

Dear Building Owner:

Thank you for your interest in the Article 8A Loan Program. The program provides rehabilitation loans to correct substandard conditions and to prolong the useful life of multiple dwellings in New York City. Rehabilitation is generally limited to the upgrading or replacement of major building systems with an emphasis on energy items. Applications are accepted on a rolling basis throughout the year.

Please find attached the Article 8A Application documents:

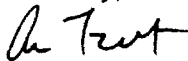
- Program Term Sheet
- List of Submission Exhibits
- Application Forms

Prior to submitting an application, please carefully review the eligibility criteria outlined in the Term Sheet. Applications should be sent to:

Anna Frantz, Director  
Article 8A Loan Program  
100 Gold Street Room 9Q-2  
New York, NY 10038  
Email: [frantza@hpd.nyc.gov](mailto:frantza@hpd.nyc.gov)  
Tel: (212) 863-8229

I look forward to receiving your application. Please do not hesitate to contact me with questions.

Sincerely,



Anna Frantz  
Director

## ARTICLE 8A APPLICATION DOCUMENTS

**Complete all forms. Incomplete application and disclosure statements will not be accepted.**

- 1) Application Form: Basic project information, contact, description, acquisition, signature and date.
- 2) Income and Expense Statements: Previous year and current year (projected).
- 3) Rent Roll – Provide printout of current rent roll with application. You will be asked to email an excel version to your assigned project manager.
- 4) Rent registration information form.
- 5) Substitute Form W-9 with IRS tax affirmation letter or a copy of Social Security Card.
- 6) Mortgages of record on the project property. **Attach copies of all mortgages and notes.** If the mortgage is recent (within the past 5 years) please provide a copy of the loan disbursement schedule.
- 7) Affidavit on Inability to Obtain Private Financing: Prior to applying to the Article 8A Program, applicants must make a loan request to your current mortgagee **and** one other lending institution that normally would accept loan requests from owners of commercial-residential multiple-dwellings.
- 8) Disclosure Statements: Entity disclosure for corporation, partnership, LLC, etc. and Individual disclosure for all individuals, principals, and officers.
- 9) Doing Business Data Forms
- 10) Application fee payable to New York City Department of Finance. Fee is \$150 plus \$75 per additional building.
- 11) Copies of in-rem or installment agreements of any kind on the property.
- 12) XRF Lead Testing Report for all projects contemplating interior work.
- 13) Asbestos report: For all projects that will include roof, parapet walls, heating system or windows.
- 14) Local Law 11/98 facade report on buildings with more than six stories.



APPLICATION FOR:
ARTICLE 8A LOAN : HOUSING REHABILITATION LOAN
Office Of Development:

The City of New York
Department of Housing Preservation
& Development

Article 8A Loan
100 Gold Street - 9U
New York, NY 10038
212-863-6412

DATE: LOAN #

FEE OWNER:

BUILDING:

1. Name of Owner: (Check applicable type: Individual Partnership Corporation)
Principal's Name Telephone:
Email Address Alt. Phone:
1A. Mailing Address:(Include zip code)
1B. Managing Agent's name, address, telephone:
1C. Owner's representative/attorney, if any: name, address and telephone:
1E. Superintendent's name, telephone, apartment unit:
2. Property Address (include zip code cross streets at both corners).
2B: Block: Lot:
2C: Old Law: New Law:
Other:
2D. Dimension of building and size of lot.
2E. Assessed valuation (current)
2F. Elevator (yes/no):

3. Apartment Distribution
Number of stories above basement: Total number of units:
Number of vacant: Number occupied: Basement unit/rms:
List how many units of each of the following: Commercial/Professional units:
1 Rm: 2Rms : 3Rms: 4Rms:
5Rms: 6Rm: 7Rms:

4. Check proposed work: Boiler/burner: [ ] Plumbing: [ ] Electrical [ ]
Roof: [ ] Masonry: [ ] Waterpfg: [ ] Intercom [ ]
Elevator: [ ] Concrete [ ] Gas/Steam Repipe:[ ] Mailboxes [ ]
Compactor: [ ] Structural [ ] Kit'enRehab [ ] Doors(apt/bldg)[ ]
Other(specify): Bath Rehab [ ] Windows: [ ]

5. Building purchased on: Date by (Purchase/Foreclosure/Inheritance/Other)
Amount paid in cash: \$
Paid by assuming existing mortgages: \$
Paid by purchase (Bank) mortgages \$
Other (paid taxes, liabilities, others): \$
Total purchase price \$

I hereby certify under the certification penalty provided by law, that all the information included in or annexed to this application is true to the best of my knowledge and belief.

Signature:
Print name:
Date: Title:

**INCOME & EXPENSE STATEMENT FOR:**

<b>(For twelve (12) months periods)</b>		<b>Previous Year Actual (12 months)</b>	<b>Current Year Estimated (12 months)</b>
<b>INCOME</b>			
1	Gross income from apartment rental/maint.	\$ _____	\$ _____
2	Gross income from commercial/profl units	\$ _____	\$ _____
3	Other income	\$ _____	\$ _____
<b>4</b>	<b>Subtotal Income:</b>	\$ _____	\$ _____
5	Loss due to vacancy	(\$ _____ )	(\$ _____ )
6	Loss due to uncollectable rents	(\$ _____ )	(\$ _____ )
<b>7</b>	<b>Gross Income(L4 less L5 and L6):</b>	\$ _____	\$ _____

**OPERATING EXPENSE:**

8	Superintendent and Maintenance Staff salaries:	\$ _____	\$ _____
9	Maintenance supplies (Janitorial)	\$ _____	\$ _____
10	Exterminating Services	\$ _____	\$ _____
12	Water and Sewer	\$ _____	\$ _____
11	Elevator (Annual Maintenance Contract)	\$ _____	\$ _____
12	Heating	\$ _____	\$ _____
13	Gas (Not metered to tenants)	\$ _____	\$ _____
14	Electricity (Not metered to tenants)	\$ _____	\$ _____
15	(Repair /Replace/ A. Plumbing	\$ _____	\$ _____
	or Maintenance): B. Electrical	\$ _____	\$ _____
	C. Elevator	\$ _____	\$ _____
	D. Heating	\$ _____	\$ _____
	E. Roofing	\$ _____	\$ _____
	F. Windows	\$ _____	\$ _____
	G. Painting	\$ _____	\$ _____
16	Reserve Contributions (annual)	_____	_____
17	Others (Specify)	\$ _____	\$ _____
<b>18</b>	<b>Subtotal(8 thru 18):</b>	\$ _____	\$ _____

**ADMINISTRATIVE EXPENSES:**

19	Renting Expense (Broker's Fee)	\$ _____	\$ _____
20	Management Fees	\$ _____	\$ _____
21	Legal Expenses	\$ _____	\$ _____
22	Accounting and Auditing Fee	\$ _____	\$ _____

**TAXES AND INSURANCE:**

23	Real Estate Tax	\$ _____	\$ _____
24	Corporate Taxes (not corporate income tax)	\$ _____	\$ _____
25	Fire, Liability and other Insurance Expenses:	\$ _____	\$ _____
<b>26</b>	<b>Sub Total (L19 thru L26)</b>	\$ _____	\$ _____

**27 Income less Exp.: ( L7 less L18,L 26)** \$ \_\_\_\_\_

**MORTGAGE DEBT SERVICES:**

28	First Mortgage:	\$ _____	\$ _____
29	Second Mortgage:	\$ _____	\$ _____
<b>30</b>	<b>Total Debt Services (Lines 28 and 30):</b>	\$ _____	\$ _____
<b>31</b>	<b>Net Income (L25 less L30):</b>	\$ _____	\$ _____

**(You must initial your answers to questions 32 and 33)**

32 Refinanced recently? If so, When? Provide details on separate attachment. [ ]No [ ]Yes \_\_\_\_\_

33 Made insurance claims in the last five years? Provide details on attachment.[ ]No [ ]Yes \_\_\_\_\_

34 What is current reserve balance? Please provide most recent statement. \$ \_\_\_\_\_

35 What heating fuel is used? [ ] Oil [ ] Gas [ ] Electric

36 What grade of oil used? [ ] grade 2 [ ] grade 4 [ ] grade 6

37 Type of cooking equipment: [ ] Gas [ ] Electric

Premises: \_\_\_\_\_



### RENT REGISTRATION INFORMATION FORM

**TO:** BOROUGH DIRECTOR; DHCR DISTRICT OFFICE  
DIVISION OF HOUSING AND COMMUNITY RENEWAL  
RENT ADMINISTRATION, REGISTRATION UNIT, 5th Floor  
Jamaica, NY 11433

Registration Docket Number (If known) \_\_\_\_\_

RE: \_\_\_\_\_  
PREMISES

\_\_\_\_\_  
BOROUGH & ZIP CODE

Dear Borough Director:

I, the owner of the above premises, have registered the captioned premises with the NYS, Division of Housing and Community Renewal. I hereby authorize you to provide access to, and written copies of, any rent and service registration requested by the NYC, Dept of Housing Preservation and Development in connection with its Article 8A Loan Program.

In particular, the forms they need are:

- 1) Annual Registration Summary (Form #RR-IS).
- 2) Print-out of latest Apartment Registration Listing.

Very truly yours:

\_\_\_\_\_  
Print: Owner's name

**Please Mail Requested Forms To:** \_\_\_\_\_

**Department of Housing Preservation & Development  
8A Loan Program  
100 Gold Street - 9U  
New York, NY 10038**

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date



**MORTGAGE INFORMATION RELEASE FORM**



TO: \_\_\_\_\_

Mortgage Number (if known) \_\_\_\_\_

RE: \_\_\_\_\_

PREMISES

Dear Mortgage Officer:

I, the owner of the above premises, have given a mortgage to you. I hereby authorize you to provide, in writing, any mortgage information requested by the Department of Housing Preservation & Development in connection with its Article 8A Loan Program, including the attached form.

Very truly yours,

\_\_\_\_\_  
Owner (s) (Please print)

\_\_\_\_\_  
Signature of Owner

**AFFIDAVIT on INABILITY to OBTAIN PRIVATE FINANCING**

State of New York                    )  
County of                            )    ss.:

(Name) \_\_\_\_\_  
being duly sworn, deposes and says:

1. I reside at \_\_\_\_\_  
and am personally familiar with the facts set forth below:

2. I am the owner  
(if the owner is an individual) \_\_\_\_\_  
OF \_\_\_\_\_

I am the General Partner of \_\_\_\_\_, the owner  
(if the owner is a partnership) \_\_\_\_\_  
OR \_\_\_\_\_

I am the (Vice) President of \_\_\_\_\_, the owner  
(if the owner is a corporation) \_\_\_\_\_

**of the premises known as** \_\_\_\_\_

3. I make this affidavit to induce the City of New York, acting by and through its Department of Housing Preservation & Development (hereafter "HPD"), to make a loan for the rehabilitation and/or improvement of the multiple dwelling (s) at the above premises, and I know that HPD will rely on the veracity of this Affidavit in making decisions concerning the loan transaction.

**4. Within the prior (6) months, I, (acting on behalf of the owner ) in good faith, made separate applications for a loan in the amount of \$ \_\_\_\_\_ for the rehabilitation and/or improvement at the prevailing interest rates with the above premises as security, from the following "two" lending institutions which normally provide such financing.**

<u>Name of Institution</u>	<u>Date</u>	<u>Amount Requested</u>
First _____	_____	_____
Second _____	_____	_____

Each lending institution declined to make such loan.

5. I believe my loan applications were declined not because of prior mortgage defaults, poor credit histories or requests for funds which exceeded the value of the security, but rather because for the neighborhood, the age of the building, the reasons set forth below or other factors not known to me.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Print Name and Title

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

DOING BUSINESS ACCOUNTABILITY PROJECT  
**QUESTIONS AND ANSWERS ABOUT THE DOING BUSINESS DATA FORM**  
AFFORDABLE HOUSING TRANSACTIONS

**What is the purpose of this *Data Form*?**

To collect accurate, up-to-date identification information about entities that have business dealings with the City of New York in order to comply with Local Law 34 of 2007 (LL 34), the recently passed campaign finance reform law. LL 34 limits municipal campaign contributions from principal officers, owners and senior managers of entities doing business with the City and mandates the creation of a *Doing Business Database* to allow the City to enforce the law. The information requested in this *Data Form* must be provided, regardless of whether the entity or the people associated with it make or intend to make campaign contributions. No sensitive personal information collected will be disclosed to the public.

**Why have I received this *Data Form*? What entities are considered to have business dealings with the City?**

Any entity that has purchased or acquired city owned land, applied for an affordable housing loan or grant, requested a discretionary tax benefit, applied for a low income housing tax credit or requested an inclusionary housing agreement is considered doing business with the City under LL 34 and therefore must complete this *Data Form*. No covered transaction will be entered into unless this form is completed. Other types of transactions that are covered by LL 34 include contracts for goods, services and construction; concessions; franchises; grants; economic development agreements; pension investment contracts, real property transactions and land use actions with the City.

**What individuals will be included in the *Doing Business Database*?**

The principal officers, owners and certain senior managers of entities listed in the *Doing Business Database* are themselves considered to be doing business with the City and will also be included in the *Database*.

- **Principal Officers** are the Chief Executive Officer (CEO), Chief Financial Officer (CFO) and Chief Operating Officer (COO), or their functional equivalents. See the *Data Form* for examples of titles that apply.
- **Principal Owners** are individuals who own or control 10% or more of the entity. This includes stockholders, partners and anyone else with an ownership or controlling interest in the entity.
- **Senior Managers** include anyone who, either by job title or actual duties, has substantial discretion and high-level oversight regarding the solicitation, letting or administration of any affordable housing transaction with the City. At least one Senior Manager must be listed or the *Data Form* will be considered incomplete.

**Will the information on this *Data Form* be available to the public?**

The names and titles of the officers, owners and senior managers reported on the *Data Form* will be made available to the public, as will information about the entity itself. However, personal identifying information, such as home address, home phone and date of birth, will not be disclosed to the public, and home address and phone number information will not be used for communication purposes.

**I have already completed a *Doing Business Data Form*; do I have to submit another one?**

Yes. An entity is required to submit a *Doing Business Data Form* each time it enters into a transaction considered a business dealing with the City. However, the *Data Form* has both a Change option, which requires only information that has changed since the last *Data Form* was filed, and a No Change option. No entity should have to fill out the entire *Data Form* more than once.

If you have already submitted a *Data Form* for another transaction type covered by LL 34 (such as a contract) and this is the first time you are completing a *Data Form* for an affordable housing transaction, please select the Change option and complete Section 4 (Senior Managers).



**I provided some of this information on the VENDEX Questionnaire; do I have to provide it again?**

Although the *Doing Business Data Form* and the VENDEX Questionnaire request some of the same information, they serve entirely different purposes. In addition, the *Data Form* requests information concerning senior managers, which is not part of the VENDEX Questionnaire.

**No one in my organization plans to contribute to a candidate; do I have to fill out this *Data Form*?**

Yes. All entities are required to return this *Data Form* with complete and accurate information, regardless of the history or intention of the entity or its officers, owners or senior managers to make campaign contributions. The *Doing Business Database* must be complete so that the Campaign Finance Board can verify whether future contributions are in compliance with the law.

**How does a person remove him/herself from the *Doing Business Database*?**

Any person who believes that s/he should not be listed may apply for removal from the *Database* by submitting a Request for Removal. Reasons that a person would be removed include his/her no longer being the principal officer, owner or senior manager of the entity, or the entity no longer doing business with the City. Entities may also update their database information by submitting an update form. These forms are available online at [www.nyc.gov/mocs](http://www.nyc.gov/mocs) (once there, click MOCS Programs) or by calling 212-788-8104.

**How long will an entity and its officers, owners and senior managers remain listed on the *Doing Business Database*?**

- Affordable housing transactions are generally considered business dealings from the submission of a proposal or application through the completion of the transaction, plus a year.
- Land use actions under City Charter sections 195, 197c and 201 are generally considered business dealings from the start of negotiations until final action by the City Council, plus 120 days.
- Unsuccessful proposers remain on the Database until an awardee is selected.

For more information on these or other transactions covered by LL 34, contact the Doing Business Accountability Project.

**What are the new campaign contribution limits for people doing business with the City?**

Contributions to City Council candidates are limited to \$250 per election cycle; \$320 to Borough President candidates; and \$400 to candidates for citywide office. Please contact the NYC Campaign Finance Board for more information at [www.nyccfb.info](http://www.nyccfb.info), or 212-306-7100.

**The *Data Form* is to be returned to the issuing agency.**

If you have any questions about the *Data Form* please contact the Doing Business Accountability Project at 212-788-8104 or [DoingBusiness@cityhall.nyc.gov](mailto:DoingBusiness@cityhall.nyc.gov).

8/26/08



## Doing Business Data Form: Affordable Housing Transactions

To be completed by the City Agency	
Agency: _____	Submission Date: _____
Transaction ID: _____	
Check One: <input type="checkbox"/> Competitive Solicitation (P) <input type="checkbox"/> Application or Award (A)	
Check One: <input type="checkbox"/> Disposition (D) <input type="checkbox"/> Discretionary Approval (A) <input type="checkbox"/> Tax Benefit (B)	
<input type="checkbox"/> Loan/Grant (L) <input type="checkbox"/> Inclusionary Housing (I) <input type="checkbox"/> Tax Credit (C)	

Entities participating in affordable housing transactions with the City of New York must complete a Doing Business Data Form (see Q&A sheet for more information). Please either type responses directly into this fillable form or print answers by hand in black ink, and be sure to fill out the certification box on the last page. **Submission of a complete and accurate form is required for any entity to enter into an affordable housing transaction.**

This Data Form requires information to be provided on principal officers, owners and senior managers. The name, employer and title of each person identified on the Data Form will be included in a public database of people who do business with the City of New York; no other information reported on this form will be disclosed to the public. **This Data Form is not related to the City's VENDEX requirements.**

**Please return the completed Data Form to the City Agency that supplied it.** Please contact the Doing Business Accountability Project at [DoingBusiness@cityhall.nyc.gov](mailto:DoingBusiness@cityhall.nyc.gov) or 212-788-8104 with any questions regarding this Data Form. Thank you for your cooperation.

### Section 1: Entity Information

Entity Name: \_\_\_\_\_  
 Entity EIN/TIN: \_\_\_\_\_

#### **Entity Filing Status (select one):**

- Entity has never completed a Doing Business Data Form. *Fill out the entire form.*
- Change from previous Data Form dated \_\_\_\_\_. *Fill out only those sections that have changed, and indicate the name of the persons who no longer hold positions with the entity.*
- No Change from previous Data Form dated \_\_\_\_\_. *Skip to the bottom of the last page.*

Entity is a Non-Profit:  Yes  No

Entity Type:  Corporation (any type)  Joint Venture  LLC  Partnership (any type)  
 Sole Proprietor  Other (specify): \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone : \_\_\_\_\_ Fax : \_\_\_\_\_

E-mail: \_\_\_\_\_

Provide your e-mail address and/or fax number in order to receive notices regarding this form by e-mail or fax.

**Section 2: Principal Officers**

Please fill in the required identification information for each officer listed below. If the entity has no such officer or its equivalent, please check "This position does not exist." If the entity is filing a Change Form and the person listed is replacing someone who was previously disclosed, please check "This person replaced..." and fill in the name of the person being replaced so his/her name can be removed from the *Doing Business Database*, and indicate the date that the change became effective.

**Chief Executive Officer (CEO) or equivalent officer**  This position does not exist

The highest ranking officer or manager, such as the President, Executive Director, Sole Proprietor or Chairperson of the Board.

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

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

Employer (if not employed by entity): \_\_\_\_\_

Birth Date (mm/dd/yy): \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_

This person replaced former CEO: \_\_\_\_\_ on date: \_\_\_\_\_

**Chief Financial Officer (CFO) or equivalent officer**  This position does not exist

The highest ranking financial officer, such as the Treasurer, Comptroller, Financial Director or VP for Finance.

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

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

Employer (if not employed by entity): \_\_\_\_\_

Birth Date (mm/dd/yy): \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_

This person replaced former CFO: \_\_\_\_\_ on date: \_\_\_\_\_

**Chief Operating Officer (COO) or equivalent officer**  This position does not exist

The highest ranking operational officer, such as the Chief Planning Officer, Director of Operations or VP for Operations.

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

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

Employer (if not employed by entity): \_\_\_\_\_

Birth Date (mm/dd/yy): \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_

This person replaced former COO: \_\_\_\_\_ on date: \_\_\_\_\_

**Section 3: Principal Owners**

Please fill in the required identification information for all individuals who, through stock shares, partnership agreements or other means, **own or control 10% or more of the entity**. If no individual owners exist, please check the appropriate box to indicate why and skip to the next page. If the entity is owned by other companies, those companies do **not** need to be listed. If an owner was identified on the previous page, fill in his/her name and write "See above." If the entity is filing a Change Form, list any individuals who are no longer owners at the bottom of this page. If more space is needed, attach additional pages labeled "Additional Owners."

**There are no owners listed because (select one):**

- The entity is not-for-profit
- There are no individual owners
- No individual owner holds 10% or more shares in the entity
- Other (explain): \_\_\_\_\_

**Principal Owners (who own or control 10% or more of the entity):**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

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

Employer (if not employed by entity): \_\_\_\_\_

Birth Date (mm/dd/yy): \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

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

Employer (if not employed by entity): \_\_\_\_\_

Birth Date (mm/dd/yy): \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

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

Employer (if not employed by entity): \_\_\_\_\_

Birth Date (mm/dd/yy): \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_

**Remove the following previously-reported Principal Owners:**

Name: \_\_\_\_\_ Removal Date: \_\_\_\_\_

Name: \_\_\_\_\_ Removal Date: \_\_\_\_\_

Name: \_\_\_\_\_ Removal Date: \_\_\_\_\_

**Section 4: Senior Managers**

Please fill in the required identification information for all senior managers who oversee any of the entity's affordable housing transactions with the City. Senior managers include anyone who, either by title or duties, has substantial discretion and high-level oversight regarding the solicitation, letting or administration of any affordable housing transaction with the City. **At least one senior manager must be listed, or the Data Form will be considered incomplete.** If a senior manager has been identified on a previous page, fill in his/her name and write "See above." If the entity is filing a Change Form, list individuals who are no longer senior managers at the bottom of this section. If more space is needed, attach additional pages labeled "Additional Senior Managers."

**Senior Managers:**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

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

Employer (if not employed by entity): \_\_\_\_\_

Birth Date (mm/dd/yy): \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

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

Employer (if not employed by entity): \_\_\_\_\_

Birth Date (mm/dd/yy): \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

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

Employer (if not employed by entity): \_\_\_\_\_

Birth Date (mm/dd/yy): \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_

**Remove the following previously-reported Senior Managers:**

Name: \_\_\_\_\_ Removal Date: \_\_\_\_\_

Name: \_\_\_\_\_ Removal Date: \_\_\_\_\_

**Certification**

**I certify that the information submitted on these four pages and \_\_\_\_\_ additional pages is accurate and complete. I understand that willful or fraudulent submission of a materially false statement may result in the entity being found non-responsible and therefore denied future City awards.**

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

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

Entity Name: \_\_\_\_\_

Title: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

**Return the completed Data Form to the agency that supplied it.**

For information or assistance, call the Doing Business Accountability Project at 212-788-8104.



## The City of New York Substitute Form W-9 Instructions

The City of New York, like all organizations that file an information return with the IRS, must obtain your correct Taxpayer Identification Number (TIN) to report income paid to you or your organization. The City uses Substitute Form W-9 to obtain certification of your TIN in order to ensure accuracy of information contained in its payee/vendor database and to avoid backup withholding as mandated by the IRS.\* We ask for the information on the Substitute Form W-9 to carry out the Internal Revenue laws of the United States (Rev. Proc. 84-65 §11.01). You are required to give us the information.

Any vendor or other payee who wishes to do business with the City of New York must complete the Substitute Form W-9.

### **Part I: Vendor Information**

1. **Legal Business Name:** An organization should enter the name in IRS records, IRS Letter CP575 or IRS Letter 147C. For individuals, enter the name of the person who will do business with the City of New York as it appears on the Social Security card, certified Form SSA-7028 or other required Federal tax documents. *Do not abbreviate names.*
2. **DBA (Doing Business As):** Enter your DBA in designated line, if applicable.
3. **Entity Type:** Mark the Entity Type of the individual or organization that will do business with the City of New York.

### **Part II: Taxpayer Identification Number (TIN) and Taxpayer Identification Type**

1. **Taxpayer Identification Number:** Enter your nine-digit TIN. See the table and Special Note below for instructions on the type of taxpayer number you should report.
2. **Taxpayer Identification Type:** Mark the appropriate option.

The following table gives the Taxpayer Identification Type that is appropriate for each Entity Type.

Entity Type	Taxpayer Identification Type
<ul style="list-style-type: none"> <li>▪ Church or Church-Controlled Organization</li> <li>▪ Personal Service Corporation</li> <li>▪ Non-Profit Corporation</li> <li>▪ Corporation / LLC</li> <li>▪ Government</li> <li>▪ Individual/Sole Proprietor <i>who has employees other than him or herself</i></li> <li>▪ Trust</li> <li>▪ Joint Venture</li> <li>▪ Partnership / LLC</li> <li>▪ Single Member LLC <i>who has employees other than him or herself</i></li> <li>▪ Estate</li> </ul>	Employer Identification Number
<ul style="list-style-type: none"> <li>▪ City of New York Employee</li> <li>▪ Individual/Sole Proprietor <i>who does not have employees other than him or herself</i></li> <li>▪ Single Member LLC <i>who does not have employees other than him or herself</i></li> </ul>	Social Security Number
Resident Alien/Non-Resident**	Individual Tax Identification Number
Non-United States Business Entity**	N/A
Custodian account of a minor	The minor's Social Security Number

\*\*See Special Note below.

### **Part III: Primary 1099 Vendor and Remittance Address**

1. Primary 1099 Vendor Address: List the location where your 1099 tax information should be delivered or your headquarters address.
2. Remittance Address: List the location where payments should be delivered.

### **Part IV: Backup Withholding Exemption**

Generally, reportable payments made by the City of New York are subject to Backup Withholding. For this reason, exemption from Backup Withholding applies to government.

### **Part V: Certification**

Please sign and date form in appropriate space. Provide preparer's name, telephone number, and e-mail address. Preparer should be employed by organization.

### **\*\* Special Note for Resident and Non-Resident Aliens and Non-United States Business Entities.**

**Resident and Non-Resident Aliens:** An ITIN is a nine-digit number issued by the United States Internal Revenue Service to individuals who are required to file a Federal Tax return. An ITIN is for tax-purposes only and does not entitle you to Social Security Benefits. To obtain an ITIN, submit Form W-7 to the IRS. The IRS will notify you within 4 to 6 weeks in writing about your ITIN status. In order to do business with the City of New York, **you must also submit the appropriate IRS Form W-8 (W-8BEN, W-8ECI, W-8EXP, or W-8IMY)** along with FMS Substitute Form W-9 showing your ITIN. IRS Form W-8 certifies your foreign status.

**Foreign Corporations or Partnerships:** In order to do business with the City of New York, **you must submit IRS Form W-8BEN, W-8ECI, W-8EXP, or W-8IMY** along with FMS Substitute Form W-9. IRS Forms W-8 certify your foreign status and may exempt you from United States information return reporting and backup withholding rules.

To obtain IRS Forms W-7, W-8BEN, W-8ECI, W-8EXP, or W-8IMY, call (800) 829-3676 or visit the IRS website at [www.irs.gov](http://www.irs.gov).

\* Backup Withholding - According to IRS Regulations, the City must withhold 28% of all payments if a payee/vendor fails to provide the City of New York its certified TIN. The Substitute Form W-9 certifies a payee/vendor's TIN.

DO NOT SUBMIT FORM TO IRS - SUBMIT FORM TO REQUESTING AGENCY

9/07 Revision

CITY OF NEW YORK
SUBSTITUTE FORM W-9:
REQUEST FOR TAXPAYER IDENTIFICATION NUMBER & CERTIFICATION

TYPE OR PRINT INFORMATION NEATLY. PLEASE REFER TO INSTRUCTIONS FOR MORE INFORMATION.

Part I: Vendor Information

1. Legal Business Name: (As it appears on IRS EIN records, CP575, 147C - or - Social Security Admin records, Social Security Card, certified Form SSA7028)

2. If you use DBA, please list below:

3. Entity Type (Check one only):

- Church or Church-Controlled Organization
Personal Service Corporation
Non-Profit Corporation
Corporation/ LLC
Government
City of New York Employee
Individual / Sole Proprietor
Trust
Joint Venture
Partnership/ LLC
Single Member LLC (Individual)
Resident/Non-Resident Alien
Non-United States Business Entity
Estate

Part II: Taxpayer Identification Number (TIN) & Taxpayer Identification Type

1. Enter your TIN here: (DO NOT USE DASHES)

TIN input field with 9 boxes

2. Taxpayer Identification Type (check appropriate box):

- Employer ID No. (EIN)
Social Security No. (SSN)
Individual Taxpayer ID No. (ITIN)
N/A (Non-United States Business Entity)

Part III: Primary 1099 Vendor & Remittance Address

1. Primary 1099 Vendor Address:

Number, Street, and Apartment or Suite Number

City, State, and Nine Digit Zip Code or Country

2. Remittance Address:

Number, Street, and Apartment or Suite Number

City, State, and Nine Digit Zip Code or Country

Part IV: Exemption from Backup Withholding

For payees exempt from Backup Withholding, check the box below. Valid explanation required for exemption. See instructions.

Exempt from Backup Withholding

Part V: Certification

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Under penalties of perjury, I certify that the number shown on this form is my correct Taxpayer Identification Number (TIN).

Sign Here:

Signature, Phone Number, Date

Print Preparer's Name, Phone Number

Contact's E-Mail Address:

FOR SUBMITTING AGENCY USE ONLY

Submitting Agency Code, Contact Person

Contact's E-Mail Address, Telephone Number

Payee/Vendor Code

DO NOT FORWARD W-9 TO COMPTROLLER'S OFFICE. AGENCIES MUST FAX COMPLETED W-9 FORMS TO THE VALIDATION UNIT.