

ABANDONMENT FUND INFORMATION

The Department of Building and Fire Safety, the state agency that administers the Arizona Mobile Home Parks Residential Landlord and Tenant Act, has made an initial determination that your home is qualified for relocation or abandonment expense reimbursement under the Act.

Enclosed is a Request for Abandonment Assistance Form. Please **fill this out completely**, (notary is needed) return to the department along **with a copy of your paid personal property tax**, showing you paid into the relocation fund, and **a copy of your title or a notarized document showing ownership**. Also enclosed is a form W-9, please complete and return the form.

After **all the above** information has been received, you should receive your check within 2 to 3 weeks.

Should you have any questions please call the Relocation Fund Department at (602) 364-1096.

DEPARTMENT OF FIRE, BUILDING AND LIFE SAFETY

REQUEST FOR ABANDONMENT ASSISTANCE FROM THE RELOCATION FUND
(REGARDING A REDEVELOPMENT OF A MOBILE HOME PARK)

I hereby request assistance from the Mobile Home Relocation fund as set forth in A.R.S. § 33-1476.01.C.2. By signing this form, I certify that I am a tenant as defined in A.R.S. § 33-1409.29 and eligible to receive assistance because of the redevelopment of a mobile home park.

(Signature of Tenant)

(Date)

(Mobile Home Title Number)

(Mobile Home Vehicle Identification Number)

TENANTS NAME _____

(Please Print)

PARK NAME _____

UNIT ADDRESS: _____

Space No.

CITY/ STATE/ZIP CODE: _____

To be eligible, the tenant shall deliver to the landlord the current title to the mobile home duly endorsed by the owner of record and notarized together with valid releases of all liens shown on the title. A copy of these documents shall be delivered to The Department of Building and Fire Safety at 1110 W. Washington Suite 100, Phoenix, AZ 85007, to support this application for payment.

Tenant's Signature: _____

Dated this day _____ of _____

State of Arizona Substitute W-9 & Vendor Authorization Form



Purpose: Establish or update a vendor account with the State of Arizona. This form meets the Federal requirements to request a taxpayer identification number (TIN), request certain certifications and claims for exemption, as well as the State of Arizona requirements for vendor establishment.

Instructions: Complete form if

1. You are a U.S. person (including a resident alien);
2. You are a vendor that provides goods or services to an Arizona state agency; **AND**
3. You will receive payment from the State of Arizona.

Return completed form to the state agency with whom you do business, for review and authorization.

Refer to State of Arizona Substitute W-9 Instructions and IRS W-9 Instructions for details on completing this form.

Social Security Number (SSN) **OR Employer Identification Number (EIN)**

Entity Type Must select one of the following (Coding (X#) is for internal purposes only)

<input type="radio"/> Individual/Sole Proprietor or Sole Proprietor organized as LLC, PLLC (6I)	<input type="radio"/> State of Arizona employee (1E) HRIS EIN <input type="text"/>
<input type="radio"/> Corporation NOT providing health care, medical or legal services (5A)	<input type="radio"/> LLC, PLLC organized as corporation NOT providing health care, medical or legal services (5A)
<input type="radio"/> Corporation providing health care, medical or legal services (5M)	<input type="radio"/> LLC, PLLC organized as corporation providing health care, medical or legal services (5M)
<input type="radio"/> Partnership, LLP or Partnership organized as LLC or PLLC (5C)	<input type="radio"/> A state, a possession of the US, or any of their political subdivisions or instrumentalities (4G)
<input type="radio"/> An international organization or any of its agencies/instrumentalities (5U)	<input type="radio"/> Other: Tax Reportable Entity (5P) Description <input type="text"/>
<input type="radio"/> The US or any of its political subdivisions or instrumentalities (2G)	<input type="radio"/> Other: Tax Exempt Entity (5H)

Name (First, Middle, Last)

Business Name

Main Address Where tax information and general correspondence is to be mailed

Address

City State Zip code

Remittance Address Where payment is to be mailed Same as Main

DBA/Branch/Location

Address

City State Zip code

Vendor Contact Information

Name

Title Phone # Ext.

Email Fax

Minority Business Indicator Must select one of the following (Coding (X#) is for internal purposes only)

- Small Business (01)
- Small Business- African American (23)
- Small Business- Asian (24)
- Small Business - Hispanic (25)
- Small Business- Native American (27)
- Small Business- Other Minority (05)
- Small, Woman Owned Business (06)
- Small, Woman Owned Business- African American (29)
- Small, Woman Owned Business- Asian (30)
- Small, Woman Owned Business- Hispanic (31)
- Small, Woman Owned Business- Native American (33)
- Small, Woman Owned Business- Other Minority (11)
- Woman Owned Business (03)
- Woman Owned Business- African American (17)
- Woman Owned Business- Asian (18)
- Woman Owned Business- Hispanic (19)
- Woman Owned Business- Native American (21)
- Woman Owned Business- Other Minority (08)
- Minority Owned Business- African American (04)
- Minority Owned Business- Asian (32)
- Minority Owned Business- Hispanic (74)
- Minority Owned Business- Native American (15)
- Minority Owned Business- Other Minority (02)
- Non-Profit, IRC §501(c) (88)
- Non-Small, Non-Minority or Non-Woman Owned Business (00)
- Individual, Non-Business (00)

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. person (including U.S. resident alien).

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.

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

Exempt from backup withholding

Signature Title Date

STATE OF ARIZONA AGENCY USE ONLY **VENDOR: DO NOT WRITE BELOW THIS LINE**

Agency Authorization: Print Name Signature Title

AGY Phone # Email Date

STATE OF ARIZONA GAO USE ONLY **VENDOR & STATE AGENCY: DO NOT WRITE BELOW THIS LINE**

IRS TIN Matching Corporation Commission HRIS Vendor Number Processed by Date Processed