ywca residence

housing application

for every woman...

...ready to open doors

All information obtained is confidential and will be used for application review purposes only. The YWCA maintains a firm commitment to equal opportunity for all applicants. The YWCA does not discriminate based on race, sex, age, color, national origin, religion, sexual orientation, or disability.
The YWCA Residence

Dear Applicant,

Thank you for your interest in The YWCA Residence. This property offers 92 individual rooms, 89 cluster rooms, 11 efficiencies and 1 apartment. The YWCA is a non-smoking facility. Per your request, an application is enclosed.

The rent is as follows:

<table>
<thead>
<tr>
<th>Room Style</th>
<th>Household Size</th>
<th>Monthly Rent*</th>
<th>Security Deposit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dorm Style</td>
<td>1</td>
<td>$451</td>
<td>$451</td>
</tr>
<tr>
<td>Cluster Style</td>
<td>1</td>
<td>$499</td>
<td>$499</td>
</tr>
<tr>
<td>Efficiency***</td>
<td>1</td>
<td>$691</td>
<td>$691</td>
</tr>
<tr>
<td>Apt.***</td>
<td>1</td>
<td>$865</td>
<td>$865</td>
</tr>
</tbody>
</table>

* Includes Heat, Hot Water & Electricity
**Income eligibility is based on the Federal Low Income Housing Tax Credit guidelines and is subject to change
***Waitlist

**Additional eligibility requirements:

- Full-time students are not eligible for residency, unless you qualify for an exception under the IRS code.
- Pets are not allowed.

Application Process

All applications will be reviewed for eligibility. The Intake Unit will review your financial, credit, housing and employment histories. Eligible applicants will be asked to participate in at least one interview upon application approval. Please be aware that acceptance for our housing is based on all of these criteria. AT NO TIME IN THE APPLICATION PROCESS ARE YOU GUARANTEED A UNIT UNTIL YOU HAVE SIGNED A LEASE.

If you have any questions or experience difficulty completing the forms, please contact the Intake office at 914-428-1130.

Sincerely,
Intake Department
The YWCA Residence

We Provide Housing in Compliance with Federal Fair Housing Laws
The YWCA Residence
Application Checklist

This is a checklist that you can use to ensure that you are submitting a complete application. Incomplete applications will not be processed. All applicable forms and/or documents must be submitted including documentation regarding your income, student status and landlord history.

1. HOW TO APPLY
   Applications may be submitted by the following options:
   - **Mail:** YWCA Residence
     Central Intake Unit
     69 North Broadway, White Plains, New York, 10603
   - **Fax:** 914-428-1439
   - **Email:** housing@ywcawpcw.org

2. EMPLOYMENT VERIFICATION FORM
   If you are employed, please have your employer(s) fill out the enclosed form(s) and return it to the above address.

3. LANDLORD VERIFICATION FORM
   Please have your past or current landlord (apartment lessee, primary tenant or housing specialist) fill out the enclosed landlord verification form and return it to the above address. If you receive rental subsidy please provide proof of your subsidy with your application (e.g., a recent Breakdown Letter, copy of your voucher, etc.).

4. RECENT PAY STUBS
   If you are working, please include copies of your last six consecutive pay stubs with year-to-date totals.

5. VERIFICATION OF SOCIAL SECURITY BENEFITS
   If you receive SSA, SSI, or SSD, please provide a current award letter (you can request one from your local Social Security office). The letter must be dated within the last 90 days.

6. VERIFICATION OF PENSION AND ANNUITIES
   If you receive a pension or annuities, please provide documentation of the monthly or yearly amount in a letter dated within the last 90 days.

7. STATEMENT(S) OF ASSETS
   Please provide copies of documentation of the accounts you listed in the application. Must provide bank statements for the previous consecutive 6 months.

Please return all information and supporting documentation with your completed application.
Please complete all sections and sign the last page. PLEASE PRINT.

APPLICANT INFORMATION

1. NAME _______________________
   First ____________________________________________
   Middle __________________________________________
   Last _____________________________________________
   1a. other names (maiden name, stage name, etc.) ________________________________________________________________________

2. STREET ADDRESS ______________________________ APT. NO_______________________

3. CITY____________________ STATE________________ ZIP__________________
   3a. E-Mail __________________________________________________________________________

4. CELL PHONE (_______) __________________________ OTHER PHONE (_____ )_________________

5. BIRTHDATE _______________ Race __________________________

6. Are you a fulltime student? ☐ YES ☐ NO (A Full-Time Student is one who attends school at least 5 months out of a year and has full-time student status for those 5 months, unless the individual qualifies for an exception under IRS code).

HOUSING STATUS

7. Present landlord name________________________________________________________________________________________
   Phone (_____ ) __________________________

8. Landlord’s address __________________________________________________________________________________________

9. Is your apartment leased directly to you? ☐ YES ☐ NO

10. Monthly rent $________________________

11. Is your rent subsidized by a Government Agency (i.e. Section 8)? ☐ YES ☐ NO

12. How long have you lived at this address? ________Years _________Months

13. PLEASE LIST YOUR LAST 3 (THREE) RESIDENCES STARTING WITH THE MOST CURRENT:

<table>
<thead>
<tr>
<th>PREVIOUS ADDRESS</th>
<th>RENT AMT</th>
<th>DATE OF RESIDENCY</th>
<th>WHY DID YOU MOVE?</th>
</tr>
</thead>
<tbody>
<tr>
<td>FROM TO</td>
<td>FROM TO</td>
<td>FROM TO</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>PREVIOUS ADDRESS</th>
<th>RENT AMT</th>
<th>DATE OF RESIDENCY</th>
<th>WHY DID YOU MOVE?</th>
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</thead>
<tbody>
<tr>
<td>FROM TO</td>
<td>FROM TO</td>
<td>FROM TO</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>PREVIOUS ADDRESS</th>
<th>RENT AMT</th>
<th>DATE OF RESIDENCY</th>
<th>WHY DID YOU MOVE?</th>
</tr>
</thead>
<tbody>
<tr>
<td>FROM TO</td>
<td>FROM TO</td>
<td>FROM TO</td>
<td></td>
</tr>
</tbody>
</table>

14. What is your current gross annual income? _____________________________________________

15. What was your total income from last year’s federal tax return? ________________________
EMPLOYMENT HISTORY

16. List all full- and/or part-time jobs worked during the last 5 (five) years, including self-employment and/or freelance income. List your current/most recent job first. PLEASE NOTE: YOU WILL BE REQUIRED TO DOCUMENT ALL CURRENT AND/OR PERIODIC SOURCES OF EMPLOYMENT.

<table>
<thead>
<tr>
<th>DATE</th>
<th>EMPLOYER</th>
<th>POSITION</th>
<th>SALARY</th>
<th>REASON FOR LEAVING</th>
</tr>
</thead>
<tbody>
<tr>
<td>FROM</td>
<td></td>
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<td></td>
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<tr>
<td>TO</td>
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<td>TO</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

OTHER CURRENT SOURCES OF INCOME Including DSS Benefits

17. List other income that you currently receive, such as public assistance, Social Security, Supplemental Security Income, pension, disability, unemployment compensation, alimony, child support, Armed Forces Reserves, regular financial support and/or grants.

<table>
<thead>
<tr>
<th>TYPE OF INCOME</th>
<th>AMOUNT</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td>$</td>
<td>per</td>
<td></td>
</tr>
<tr>
<td>2)</td>
<td>$</td>
<td>per</td>
<td></td>
</tr>
<tr>
<td>3)</td>
<td>$</td>
<td>per</td>
<td></td>
</tr>
</tbody>
</table>

ASSETS

18. Complete each category as applicable, and attach statements for each account listed.

<table>
<thead>
<tr>
<th>TYPE</th>
<th>BANK NAME</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHECKING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SAVINGS / HOLIDAY CLUB</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MONEY MARKET/TRUSTS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CREDIT UNION SHARES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IRAs/ RETIREMENT ACCTs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>STOCKS/BONDS/ CDs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

19. Do you own any real estate? □ YES □ NO If yes: What is the current market value? __________________________
What is the value less any mortgage or lien? __________________________

Do you receive any rent from tenant(s) living at this property? □ YES □ NO If yes, how much? ____________
GENERAL QUESTIONNAIRE

20. Have you ever been evicted?  □ YES  □ NO  If yes, when? _________________________
   Briefly explain circumstances: __________________________________________________________

21. Have you ever filed for personal bankruptcy?  □ YES  □ NO  If yes, when? _________________________
   Briefly explain circumstances: __________________________________________________________

22. Have you ever been convicted of a felony?  □ YES  □ NO  If yes, when? _________________________
   Briefly explain circumstances: __________________________________________________________

23. Have you previously lived in this facility?  □ YES  □ NO  If yes, when? _________________________

24. How did you hear about The YWCA? _____________________________________________________

25. Why do you want to move from your current residence? ______________________________________

26. Do you know or are you related to any of our residents or staff?  □ YES  □ NO  If yes who? __________

26. Do you own a vehicle?  □ YES  □ NO

25. Highest level of education:  □ HS Diploma  □ GED  □ Some College  □ College Diploma

I certify that the above information is correct to the best of my knowledge; I am not falsifying or withholding any information from The YWCA. I also understand that The YWCA assumes NO responsibility for applications NOT received.

I authorize YWCA Management to obtain and verify information about the income, assets, personal data. I also authorize the sources of such information (which may include, but not be limited to employers, social workers, landlords, resident mangers, housing managers, DSS workers, parole officers, court records, drug treatment centers, clinics, physicians, or the police department) to release such requested information.

IF THE YWCA IS UNABLE TO CONTACT ME AT THE ADDRESS PROVIDED OR PHONE NUMBER PROVIDED, MY APPLICATION WILL BE CANCELLED.

____________________________________  ________________________
APPLICANT’S SIGNATURE  DATE
UNDER $5,000 ASSET CERTIFICATION

(For households whose combined net assets do not exceed $5,000.)

Household Name: ____________________________________________ Unit No. __________________________

Development Name: __________________________________________ City: __________________________

1. **Choose one:**

   † I do not have any assets at this time. *(if this box is checked, draw a line through the asset information below, place a zero in #3, sign and date)*

   OR

   † My assets include:

   
<table>
<thead>
<tr>
<th>Cash Value*</th>
<th>Int. Rate</th>
<th>Total</th>
<th>Source</th>
<th>Cash Value*</th>
<th>Int. Rate</th>
<th>Total</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td></td>
<td>$</td>
<td>Savings Account</td>
<td>$</td>
<td></td>
<td>$</td>
<td>Safety Deposit Box</td>
</tr>
<tr>
<td>$</td>
<td></td>
<td>$</td>
<td>Cash on Hand</td>
<td>$</td>
<td></td>
<td>$</td>
<td>Money market funds</td>
</tr>
<tr>
<td>$</td>
<td></td>
<td>$</td>
<td>Certificates of Deposit</td>
<td>$</td>
<td></td>
<td>$</td>
<td>Bonds</td>
</tr>
<tr>
<td>$</td>
<td></td>
<td>$</td>
<td>Stocks</td>
<td>$</td>
<td></td>
<td>$</td>
<td>401K Accounts</td>
</tr>
<tr>
<td>$</td>
<td></td>
<td>$</td>
<td>IRA Accounts</td>
<td>$</td>
<td></td>
<td>$</td>
<td>Trust Funds</td>
</tr>
<tr>
<td>$</td>
<td></td>
<td>$</td>
<td>Keogh Accounts</td>
<td>$</td>
<td></td>
<td>$</td>
<td>Land Contracts</td>
</tr>
<tr>
<td>$</td>
<td></td>
<td>$</td>
<td>Lump Sum Receipts</td>
<td>$</td>
<td></td>
<td>$</td>
<td>Capital investments</td>
</tr>
<tr>
<td>$</td>
<td></td>
<td>$</td>
<td>Life Insurance Policies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$</td>
<td></td>
<td>$</td>
<td>Other Retirement/Pension</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$</td>
<td></td>
<td>$</td>
<td>Funds not named above:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$</td>
<td></td>
<td>$</td>
<td>Personal property held as</td>
<td></td>
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</tr>
<tr>
<td>$</td>
<td></td>
<td>$</td>
<td>an investment**</td>
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<td></td>
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<tr>
<td>$</td>
<td></td>
<td>$</td>
<td>Other (list):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust) may or may not be [fully] accessible to you. Include only those amounts which *are*

arehouse value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding mortgage, early withdrawal penalties, etc.

**Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

2. **Choose one:**

   † I have *not* sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.

   OR

   † Within the past two (2) years, I have sold or given away assets (including cash, real estate, etc.) for more than $1,000 below their fair market value (FMV). Those amounts* are included above and are equal to a total of: $ ______________ *the difference between FMV and the amount received, for each asset on which this occurred.

3. **Please Complete:**

   The net family assets (as defined in 24 CFR 813.102) above do not exceed $5,000 and the annual income from the net family assets is

   $____________. This amount is included in total gross annual income.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

__________________________________________  ______________________________________
Applicant/Tenant                                      Date
EMPLOYMENT VERIFICATION FORM

I hereby authorize the release of the requested information, which will be kept confidential and used for program purposes only. The YWCA will call to verify this information.

_________________________________________  __________________________
Applicant’s name (printed)                      Applicant’s signature

This part to be completed by employer  (Not Applicant)

Dear Supervisor/HR Department Representative:

As the Central Intake Unit of the YWCA Residence, we have been authorized to verify the information provided by the individual whose signature appears above. We ask your cooperation by promptly completing and returning this form.

Please return form to:                        YWCA Residence, LLC    Fax: (914) 428-1439
                                              Central Intake Unit    E-mail housing@ywcaewpcw.org
                                              69 North Broadway     69 North Broadway
                                              White Plains, NY 10603 White Plains, NY 10603

Supervisor/HR Department Representative, please answer the following questions regarding the above named person:

1. Employee’s start date: ____________  Still employed? _____ If no, date last worked ____________

2. Position/Job Title: ____________________  Probability of continued employment ______________

3. Year to date gross earnings: $________________ through _____/_____/_______

4. Average gross pay: $____________ per week/bi-weekly/monthly/annual (circle one)

5. Average hours per week: _________________

6. Hourly pay rate: $______________ (if applicable)

7. Current rate of overtime (OT) pay: $_______/hr. (if applicable)  Anticipated amount of OT: _______/hrs. per week/bi-weekly/monthly (circle one)  

Continue
8. Anticipated tips, commissions, bonuses: $______________

9. Do you anticipate any changes in salary in the next 12 months? □ YES □ NO
   If yes, please explain: _______________________________________________________

10. If work is seasonal or sporadic, please indicate likely layoff period: ______________

   This information is provided in strict confidence by:

   _____________________________________________________________
   Signature of employer                                          Printed name of employer/title

   _____________________________________________________________
   Company name                                                  Company address

   _____________________________________________________________
   Daytime phone number                                          Date

   _____________________________________________________________
   Email
LANDLORD VERIFICATION FORM

I hereby authorize the release of the requested information, which will be kept confidential and used for program purposes only. The YWCA will call to verify this information.

Applicant’s name (printed) ____________________________  Applicant’s signature ____________________________

This part (1 to 10) to be completed by Landlord (Not Applicant)

Dear Landlord:

As the Central Intake Unit of the YWCA Residence, we have been authorized to verify the information provided by the individual whose signature appears above. We ask your cooperation by promptly completing and returning this form.

Please return form to: YWCA Residence, LLC  Fax: (914) 428-1439
Central Intake Unit  E-mail housing@ywcaawpcw.org
69 North Broadway
White Plains, NY  10603

Landlord, please answer ALL the following questions regarding the above named person:

1. Resides, or once resided, at the following apartment (list address):

2. Length and dates of residence (Month and Year):

3. Monthly rent amount: $___________  Timeliness of rent payments: ________________

4. Was/Is the applicant in eviction proceedings? ☐ ☐YES  ☐ NO
If yes, please state the reason: _____________________________________________________________

5. Rent arrears amount, if any: ____________________________________________________________

6. Care of your premises: ________________________________________________________________

Continue
7. Do you plan to, or did you, return the applicant’s security deposit in full?  □□YES  □ NO
   If no, why? ________________________________________________________________

8. Are you aware of any incidents relating to the applicant that required police presence at the premises?  □□YES  □ NO
   If yes, please explain: ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

9. Would you rent again to this applicant again?  □□YES  □ NO

10. Other comments: __________________________________________________________________________
    __________________________________________________________________________
    __________________________________________________________________________

This information was provided in strict confidence by:

______________________________                      __________________________
Print name (Landlord)                              Signature (Landlord)

______________________________                      __________________________
Title (e.g., Housing Specialist, Primary Lessee, Managing Agent, etc.)  Address

______________________________                      __________________________
Date                              Telephone number

______________________________
Email
HOUSEHOLD STUDENT STATUS VERIFICATION

1 & 2 must be filled out even if you are not a student

Applicant/Tenant Name: ____________________________________________
Address: ________________________________________________________
______________________________________________________________
______________________________________________________________

Completed For: (check one)
_____ Move-in; effective date: ______________
_____ Annual recertification; effective date: ______________ .

1. Will you be or have you been a full-time student during five calendar months of the certification year?
   _____ Yes  _____ No

2. Will you or have you been a part-time student during five calendar months of the certification year?
   _____ Yes  _____ No

   If YES to question #1 above, then are you must complete the questions below:

   • A full time student married and filing a joint tax return?  _____Yes  _____No
   • A full time student enrolled in a job training program under the Job Training Partnership Act (federal, state or local)?  _____Yes  _____No
   • A full time student and Title IV/TANF recipient?  _____Yes  _____No

Name of School attending/planning to attend______________________________________________

Location of School______________________________________________________________

You will be asked to complete a verification form to the school mentioned

Signature of applicant/tenant: __________________________________ Date______________

Household Student Status Verification
Internal Revenue Service

Department of the Treasury

Form W-9

(Rev. December 2011)

Rev. 12-2011

W-9 Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Name (as shown on your income tax return)

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:

☐ Individual/sole proprietor
☐ C Corporation
☐ S Corporation
☐ Partnership
☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership)

☐ Exempt payee

☐ Other (see instructions)

Address (number, street, and apt. or suite no.)
Requester’s name and address (optional)

City, state, and ZIP code

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 the “Name” line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

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).

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 on page 4.

Signature of U.S. person
Date

Sign Here

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners’ share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester’s form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

• An individual who is a U.S. citizen or U.S. resident alien,
• A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
• An estate (other than a foreign estate), or
• A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners’ share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.