

LIVE UNITED

Emergency Funds Network

Quarterly Training

Welcome & Ice Breaker

Share:

- name
- agency
- years in the field
- favorite/ dream vacation destination

Recent Changes

Eliminated Forms

CURRENT MONTH VERIFICATION FORM

Date: _____

To: _____
 (Tenant's Name)
 (Rental Property Address)
 (City, State, Zip Code)

This letter is to inform you that the monthly rent for the property above is:
 \$ _____ and will be due on the: _____ day of the month.
 (Base Rent Amount Only)
 If rent is not paid by: _____ a three (3) day notice will
 (MM/DD/YYYY)
 be issued and if not complied with, eviction proceedings will begin.

 (Name of Owner or Property Manager That the Check Will Be Made Out to.)
 (Apartment Complex Name)
 (Address)
 (City, State, Zip Code)
 (Phone Number)
 (Fax Number)
 (Signature of Owner or Property Management Staff)

Verified by: _____ Date: _____
 (Caseworker Name)

Rev. 05-11-17

PAST DUE RENT VERIFICATION FORM

Date: _____

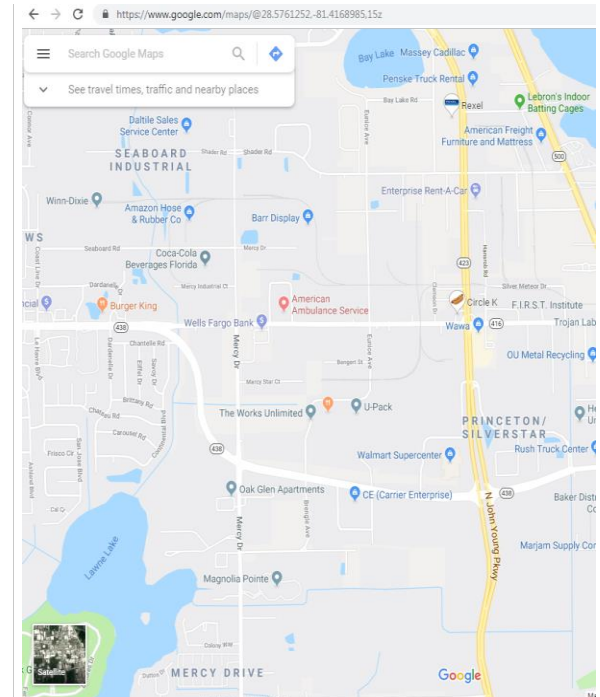
To: _____
 (Tenant's Name)
 (Rental Property Address)
 (City, State, Zip Code)

This letter is to inform you that the monthly rent for the property above is:
 \$ _____ and it was due on the: _____ day of the month.
 (Base Rent Amount Only)
 If rent is not paid by: _____ a three (3) day notice will
 (MM/DD/YYYY)
 be issued and if not complied with, eviction proceedings will begin.

 (Name of Owner or Property Manager That the Check Will Be Made Out to.)
 (Apartment Complex Name)
 (Address)
 (City, State, Zip Code)
 (Phone Number)
 (Fax Number)
 (Signature of Owner or Property Management Staff)

Verified by: _____ Date: _____
 (Caseworker Name)

Rev. 05-11-17



Recent Changes

Let's Talk W-9s!

Who is required to complete a W-9?

Payees who are individuals or LLCs

What if payees refuse to complete the form?

Educate the individual on what the form is. Assure them that their personal information is secure and will only be shared with the payer (HFUW). If the landlord still refuses to complete the form, advise them and the client that you are unable to issue payment with HFUW funds, use private funds if your agency allows.

Recent Changes

Let's Talk W-9s!

Where can I find a blank W-9 form to provide to payees?

Simply google “W-9 form” and choose the link from the IRS official website: <https://www.irs.gov/>

What if the payee does not know how to complete the form?

The original, downloadable form has three pages. These are the instructions, per the IRS. Send these to the landlord.

Recent Changes

Let's talk W-9s! Inspecting a W-9 from an individual

- ✓ Individual's name should be as it appears in all other packet documents.
- ✓ Individuals should not have a "business name"
- ✓ Individuals will always check the "individual/ sole proprietor or single member LLC" box.
- ✓ Individuals will always use SSN portion.
- ✓ All W-9 forms must be signed and dated.

Form W-9
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

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.
John Smith

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.
5555 5th Street

6 City, state, and ZIP code
Orlando, FL 32804

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. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

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 ►

Social security number
5 5 5 5 - 5 5 5 5
or
Employer identification number
- - - - -

Taking a Closer Look

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

John Smith

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) ▶

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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.

5555 5th Street

6 City, state, and ZIP code

Orlando, FL 32804

Requester's name and address (optional)

7 List account number(s) here (optional)

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 ▶

Social security number

5 5 5 - 5 5 - 5 5 5 5

or

Employer identification number

-



Recent Changes

Let's talk W-9s! Inspecting a W-9 from an LLC

- ✓ Name on "box 1" should be the LLC's legal name
- ✓ Name on "box 2" should be the "dba" doing business as name.
- ✓ LLCs will always check the "individual/ sole proprietor or single member LLC".
- ✓ LLCs will always use "employer identification number" portion.
- ✓ All W-9 forms must be signed and dated.
- ✓ In the case of an LLC, the form can be signed by any management staff.

Form W-9
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

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.
John Smith

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

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☒ 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).
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Exemption from FATCA reporting code (if any) _____
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5555 5th Street

6 City, state, and ZIP code
Orlando, FL 32804

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.
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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
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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.
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Sign Here
Signature of U.S. person _____
Date _____

Social security number
5 5 5 5 - 5 5 5 5 5 5
or
Employer identification number
- - - - -

Taking a closer look

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Cheese Moon, LLC	
2 Business name/disregarded entity name, if different from above The Moon is Made of Cheese Apartments	
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. <input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> 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. <input type="checkbox"/> 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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions. 5555 5th Street	Requester's name and address (optional)
6 City, state, and ZIP code Orlando, FL 32804	
7 List account number(s) here (optional)	

Social security number									
			-				-		
or									
Employer identification number									
1	1		-	1	1	1	1	1	1

Sign here	Signature of U.S. person ▶	Date ▶

General Instructions

- Form 1099-DIV (dividends, including those from stocks or mutual

Recent Changes

New HFUW Branded Forms

Effective July 1st, 2019 all EFN Agencies must use HFUW branded forms when completing client assessments and in landlord communications. New EFN Forms are available in the EFN Website.

Recent Changes

New HFUW Branded Forms



Heart of Florida United Way
Landlord / Property Manager Statement & Caseworker Verification
For Rental Payment Assistance w/Late Fee Waiver

Landlord / Property Manager Statement

Instructions: Landlord / Property Manager must complete the section below. In order for a rent payment to be processed, the Landlord/Property Manager **MUST** complete and **SIGN** the section below.

I verify that I will be/am the Landlord/Property Manager for: _____

☐ who will be / ☐ is residing at:

Name of Tenant/Client

Rental Property Street Address

City, State Zip Code

and will be/is legally responsible for a rent payment in the amount of: \$ _____ (Base Rent) per month, which is the basic monthly rent and does not include any other fees (i.e., late fees, legal fees, deposits, fees for other services, insurance, and option products). Rent ☐ will be / ☐ is due on the: _____ (day of the month – i.e., 1st) and considered late on the: _____ of each month.

Renter ☐ will owe / ☐ owes the following other fees: \$ _____

Total amount due \$ _____

I agree that the Renter **will not be evicted** or **otherwise displaced** for **non-payment of rent** for the month/year of _____ being paid, if the monthly rent amount to be paid is received. Furthermore, I agree to accept rental assistance or other type of funds for the payment of rent. I understand that the checks may take up to 21 days to be processed and that the payment will be sent from: Heart of Florida United Way. I agree to waive any late fees incurred due to late payment.



Heart of Florida United Way Emergency Assistance Request (Please print legibly in dark ink)

Head of Household (HOH) Information						
Head of Household Name		MAACLink Account #		Age	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Marital Status
Address		Apt.	City	Zip Code	Phone	County <input type="checkbox"/> Orange <input type="checkbox"/> Osceola <input type="checkbox"/> Seminole
Family Type <input type="checkbox"/> Single <input type="checkbox"/> Two Parent Household <input type="checkbox"/> Single Parent/Female		Ethnicity <input type="checkbox"/> Single Parent/Male <input type="checkbox"/> Two Adult/No Child <input type="checkbox"/> Other		Race <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	Education Level	Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer (Company Name)		Occupation		Net Monthly Pay (after taxes) \$ _____		
Employer's Address		Employer's Phone #				
Household Housing Information						
Prior Residence (Where did you stay last night?)						
<input type="checkbox"/> Room, apartment, or house that you rent, with NO subsidy			<input type="checkbox"/> Staying in family member's apartment/house			
<input type="checkbox"/> Emergency shelter, including hotel or motel with voucher			<input type="checkbox"/> Psychiatric hospital or other psychiatric facility			
<input type="checkbox"/> Room, apartment, or house that you rent, with subsidy			<input type="checkbox"/> Staying in friend's room/apartment/house			
<input type="checkbox"/> Hotel or motel paid without voucher			<input type="checkbox"/> Substance abuse treatment facility or detox center			
<input type="checkbox"/> Apartment or house that you own, with NO subsidy			<input type="checkbox"/> Foster care home or group home			
<input type="checkbox"/> Transitional housing for homeless persons			<input type="checkbox"/> Hospital (non-psychiatric)			
<input type="checkbox"/> Apartment or house that you own, with subsidy			<input type="checkbox"/> Jail, prison, or juvenile detention facility			
<input type="checkbox"/> Permanent housing for formerly homeless			<input type="checkbox"/> Other			
<input type="checkbox"/> Place not meant for habitation (car, abandoned building, outside, etc.)						

Recent Changes

2-1-1

Effective July 1st, 2019, 2-1-1 no longer creates MAACLink profiles for clients scheduled for emergency assistance appointments.

Case Notes

Title: Case Management Appointment (Agency Name)

Data:

- Who is at the appointment?
- What are the household's sources of income?
- What's the present request?

Assessment:

- What precipitated the current crisis?
- Assessment of household's budget

Plan:

- Will the client qualify for assistance? If so, what services will be paid?
If not, why not.
- Prognosis
- Referrals provided and recommendations given.

Case Notes

Other Reminders:

- Do not provide demographic information, physical appearance, or affect information.
- Do not include irrelevant details about the client's life, even if they are shared in the session.
- Do not list ANY medical diagnoses for the clients or their family members.
- Always write notes in third person.
- Be brief and concise.
- Proofread your notes.
- Check your tone, do not write notes in a tone that reflects any negative feelings toward the client.
- HFUW expects that case managers will enter MAACLink notes for **every** client seen for a case management session.

Other Training Items

- Common Errors
- Reason for service codes

HFUW Expectations

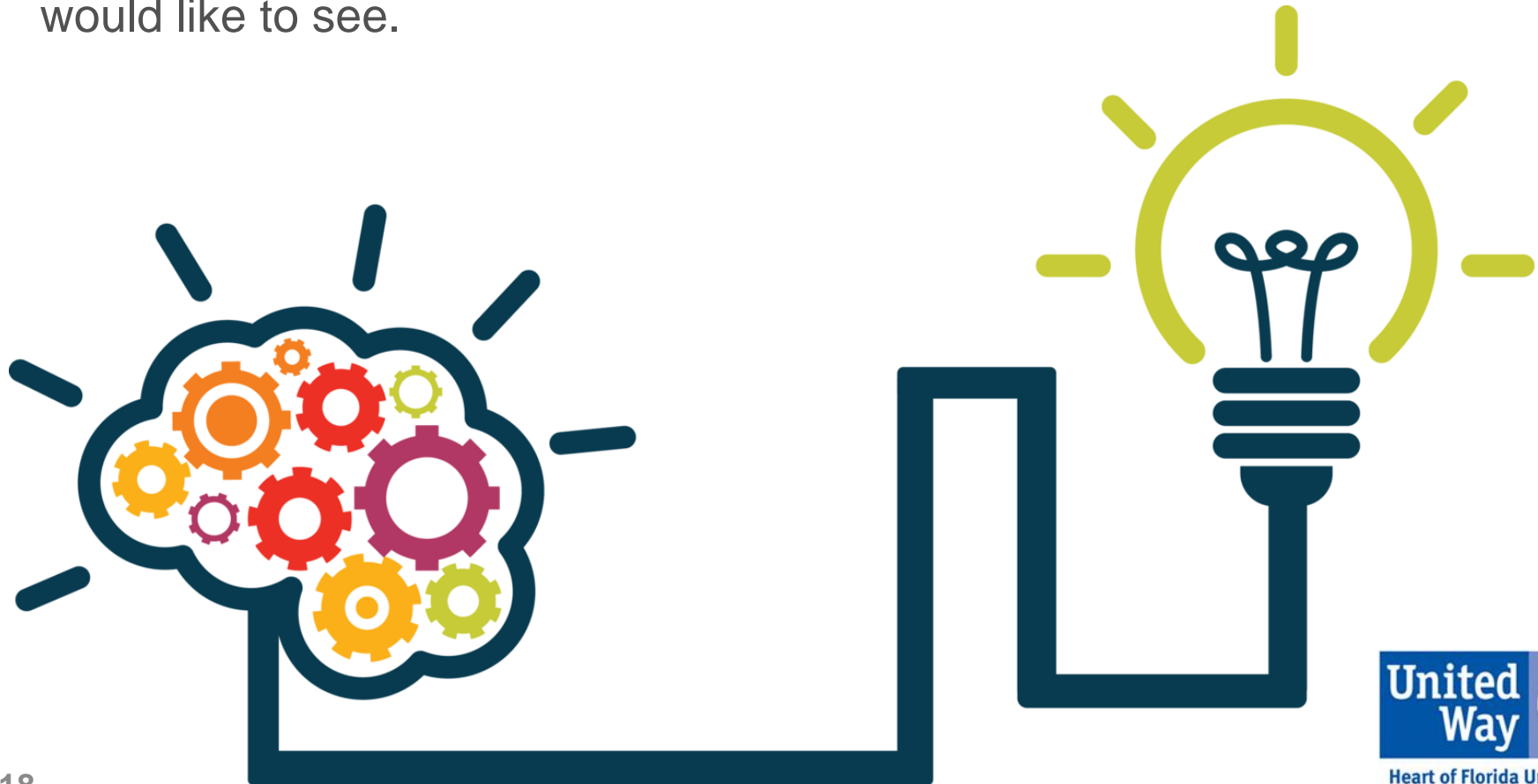
- All clients who show up to their appointments will receive case management services, even if they do not qualify for funding.
- Case managers will look at household's sustainability and offer referrals to other services that increase financial stability.
- Case managers will write MAACLink notes for every client seen, regardless of the outcome of the appointment.
- Case managers should send packets to HFUW for initial review within 10 business days of appointment.
- Case managers should inform clients of the agency's grievance policy during the appointment.
- Client records will contain supporting documents for emergencies listed on case notes.

Open Floor



Closing Activity

To set the tone for our next meeting, I would like to give everyone 10 minutes to think about the biggest problems you see in the EFN procedures and quickly think about potential solutions. Tell us what you would like to see.



Announcements



Keren Rohena, MSW

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Sandra Diaz

*AHH Coordinator & Case Manager
Emergency & Homelessness Services*

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Thank You!