DUKES COUNTY REGIONAL HOUSING AUTHORITY

21 Mechanic St. · P.O. Box 4538 · Vineyard Haven, MA 02568

Phone: (508) 693-4419 · Fax: (508) 693-5710 · Email: dcrha@housingauthoritymv.org

Covid Winter Rental Relief

Program Description

The Dukes County Regional Housing Authority's (DCRHA) Covid Winter Rental Relief program is funded through the **Martha's Vineyard Community Foundation**, generous donors, Martha's Vineyard Community Services, and the State's Community Foundation for Covid-19 Relief.

The objective of Covid Winter Rental Relief is to assist Vineyard <u>tenant households in market rentals</u> where a current Covid-19 related loss of household income or one due to this past summer season's low employment has added to the difficulty of getting through the winter season's low income months.

Tenants in properties and programs administered by DCRHA,TCB and other organizations on the Island will be assisted with access to other supports and are not eligible for this program.

Program Conditions:

- Applicant is a tenant in a market rental on Martha's Vineyard.
- Applicant must provide a description of the temporary Covid-19 related financial need as well as listing any other applications for assistance such as unemployment.
- Applicant must provide **proof of gross income** such as paystubs or income statement.
- The self-employment affidavit must be filled out by anyone claiming self-employment.
- Required is one document showing **prior payment of the current rent amount** such as a lease, canceled check, or bank statement. *Notes from landlords will not be accepted*.
- Rental Relief funding may be for up to 50% of documented rent, from one to four months
 duration as indicated by the applicant's explanation of a Covid-19 related need.
- Tenant's landlord is a signatory to the application and, by accepting payment of Rental Relief funding, agrees to maintain the current tenancy through the period paid.
- Landlord is required to fill out and return the attached **W-9 Tax Form**.
- Prioritization may be given to tenants and landlords with year-round rental agreements.
- DCRHA may request information additional to that described in the attached application.
- Assistance will be determined on a case-by-case basis and as funding allows.

DCRHA, as administrator of this temporary emergency supports program, reserves the right to adapt or modify the terms as needed and as reviewed with the private and public partners whose assistance makes these Covid Winter Rental Relief supports possible.

Please complete the attached Covid Winter Rental Relief Application & Agreement and submit with required attachments to the DCRHA.

- o by email to dcrha@housingauthoritymv.org;
- o through the mail at DCRHA. P.O. Box 4538, Vineyard Haven MA. 02568;
- or by utilizing the drop box located at the housing office at 21 Mechanic Street, Vineyard Haven (across State Road from The Little House Café).

INCOMPLETE APPLICATIONS and/or PHOTOS OF DOCS WILL NOT BE ACCEPTED

The Dukes County Regional Housing Authority, the MV Community Foundation, MV Community Services and their public and private partners join each of you in the hope that the support needed and offered in our Island community will help see us through the Covid-19 crisis together.



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Date of Application	Amount Request	Number of Months
Monthly Rent	Household size#	of bedrooms# of children
Current Housing Address		
Landlord Name		
Telephone/Email		
	· · · · —	k/bank statement indicating rent)
Documentation of Incor	<u>ne</u> (three paystubs; self-employe	k/bank statement indicating rent) ed income statement; unemployment) 99 at the close of the calendar year)
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Dukes County Regional Housing Authority does not discriminate on the basis of race, color, religion, sex, national origin, ancestry, sexual orientation, age, familial status, marital status, veteran status, public assistance, disability, genetic information, gender identity or any other class protected by state, federal or local law, in the access or admission to its housing program(s), or employment, or any other of its programs, activities, functions or services.



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Covid Winter Rental Relief SELF EMPLOYMENT INCOME AFFIDAVIT

Income as a business owner, independent contractor, sole proprietorship, cash pay, odd jobs, etc.

Applicant/Tenant:	
Name of Business:	
Business Address:	
Type of Business:	
Position Held:	
Start Date:	
Anticipated Gross Annual Income:	\$
Anticipated Annual Business Expenses:	\$
Anticipated Annual Profit:	\$
Previous Year Profit (or Loss):	_\$
Cash Withdrawals from Business:	\$
Do you file tax returns? [] YES Taxpa	ayer ID# [] NO
I certify that the information presented in this certificati undersigned further understand that providing false re misleading or incomplete information may result in the	
Applicant Signature	



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.

	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						
Print or type. Specific Instructions on page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Che following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):					
	Individual/sole proprietor or C Corporation S Corporation Partnership single-member LLC	Exempt payee code (if any)					
t de la compa	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partners						
Print or type. c Instruction	Note: Check the appropriate box in the line above for the tax classification of the single-member ow LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the or another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single is disregarded from the owner should check the appropriate box for the tax classification of its owner.	Exemption from FATCA reporting code (if any)					
cifi	Other (see instructions)		(Applies to accounts maintained outside the U.S.)				
Spe		Requester's name a	nd address (optional)				
See							
0)	6 City, state, and ZIP code						
	7 List account number(s) here (optional)						
Par	t I Taxpayer Identification Number (TIN)						
. ,			curity number				
reside	up withholding. For individuals, this is generally your social security number (SSN). However, for ent alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other es, it is your employer identification number (EIN). If you do not have a number, see <i>How to get</i>] - [] - []				
TIN, la	ater.	or					
Treter in the deceant le in more than one hame, eee the metadelene for the 17 the eee to what hame and			identification number				
Numb	per To Give the Requester for guidelines on whose number to enter.		-				
Par	t II Certification						
Unde	r penalties of perjury, I certify that:						
2. I ar Ser	e number shown on this form is my correct taxpayer identification number (or I am waiting for a n not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) rvice (IRS) that I am subject to backup withholding as a result of a failure to report all interest o longer subject to backup withholding; and	I have not been no	otified by the Internal Revenue				
3. I ar	m a U.S. citizen or other U.S. person (defined below); and						
4 The	PATCA code(s) entered on this form (if any) indicating that I am exempt from EATCA reporting	n is correct					

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,

Sign Here	Signature of	Date ▶	
		re not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, late	
acquisition	ı or abandonment of secu	property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, paymen	nts

General Instructions

Section references are to the Internal Revenue Code unless otherwise

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 taxpaver 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,