4 Steps to Apply for Assistance

1) Print the application from https://tpmanatee.org/ or pick one up at Turning Points
2) Fill out the application completely
3) Gather ALL required documents
4) Bring your application and all documents to Turning Points, where you will meet same day with an application reviewer.

- **Applications can be reviewed on Monday, Tuesday and Thursday between 8:30am-1:30pm at Turning Points.**
- You must be available to meet with a reviewer during this process, or your application will not be taken.
- Applications must have ALL required documents physically printed out and copies of original documents made before the review begins, or the application will not be accepted.
- If you are unable to drop off your application and documents due to work hours or disability, please mail your completed application and copies of ALL documents to 701 17th Ave W, Bradenton, FL 34205

PATH Booklet: Scan code below
for additional community resources.

Tips for Application Success

We want you to succeed in receiving the support you're applying for. To help make the process as smooth as possible, we've put together this short guide.

1. Turn in *all* required documents.
We know gathering paperwork can be stressful, but the program rules do not allow us to move forward without every required document.

2. Share *all* income for your household.
Many people think reporting less income helps them qualify, but for these funds, it's the opposite. We must confirm that you will be able to pay your rent in the months after we help you.
Please list every source of income for everyone in your household— we cannot add income later.

3. "Household income" means everyone who lives with you.
If someone lives with you and earns income, we must count it.

4. You must be sustainable after assistance.
These funds are designed to help you get back on track, not put you in a situation where you'll fall behind again. Showing that you can maintain stability moving forward is an important part of qualifying.

5. If you're applying for move-in assistance, you must already have a place identified.
You don't need a signed lease yet, but you must know where you plan to move. This helps us process your application quickly and ensures we can assist you in time.

We hope these tips make the process easier and help you receive the support you're seeking. If you have questions, we're here to help.

Application Documentation Checklist

You must include all documentation at time your packet is submitted.

These documents are required no matter what you are applying for:

Identification

- ☐ Copy of current photo ID for all household members age 18 and older
- ☐ Copy of social security cards for all household members, all ages
- ☐ Copy of birth certificates for all children (ages 17 and younger only) living in the home

Proof of All Household Income – *Provide copies for every person earning income in the home. Bring proof for all forms of income you do receive for the most recent 90 days. All checking and savings bank statements (all pages) must be provided for the most recent 90 days, including Cash App, Apple Pay, Chime, etc. Documents must be downloaded and printed out (no screenshots).*

- ☐ Pay stubs for the last 3 months
- ☐ Unemployment compensation
- ☐ Notarized letter of financial support
- ☐ Veteran's benefits
- ☐ Child support (print out or letter)
- ☐ Retirement income
- ☐ Copy of SSI/SSA/SSD benefits
- ☐ Worker's compensation benefits
- ☐ Alimony (court letter or statement)
- ☐ Statement from financial institutions (Bank/Credit Union, Chime, Cash App, etc)

If applying for rental or mortgage assistance, also provide these items:

- ☐ Current, signed lease-all pages (Your name must be on the lease)
- ☐ Proof you are behind in your rent that can be:
  - ☐ 3/7/10/30 Day Notice
- ☐ Landlord form (provided by Turning Points and completed by your landlord and signed by both parties)

If applying for utility assistance, also provide these documents:

- ☐ Current, signed lease (Your name must be on the lease)
- ☐ Utility bill(s) (Your name must be on the bill, and must be for the same address as the lease)

If applying for auto repair assistance, also provide these documents:

- ☐ 2 estimates for repair indicating that these repairs will make the vehicle operational
- ☐ Proof of valid vehicle insurance ☐ Current vehicle (car) registration
- ☐ Valid driver's license

Additional documentation may be required at the discretion of the Case Manager based on your unique situation.

TURNING POINTS CLIENT INTAKE FORM

Date: _____/_____/_____

Applicant Name: _____

What are you applying for (Check all that apply)?

☐ First Month's Rent ☐ Overdue Rent ☐ Lot Rent ☐ Utilities ☐ Deposit ☐ Other: _____

Amount Owed? $ _____

Where are you currently staying? _____

Do you live in Manatee County?: ☐ Yes ☐ No

How long have you lived in Manatee County?

☐ Less than 1 Month ☐ 1-3 Months ☐ 4-12 Months ☐ One year or more

Do you have a lease in your name? ☐ Yes ☐ No

***Written leas in your name is required to be eligible for rental and utility assistance*

Have you received a 3/7/10/30-Day notice from your landlord? ☑ Yes ☐ No

Do you receive HUD or Section 8 Housing Assistance? ☐ Yes ☐ No

Please choose the primary cause of your need for assistance today from the options below (select one):

☐ Abuse or violence in my home ☐ Alcohol or substance abuse problems ☐ COVID-19

☐ Asked to leave or evicted ☐ Lost a job or my hours were cut back ☐ Financial crisis

☐ Aged out of foster care ☐ Discharged from jail or prison ☐ Disabling condition

☐ Mental health condition ☐ Problems with friends or family

☐ Unable to pay rent, mortgage, or utilities ☐ Other _____

☐ Were you affected by the recent hurricane(s) ☐ Yes ☐ No

Please explain the primary cause of your crisis: _____

_____

_____

TURNING POINTS CLIENT INTAKE FORM

GENERAL INFORMATION:

Number of adults in the household: _____ Number of children in the household: _____

Name: _____ SS#: ____-____-_____ DOB: _____/_____/____

Current Address _____ City: _____ ZIP: _____

Phone (_____) _____-_____ (Cell/ Home/Other) Email: _____

Adult 1

Are you employed? ☐Yes ☐No

Employer? _____

Other Income/Resources (Complete all that apply)

SSI/SSD $_____/Month Child Support $_____/Month

SNAP (Food Stamps) $_____/Month Other $_____/Month

Are you a Veteran? ☐Yes ☐ No Did you serve on active duty? ☐Yes ☐No

Do you have your DD214? ☐Yes ☐No

DEMOGRAPHIC INFORMATION:

Gender: ☐Man ☐Woman ☐Culturally specific identity ☐Transgender ☐Non-Binary ☐Questioning ☐Different identity ☐Client doesn't know ☐Client prefers not to answer

Sexual Orientation: ☐Heterosexual ☐Gay ☐Lesbian ☐Bisexual ☐Questioning/Unsure ☐Other ☐Client doesn't know ☐Client prefers not to answer

Primary Race: ☐Black ☐White ☐Native American ☐Asian Other: _____

Ethnicity: ☐Hispanic ☐Non-Hispanic

Do you have a disability? ☐Yes ☐No

If yes, please select what kind ☐Physical ☐Developmental ☐Chronic health condition ☐HIV-AIDS ☐Mental health disorder ☐Substance use disorder

Is the disability long term? ☐Yes ☐No

HOUSING INFORMATION: *(Not needed for car repair)*

Lease start date: _____/_____/_____ Lease expiration date: _____/_____/_____

Rent Paid ☐Monthly ☐Weekly How much is base rent? $_____

How long have you lived at this address? _____

When did you last pay rent? _____ Amount Owed? $_____

TURNING POINTS CLIENT INTAKE FORM

Adult 2

Name: _____ SS#: ____-____-_____ DOB: _____/_____/____

Are you employed? ☐Yes ☐No
Employer? _____

Other Income/Resources (Complete all that apply)
SSI/SSD $_____/Month Child Support $_____/Month
SNAP (Food Stamps) $_____/Month Other $_____/Month

Are you a Veteran? ☐Yes ☐ No Did you Serve on active duty? ☐Yes ☐No
Do you have your DD214? ☐Yes ☐No

DEMOGRAPHIC INFORMATION:

Gender: ☐Man ☐Woman ☐Culturally specific identity ☐Transgender ☐Non-Binary ☐Questioning
☐Different identity ☐Client doesn't know ☐Client prefers not to answer

Sexual Orientation: ☐Heterosexual ☐Gay ☐Lesbian ☐Bisexual ☐Questioning/Unsure ☐Other
☐Client doesn't know ☐Client prefers not to answer

Primary Race: ☐Black ☐White ☐Native American ☐Asian Other:_____
Ethnicity: ☐Hispanic ☐Non-Hispanic

Do you have a disability? ☐Yes ☐No
If yes, please select what kind ☐Physical ☐Developmental ☐Chronic health condition
☐HIV-AIDS ☐Mental health disorder ☐Substance use disorder
Is the disability long term? ☐Yes ☐No

TURNING POINTS CLIENT INTAKE FORM

Adult 3

Name: _____ SS#: ____-____-_____ DOB: _____/_____/____

Are you employed? ☐Yes ☐No
Employer? _____

Other Income/Resources (Complete all that apply)
SSI/SSD $_____/Month Child Support $_____/Month
SNAP (Food Stamps) $_____/Month Other $_____/Month

Are you a Veteran? ☐Yes ☐ No Did you Serve on active duty? ☐Yes ☐No
Do you have your DD214? ☐Yes ☐No

DEMOGRAPHIC INFORMATION:

Gender: ☐Man ☐Woman ☐ Culturally specific identity ☐Transgender ☐Non-Binary ☐Questioning
☐Different identity ☐Client doesn't know ☐Client prefers not to answer

Sexual Orientation: ☐Heterosexual ☐Gay ☐Lesbian ☐Bisexual ☐Questioning/Unsure ☐Other
☐Client doesn't know ☐Client prefers not to answer

Primary Race: ☐Black ☐White ☐Native American ☐Asian Other:_____
Ethnicity: ☐Hispanic ☐Non-Hispanic

Do you have a disability? ☐Yes ☐No
If yes, please select what kind ☐Physical ☐Developmental ☐Chronic health condition
☐HIV-AIDS ☐Mental health disorder ☐Substance use disorder
Is the disability long term? ☐Yes ☐No

RACE/ETHNICITY
1. American Indian, Alaska Native
2. Asian or Asian American
3. Black, African American or African
4. Hispanic/Latina(o)
5. Middle Eastern or North American
6. Native Hawaiian or Pacific Islander
7. White

HOUSEHOLD COMPOSITION FORM

Please list everyone who lives in the household

LEGAL FULL NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH	GENDER	RELATIONSHIP TO HEAD OF HOUSEHOLD	RACE/ETHNICITY
				SELF	

(Revised October 2025)

Please stop and read before continuing

Before proceeding with your application, please review the following important instructions. All required forms must be completed accurately to avoid delays in processing.

1. Manatee County Community Development Programs – Release of Information (Pages 10–11)

- Page 10 must be **printed, signed, and dated by each adult** in the household.

2. Suncoast Release of Information (Pages 12–13)

- Each adult household member must complete **their own individual form**.
- If there are children in the household, **one adult** must list all children as dependents on **page 12**.

3. Landlord Information and Agreement Form (Page 14)

- This page must be **completed and signed by your landlord or leasing office**.
- The applicant(s) must also sign at the bottom of the form.

4. W-9 Form (Page 15)

- This form is **only for the landlord or leasing office**.
- It is *not* required for your application to be accepted, but may be requested later for payment processing.

APPLICANT "RELEASE OF INFORMATION FOR PROGRAM ELIGIBILITY FORM" for Manatee County Programs

Instructions: Each adult member of the household who is 18 years of age or older must sign a Release of Information and Program Eligibility Release Form prior to the receipt of benefit. Additional signatures must be obtained from new adult members whenever they join the household or whenever members of the household become 18 years of age.

I/We _____, the undersigned hereby authorize Turning Points, to release without liability, information regarding my/our employment, income, assets and/or expenses to **Manatee County Government.**

CDBG/HOME/ESG/Others
I understand that this release is for purposes of verifying information provided, as part of determining eligibility and continued participation in the CDBG/HOME/ESG, or other County funded Program. I understand that only information necessary for determining eligibility can be requested.

Connected Manatee
I understand this program receives funding from Manatee County Government and that Manatee County representatives may request access to any or all Agency records related to Connected Manatee for the purpose of evaluating or monitoring the program delivery of services. I understand any records provided to Manatee County shall become public records and may be subject to applicable state or federal exemptions and may be copied and inspected by a third party.

TYPES OF INFORMATION TO BE VERIFIED FOR ALL FUNDING

I/We understand that previous or current information regarding me/us may be required. Verifications and inquiries that may be requested include, but are not limited to: rental and mortgage verification; personal identity; employment history, hours worked, salary and payment frequency, commissions, raises, bonuses and tips; cash held in checking/savings accounts, stocks, bonds, certificate of deposits (CD), Individual Retirement Accounts (IRA), interest, dividends, etc.; payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits; unemployment, disability and/or worker's compensation; welfare assistance; net income from the operation of a business; alimony or child support payments, etc.; and medical expenses, child care expenses, etc. I/We are aware that all information and documents provided are a matter of public record in accordance with Chapter 119, FS.

ORGANIZATIONS / INDIVIDUALS THAT MAY BE CONTACTED FOR ALL FUNDING

Organization/Individuals that may be asked to provide written/oral verification are, but not limited to: past and/or present employers, banks, financial or retirement institutions, unemployment agency, welfare agency, alimony/child support provider, Social Security Administration, Veteran's Administration, etc.

FEDERAL FUNDING PRIVACY ACT NOTICE STATEMENT

The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant's eligibility in a CDBG/HOME/ESG Program and the amount of assistance necessary using CDBG/HOME/ESG funds. This information will be used to establish level of benefit on the CDBG/HOME/ESG Program; to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

PRIVACY INFORMATION PROTECTION

In accordance with the Privacy Act of 1974, as amended, and other federal privacy-related laws, guidance, and best practices, Manatee County Government and the Department of Housing and Urban Development (HUD) are committed to protecting the privacy of individuals' information stored electronically or in paper form. When collecting and handling Personally Identifiable Information (PII) and/or Sensitive Personally Identifiable Information, all involved staff will be required to follow reasonable and appropriate standards. Collection of PII is limited to the sole purpose of fulfilling the need for which it is collected. Any partnering agencies will be required to follow minimum standards set forth by HUD for protecting and managing access to PII.

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/we have a right to review this file and correct any information found to be incorrect.

I/We authorize the Manatee County Government and the U.S. Department of Housing and Urban Development to obtain information about me and my household that is pertinent to eligibility for participation in the CDBG/HOME/ESG Program.

SIGNATURES

Head of Household	(Print Name)	Date
Spouse	(Print Name)	Date
Adult Member	(Print Name)	Date
Adult Member	(Print Name)	Date
Adult Member	(Print Name)	Date
Adult Member	(Print Name)	Date

Suncoast Continuum of Care

RELEASE OF INFORMATION

Authorization to Use or Disclose Personal Information including Protected Health Information (PHI)

Name:	Social Security Number:	Date of Birth:
Name of Provider Agency: Turning Points		

I authorize the use or disclosure of personal information, including protected health information, about the individual named above.

I am: ☐ the individual named above
☐ a personal representative because the person is a minor, incapacitated, or deceased

Turning Points participates in the Sarasota/Manatee Continuum of Care (FL-500) coordinated entry system (Oneby1) and/or the Community Services Information System (CSIS). These systems include organizations that provide homeless and housing assistance and supportive services. As part of CSIS and the Oneby1 system, agencies agree to share information about individuals and families with other agencies in order to coordinate services and help a household find and/or keep housing as quickly as possible.

The information to be disclosed may include personal information contained within the Community Services Information System, records from providers detailing my medical conditions and including information on disabilities, mental health, drug abuse, alcoholism, sickle cell anemia, human immunodeficiency virus (HIV) infection, AIDS, and other communicable disease test results and diagnoses. Information contained within the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT), the Service Prioritization Decision Assistance Tool (SPDAT), other assessment forms, and other information collected as part of case management, case planning and case conferencing will be shared in CSIS and as it relates to the coordination of services for housing placement and stability.

Important Rights and Other Required Statements You Should Know

You can revoke this authorization at any time by writing to the Suncoast Partnership to End Homelessness, Inc., 1750 17th Street / K-1, Sarasota, FL 34234. If you revoke this authorization, it will not apply to information that has already been used or disclosed.

You have a right to a copy of this authorization once you have signed it. Please keep a copy for your records, or you may ask us for a copy at any time by writing to Suncoast Partnership to End Homelessness, Inc. 1750 17th Street / K-1 Sarasota, Florida 34234.

If you have any questions about anything on this form, or how to fill it out, we can help. Please call the Suncoast Partnership at 941-955-8987.

This authorization will expire two (2) years from the date this document was signed by the individual or personal representative below.

By signing this authorization, I am attesting that I understand: *(Initial each line)*

_____The reason I am being asked to release information.

_____My protected health information, including, but not limited to, mental health, drug & alcohol, HIV/AIDS information can be shared with partner providers and CSIS participating organizations. I understand that agencies participating may change from time to time and that a copy of the current list of agencies is available upon request from the Suncoast Partnership by calling 941-955-8987.

_____The CSIS operates over the internet and uses many security protections to ensure the complete confidentiality of my records.

_____Signing this authorization is voluntary, and I do not have to agree to authorize any use or disclosure. I understand that the ability to receive services or support is not conditioned upon authorizing this disclosure. However, by not giving authorization to share information, I may not be able to access housing help as quickly as possible and that some services that result from a coordination of activities between providers may be limited in availability. Some agencies require certain questions to be answered in order to determine eligibility for their projects.*

_____The providers that have access to my protected health information are prohibited from re-disclosing information outside of the terms of his release of information form, without my written authorization except as permitted by federal or state law.

Signature _____ Date (required) _____

Dependent(s) that the Legal Guardian Authorizes to Participate in the SMCSIS:

Name_____ DOB___/___/___ Name_____ DOB___/___/___

Name_____ DOB___/___/___ Name_____ DOB___/___/___

Name_____ DOB___/___/___ Name_____ DOB___/___/___

Signature of Personal Representative (if applicable)

Signature _____ Date (required) _____

Please describe your relationship to the individual and/or your legal authority to act on behalf of the individual in making decisions related to healthcare and services. You may be asked to provide us with the relevant legal document giving you this authority.

Relationship to the individual (required): _____

Signature of Witness

Signature _____ Date (required) _____

*Agencies may have additional requirements that must be agreed upon by the participant. If applicable, these requirements will be listed on page 3.

701 17th Ave W, Bradenton, FL 34205
Office: (941) 747-1509 Fax: (941) 567-6149
www.tpmanatee.org

Turning Points Landlord Information and Agreement Form

Applicant: _____ Date: _____/_____/_____

Co-Applicant: _____ Date: _____/_____/_____

Address of Residence to Be Rented: _____

_____
(Must Be in Manatee County)

Number of Bedrooms: _____ Baths: _____ Occupants-Adults: _____ Children: _____

What is included in the rent? (Check All That Apply)
☐ Electric ☐ Water/Sewer/Trash ☐ Gas ☐ Cable/TV ☐ Washer/Dryer ☐ Other: _____

Landlord Name: _____ Email: _____

Landlord Phone: _____ Landlord Fax:_____

Landlord Cell: _____ Other:_____

Landlord Mailing Address: _____

_____

IF MOVE IN: What is required?
Prorated 1st Month's Rent: $_____ Deposit: $_____ Last: $_____ **Total Move in cost**: $_____

Term of Lease: _____ Monthly Rent: $ _____

Tenant and Landlord: This form is in conjunction with an application for rental assistance from Turning Points. The parties agree that while the agreement is solely between the Landlord and Tenant, that if the tenant received a security deposit from Turning Points, upon termination of the lease, Tenant directs the landlord to return the unused portion of the security deposit directly to Turning Points.

The Landlord attests, by signing below, that the unit is classified as: (Check One)

☐ A Legal Apartment ☐ A Properly Zoned Multi-Unit or Villa ☐ A Single Family Home occupied only by the tenant
☐ Trailer

And that the rental unit has no outstanding code violations within the County or City and that all modifications or repairs requiring a permit, if any, have been properly permitted, inspected, and approved by the City or County.

Landlord's Signature: _____ Date: _____/_____/_____

Applicant Signature: _____ Date: _____/_____/_____

Co-Applicant Signature: _____ Date: _____/_____/_____

(Revised June 2023)

Form **W-9**
(Rev. March 2024)
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.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See ***Specific Instructions*** on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

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

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

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

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

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

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

Social security number

			–		–				

or

Employer identification number

		–							

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**

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*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they