org](mailto: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** Declaration 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 within current year) ☐ 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:** Must be original and current documents (no copies)
  - ☐ Passport (**If Passport is provided, no additional identification is required for that household member.**)
 Otherwise: Must be original and current documents (no copies)
  - ☐ 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](mailto: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

**Actual Applicant Signature – NOT AGENT/REPRESENTATIVE**

*Digital Signature: Full Name + Last four digits of SSN*

\_\_\_\_\_  
Date of Signature

----- 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](mailto: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                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| 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                                                                         | Race -<br>Select all that apply                                                                                                                                                                                                                                                                                                                                | Highest Level of<br>Education                                                                                                                                                                                                                                                                                  | Military Status<br><i>*Must Select an option</i>                                                                                                                                                                                                                    | Insurance Type                                                                                                                                                                                                                                                                                                                                                                                               | Work Status                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 1 <input type="checkbox"/> Male<br>2 <input type="checkbox"/> Female           | 1 <input type="checkbox"/> American Indian/<br>Alaska Native<br>2 <input type="checkbox"/> Asian<br>3 <input type="checkbox"/> Black/African-<br>American<br>4 <input type="checkbox"/> Native Hawaiian<br>/Pacific Islander<br>5 <input type="checkbox"/> White/Caucasian<br>6 <input type="checkbox"/> Other: _____<br>7 <input type="checkbox"/> Multi-Race | 1 <input type="checkbox"/> 0-8 Grade<br>2 <input type="checkbox"/> 9-12 Grade (Non-<br>Graduate)<br>3 <input type="checkbox"/> Highschool<br>Grad/GED<br>4 <input type="checkbox"/> 12+Post-Secondary<br>5 <input type="checkbox"/> 2 or 4 year Degree<br>6 <input type="checkbox"/> Master's Degree or higher | <input type="checkbox"/> Active<br><input type="checkbox"/> Veteran<br><input type="checkbox"/> Non-Military<br><input type="checkbox"/> Never Served<br><br><b>Disability Status</b><br><input type="checkbox"/> Disabled<br><input type="checkbox"/> Not-Disabled | 1 <input type="checkbox"/> Direct Purchase<br>2 <input type="checkbox"/> Employment Based<br>3 <input type="checkbox"/> Medicaid<br>4 <input type="checkbox"/> Medicare<br>5 <input type="checkbox"/> Military Healthcare<br>6 <input type="checkbox"/> Children's Health Ins.<br>Program-CHIP<br>7 <input type="checkbox"/> State Health<br>Insurance for Adults<br>8 <input type="checkbox"/> No Insurance | 1 <input type="checkbox"/> Employed Full Time<br>2 <input type="checkbox"/> Part Time<br>3 <input type="checkbox"/> Short-Term Unemployed<br>6 months or less<br>4 <input type="checkbox"/> Long-Term Unemployed<br>More than 6 months<br>5 <input type="checkbox"/> Migrant-Seasonal<br>Farm Worker<br>6 <input type="checkbox"/> Unemployed<br>Not in Labor Force<br>7 <input type="checkbox"/> Retired<br>8 <input type="checkbox"/> Age 16 & younger |
| Ethnicity                                                                      |                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 1 <input type="checkbox"/> Hispanic<br>2 <input type="checkbox"/> Non-Hispanic |                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

Number of people in the household: \_\_\_\_\_

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

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



Guadalupe Economic Services  
Corporation Intake Application

**PART TWO: ALL HOUSEHOLD MEMBERS INFORMATION**

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

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

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

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



Guadalupe Economic Services  
Corporation Intake Application

- |                                                       |                                                                   |                                                                       |
|-------------------------------------------------------|-------------------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Pay Stubs                    | <input type="checkbox"/> Retirement from Social Security          | <input type="checkbox"/> VA Non-Service-Connected Disability Pension  |
| <input type="checkbox"/> Alimony                      | <input type="checkbox"/> Social Security Disability Income (SSDI) | <input type="checkbox"/> VA Service-Connected Disability Compensation |
| <input type="checkbox"/> Child Support                | <input type="checkbox"/> Supplemental Security Income (SSI)       | <input type="checkbox"/> Workers Compensation                         |
| <input type="checkbox"/> Pension                      | <input type="checkbox"/> TANF                                     | <input type="checkbox"/> No Income                                    |
| <input type="checkbox"/> Private Disability Insurance | <input type="checkbox"/> Unemployment                             | <input type="checkbox"/> Other: _____                                 |

**PART FOUR: NON-CASH BENEFITS**

Select any of the following that **anyone** in the household **receives**:

- |                                                       |                                                       |                                         |
|-------------------------------------------------------|-------------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Affordable Care Act Subsidy  | <input type="checkbox"/> HUD VASH                     | <input type="checkbox"/> Public Housing |
| <input type="checkbox"/> Childcare Voucher            | <input type="checkbox"/> LIHEAP                       | <input type="checkbox"/> SNAP           |
| <input type="checkbox"/> Housing Choice Voucher       | <input type="checkbox"/> Permanent Supportive Housing | <input type="checkbox"/> WIC            |
| <input type="checkbox"/> Utilities Assistance Voucher | <input type="checkbox"/> Other: _____                 |                                         |

**PART FIVE: HOUSING INFORMATION**

**Housing Type**

- |                                                  |                                       |                                   |
|--------------------------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Private Home            | <input type="checkbox"/> Apartment    | <input type="checkbox"/> Duplex   |
| <input type="checkbox"/> Single Wide Mobile Home | <input type="checkbox"/> Rented Room  | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Double Wide Mobile Home | <input type="checkbox"/> Other: _____ |                                   |

**Year Built:**

**Rent/Mortgage Amount: \$**

**Housing Status** – Please check all that Apply

- |                                                    |                                                |
|----------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Receiving Rent Assistance | <input type="checkbox"/> HUD or Public Housing |
| <input type="checkbox"/> Own/Buying                | <input type="checkbox"/> Renting               |
| <input type="checkbox"/> Double Wide Mobile Home   | <input type="checkbox"/> 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? | <input type="checkbox"/> Utility Company | <input type="checkbox"/> Landlord/Manager   | <input type="checkbox"/> Included in Rent                                                   |
| Electric Utility Vendor Name:                    |                                          |                                             |                                                                                             |
| Electric Utility Vendor Account #:               |                                          | <input type="checkbox"/> Heat               | <input type="checkbox"/> Cool                                                               |
| Gas/Propane Utility Vendor Name:                 |                                          |                                             |                                                                                             |
| Gas/Propane Utility Vendor Account #:            |                                          | <input type="checkbox"/> Heat               | <input type="checkbox"/> Cool                                                               |
| Water Company Vendor Name:                       |                                          |                                             |                                                                                             |
| Water Company Vendor Account #:                  |                                          |                                             |                                                                                             |
| Type of Air Conditioning Used:                   | <input type="checkbox"/> Central Unit    | <input type="checkbox"/> Evaporator Cooler  | <input type="checkbox"/> Window Unit(s) Number of Units _____ <input type="checkbox"/> None |
| Type of Heater Used:                             | <input type="checkbox"/> Central Unit    | <input type="checkbox"/> Fireplace          | <input type="checkbox"/> Cooking Stove                                                      |
|                                                  | <input type="checkbox"/> Wall Furnace    | <input type="checkbox"/> Wood Burning Stove | <input type="checkbox"/> Electric Space Heater                                              |
|                                                  | <input type="checkbox"/> Gas Heater      | <input type="checkbox"/> None               | <input type="checkbox"/> 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  
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**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**

- |                                                                 |                                                                                                            |                                          |
|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Medications Assistance Program         | <input type="checkbox"/> Adult Elderly                                                                     | <input type="checkbox"/> Disabled        |
| <input type="checkbox"/> Immunizations                          | <input type="checkbox"/> Pregnancy Services                                                                | <input type="checkbox"/> Family Planning |
| <input type="checkbox"/> Transportation to Medical Appointments | <input type="checkbox"/> CHIP – Children’s Health Insurance Prog.                                          | <input type="checkbox"/> Blind           |
| <input type="checkbox"/> Deaf                                   | <input type="checkbox"/> Respite Care                                                                      | <input type="checkbox"/> Rehab Services  |
| <input type="checkbox"/> Mental Health Services                 | <input type="checkbox"/> Elder Care <input type="checkbox"/> Drug/Alcohol/Substance Abuse info or Services |                                          |
| <input type="checkbox"/> Affordable Health Insurance Options    | <input type="checkbox"/> Other: _____                                                                      |                                          |

**INDIVIDUAL/FAMILY**

- |                                                          |                                                             |                                                |
|----------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Domestic Violence               | <input type="checkbox"/> Child Abuse/Neglect                | <input type="checkbox"/> Elderly Abuse/Neglect |
| <input type="checkbox"/> Child/Family Care               | <input type="checkbox"/> Youth/Family Support Group/Service | <input type="checkbox"/> Clothing              |
| <input type="checkbox"/> Transportation to/from programs | <input type="checkbox"/> Furniture                          | <input type="checkbox"/> TANF                  |
| <input type="checkbox"/> Financial Counseling Services   | <input type="checkbox"/> 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**

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



**DECLARATION OF INCOME STATEMENT (DIS)**  
*(DECLARACION DE INGRESOS)*



|                                                                |                                                 |                                           |
|----------------------------------------------------------------|-------------------------------------------------|-------------------------------------------|
| <b>Applicant First Name</b><br><i>(Nombre del Solicitante)</i> | <b>Applicant Last Name</b><br><i>(Apellido)</i> | <b>Suffix</b><br><i>(Sufijo)</i>          |
| <b>Address</b><br><i>(Dirección)</i>                           | <b>City</b><br><i>(Ciudad)</i>                  | <b>Zip Code</b><br><i>(Código Postal)</i> |

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 días antes del aplicar para asistencia)*

|                                |                                                                    |
|--------------------------------|--------------------------------------------------------------------|
| <b>Name</b><br><i>(Nombre)</i> | <b>Gross Income Received \$</b><br><i>(Ingreso Bruto Recibido)</i> |
| <b>Name</b><br><i>(Nombre)</i> | <b>Gross Income Received \$</b><br><i>(Ingreso Bruto Recibido)</i> |
| <b>Name</b><br><i>(Nombre)</i> | <b>Gross Income Received \$</b><br><i>(Ingreso Bruto Recibido)</i> |
| <b>Name</b><br><i>(Nombre)</i> | <b>Gross Income Received \$</b><br><i>(Ingreso Bruto Recibido)</i> |

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):*

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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)*



## 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.

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

|                                                        |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
|--------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Print or type.<br>See Specific Instructions on page 3. | 1                                       | Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
|                                                        | 2                                       | Business name/disregarded entity name, if different from above.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
|                                                        | 3a                                      | Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.<br><br><input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate<br><br><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .<br><b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.<br><br><input type="checkbox"/> Other (see instructions) _____ |  |
|                                                        | 3b                                      | If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/> (Applies to accounts maintained outside the United States.)                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
|                                                        | 5                                       | Address (number, street, and apt. or suite no.). See instructions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
|                                                        | 6                                       | City, state, and ZIP code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|                                                        | 7                                       | List account number(s) here (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
|                                                        | Requester's name and address (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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

|                                |                      |
|--------------------------------|----------------------|
| Social security number         |                      |
| <input type="text"/>           | <input type="text"/> |
| or                             |                      |
| Employer identification number |                      |
| <input type="text"/>           | <input type="text"/> |

### 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).

### What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they