



Southeast NM Community Action Corporation

1915 SAN JOSE BLVD, CARLSBAD, NM 88220

Phone: (575) 887-3939 Fax: (575) 887-6357

PAST DUE RENT LETTER

(To be filled out by Owner or Landlord)

Date: _____

Tenant Name: _____

Tenant Address: _____

Number of People at this address: _____

You are behind on rent for the month of _____ (current month)

Your monthly rent is \$_____ which is due on _____(date)

and you still owe \$_____ for the month. If any of this amount includes late

fees, please indicate how much are for late fees or if utilities are included in the rent, please indicate how much are for late fees \$_____ And/or how much are for utilities _____?

Is this a HUD contract? ____Yes ____No (please attach copy of HUD contract)

If the monthly rent is more than \$1,000.00, the client must provide a receipt(s) during the appointment verifying that any amount over \$1,000.00 has been paid.

I (landlord) understand that you are seeking help from the Community Action Program and, if you qualify, they can help with up to \$1,000.00 of your rent. I will accept a voucher which, when signed and returned within the specified time, will then be submitted to the SNMCAC accounting department so a check can be mailed to me. I understand that it could take 2 to 4 weeks for payment.

Landlord/Owner Name

Landlord/Owner Mailing Address

Landlord/Owner Telephone Number

Federal ID# or Social Security

Note: Signing this form does not obligate our agency to pay the mortgage indicated above. This is part of the application process only. No determination has been made.

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the
requester. Do not
send to the IRS.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC

☐ C Corporation

☐ S Corporation

☐ Partnership

☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ► _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

				-				-				
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or

Employer identification number

				-								
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Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►

Date ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



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AFFIDAVIT OF NO INCOME

Must provide copy of NM Workforce Registration
<https://www.jobs.state.nm.us/>

I, _____ hereby certify that I have no income.

Clients Name

Also I have not had any income for the last _____ days.

Do you need referral for food banks? Y or N *circle one*

Requesting Assistance with: _____

Reason for no income:

How have you been paying your bills in the past?

How do you plan on paying next month's bills?

If this information is found to be incorrect, my services will be denied.

Clients Signature

Date

Social Security #

Client Service Agent Signature

Date