



My Home Housing Program

Milwaukee County

Heartland Housing Capuchin Apartments

Dear Landlord and Tenant:

It is time for the annual renewal of eligibility of the Tenant for the Shelter Plus Care unit at the Capuchin Apartments. An important part of this process includes an update of the information regarding the unit. The My Home Housing Program is also required to complete an annual HUD HQS inspection of the unit

Enclosed with this letter, you will find the following: Please read, complete, and sign

- Request for Lease Approval (to be completed by both Landlord and Tenant)
- Dwelling Unit Check List (to be completed by both Landlord and Tenant)
- Smoke Detector Notice (to be completed by both Landlord and Tenant)
- Lead-Based Paint Disclosure Notice (to be completed by both Landlord and Tenant)
- W-9 form (to be completed by Landlord only).

Please complete and sign all of the enclosed forms, and return to the Case Manager. The forms must be submitted to the My Home Housing Program Office at least 60 days prior to lease expiration.

Upon receipt of these forms, the Case Manager will make arrangements for the HQS inspection. Once the dwelling unit is inspected and approved, and the Tenant's continued eligibility is verified, the HUD 50058 will be prepared and the annual Payment Request will be submitted for another year.

If you have any questions about the annual renewal process, please call the Housing Representative.

Sincerely,

MY HOME HOUSING PROGRAM

Enc. (5)

Request for Lease Approval My Home Housing Program

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0169
(exp. 07/31/2007)

Public reporting burden for this collection of information is estimated to average .08 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Eligible families submit this information to the Public Housing Authority (PHA) when applying for housing assistance under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The PHA uses the information to determine if the family is eligible, if the unit is eligible, and if the lease complies with program and statutory requirements. Responses are required to obtain a benefit from the Federal Government. The information requested does not lend itself to confidentiality.

Housing Office Use Only	
C.T. #	_____
Program	_____
HPA	_____

1. Name of Public Housing Agency (PHA) Milwaukee County My Home Housing Program 600 W. Walnut Street, Suite 100 Milwaukee, WI 53212		2. Address of Unit (street, apartment number, city, state & zip code) 2502 W TAMARACK ST UNIT# _____ MILWAUKEE WI 53206	
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3. Requested Beginning Date of Lease	4. No. of Bedrooms 0	5. Year Constructed 2011	6. Proposed Rent \$545	7. Security Deposit Amt \$545	8. Late Payment Penalty, if none, state.
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9. Type of House/Apartment
 Condo Townhouse Single Family Apartment Duplex Triplex Multi

10. Utilities and Appliances.		FURNISHED BY		SPECIFY FUEL TYPE											
ITEM		<input checked="" type="checkbox"/> Owner	<input type="checkbox"/> Tenant	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Bottle Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Oil	<input type="checkbox"/> Coal	<input type="checkbox"/> Other _____						
Heating		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Cooking		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Water Heating		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Other Electric		<input type="checkbox"/>	<input checked="" type="checkbox"/>												
Water		<input checked="" type="checkbox"/>	<input type="checkbox"/>												
Sewer		<input checked="" type="checkbox"/>	<input type="checkbox"/>												
Trash Collection		<input checked="" type="checkbox"/>	<input type="checkbox"/>												
Air Conditioning		<input checked="" type="checkbox"/>	<input type="checkbox"/>												
Refrigerator		<input checked="" type="checkbox"/>	<input type="checkbox"/>												
Stove		<input checked="" type="checkbox"/>	<input type="checkbox"/>												
Equipment (snow removal/grounds)		<input checked="" type="checkbox"/>	<input type="checkbox"/>							If owner provides, specify:					
Other Amenities		<input type="checkbox"/>	<input type="checkbox"/>							If owner provides, specify:					
Pets allowed		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes												

11. For repairs, contact Name: _____ Phone: _____

12. Rent payment Address: HEARTLAND HOUSING INC, 208 S LASALLE ST #1300, CHICAGO IL 60604

13. Name and address of person authorized to accept service of legal process or notices on behalf of owner (can be owner). Must be in State of Wisconsin.
 _____, 2502 W TAMARACK ST, MILWAUKEE, WI 53206

14. Owner's Certifications.

a. The Program regulation requires the Program to certify that the rent charged to the My Home Housing Program tenant is not more than the rent charged for other unassisted comparable units. Indicate whether rental amount includes utilities.

Address and unit number	Date Rented	Rental Amount
1.		
2.		
3.		

b. The owner (including a principal or other interested party) is not the parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the Program has determined (and has notified the owner and the family of such determination) that approving leasing of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

c. Check one of the following:

Lead-based paint disclosure requirements do not apply because this property was built on or after January 1, 1978.

The unit, common areas servicing the unit, and exterior painted surfaces associated with such unit or common areas have been found to be lead-based paint free by a lead-based paint inspector certified under the Federal certification program or under a federally accredited State certification program.

A completed statement is attached containing disclosure of known information on lead-based paint and/or lead-based paint hazards in the unit, common areas or exterior painted surfaces, including a statement that the tenant has been provided the lead hazard information pamphlet.

15. The Program has not screened the family's behavior or suitability for tenancy. Such screening is the owner's own responsibility.

16. The Program will arrange for inspection of the unit and will notify the owner and family as to whether or not the lease and unit will be approved. Housing assistance payments will not be made until the unit is approved and a County lease and contract are signed.

17. Print or type owner name to be used on contract and lease HEARTLAND HOUSING INC		18. Print or type name of family Head of household	
Print or type name of owner or other party authorized to sign the lease		Present Address of Family (street address, apartment no., city, state, & zip code)	
Business address 208 S LASALLE ST #1300 CHICAGO IL 60604		Telephone Number	
Telephone number 414-372-9479		Signature	
Signature	Date (mm/dd/yyyy)	Signature	Date (mm/dd/yyyy)



My Home Housing Program

Milwaukee County

DWELLING UNIT CHECK LIST

(To be completed and signed by Tenant and Owner/Agent)

Tenant Name _____ Unit Address 2502 W TAMARACK ST

Tenant Address 2502 W TAMARACK ST Apartment Number _____

Exterior Items (check if present): Mail Box Lawn Tools Garbage Cans Address Plate Exit Light Fixtures

ACCEPTABLE · MISSING · REPAIR PLEASE MARK EACH ITEM ACCORDINGLY USING "A" OR "R" OR "M"	Living Room	Dining Room	Kitchen	Bathroom	2nd or 1/2 Bath	Bedroom 1	Bedroom 2	Bedroom 3	Bedroom 4	Basement	COMMENTS
ADEQUATE HEAT - GAS, OIL, ELECTRIC (circle one)											
WALLS											
CEILING											
FLOOR - CARPET, TILE, HARDWOOD (circle one)											
DOORS (including hardware and glass)											
WINDOWS (including storms, screens & locks)											
CURTAIN/DRAPERY RODS											
SHADES/BLINDS											
OUTLETS (2 per room; or overhead & 1 outlet)											
LIGHT FIXTURES											
LIGHT BULBS											
CLOSETS											
CABINETS											
COUNTER TOPS											
VENT FAN											
TOILET											
WASH BASIN/SINK											
SHOWER OR TUB											
TOWEL AND PAPER HOLDER											
PROPER STORAGE AREA											
FOOD PREPARATION AREA											
HOT AND COLD RUNNING WATER											
PROPERLY WORKING DRAIN SYSTEM											
SMOKE DETECTOR ON ALL LEVELS											<input type="checkbox"/> YES <input type="checkbox"/> NO
SAFE STAIRWAYS (handrails for 3 or more steps)											<input type="checkbox"/> YES <input type="checkbox"/> NO
INFESTATION (mice, rats, roaches; list)											<input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER INTERIOR/EXTERIOR REPAIRS (use reverse, if necessary)											<input type="checkbox"/> YES <input type="checkbox"/> NO

Is stove furnished by the Owner? Yes No Do you have your own? Yes No
 Is refrigerator furnished by the Owner? Yes No Do you have your own? Yes No

The unit located at the above address has been checked by both the Landlord/Manager and Tenant, and found in condition as noted.

Owner or Authorized Agent _____ Date _____ Tenant _____ Date _____





My Home Housing Program

Milwaukee County

HEARTLAND HOUSING
CAPUCHIN APARTMENTS

SMOKE DETECTOR NOTICE

State law, city ordinances, and HUD Housing Quality Standards require the Owner/Manager provide a working smoke detector on each floor, including basement of unit, except attic and storage areas. They also require the Resident to maintain all smoke detectors in the unit, unless an authorized building inspector or the Resident of the dwelling gives written notice to Owner/Manager that the smoke detector is not functional. Owner/Manager shall, within five (5) days after receipt of that notice, provide any maintenance necessary to make that smoke detector functional.

The smoke detector(s) at 2502 W TAMARACK ST UNIT#
address

was(were) inspected on _____ and found to be in working

order: Yes No

Tenant Date

Owner/Manager Date

Housing Representative Date



My Home Housing Program

Milwaukee County

DISCLOSURE OF INFORMATION ON LEAD-BASED PAINT AND/OR LEAD-BASED PAINT HAZARDS NOTICE

Unit 2502 W TAMARACK ST UNIT# _____ MILWAUKEE 53206
Street Apt. City Zip Code

Landlord FOND DU LAC APARTMENTS LLC Agent _____

Tenant _____

LEAD WARNING STATEMENT

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. **Before renting pre-1978 housing,** Lessors (Landlords) must disclose the presence of lead-based paint and/or lead-based paint hazards in the dwelling. Lessees (Tenants) must also receive a federally approved pamphlet on lead poisoning prevention.

LANDLORD'S DISCLOSURES

1a. Landlord has knowledge of lead-based paint and/or that lead-based paint hazards are present in the housing (explain).

1b. Landlord has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

.....

2a. Landlord has provided the Tenant with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

2b. Landlord has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

TENANT'S ACKNOWLEDGEMENT

Tenant states that Tenant has received any records and reports listed under Landlord's Disclosure above. Tenant acknowledges that Tenant has received the pamphlet *Protect Your Family From Lead in your Home*.

AGENT'S ACKNOWLEDGEMENT

If Landlord is represented by an Agent, the Agent certifies that Agent has informed the Landlord of the Landlord's obligations under 42 U.S.C. 4852d and that the Agent is aware of Agent's duty to ensure compliance with the requirements of federal laws and regulations.

CERTIFICATION OF ACCURACY

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

Landlord Signature _____ Date _____ Tenant Signature _____ Date _____



Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. HEARTLAND HOUSING INC	
2 Business name/disregarded entity name, if different from above 208 S LASALLE ST #1300, CHICAGO IL 60604	
3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member 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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.)	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 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.

Social security number									

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

or

Employer identification number									
2	7	-	1	3	4	3	0	8	5

Part II Certification

- Under penalties of perjury, I certify that:
- 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
 - 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
 - I am a U.S. citizen or other U.S. person (defined below); and
 - 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 on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

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 taxpayer 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? on page 2.*
- By signing the filled-out form, you:
- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 - Certify that you are not subject to backup withholding, or
 - 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, and
 - Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Note. If you are a U.S. person and 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 under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 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 section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II Instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; do not leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. Individual. Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note. ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. Sole proprietor or single-member LLC. Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation. Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. Other entities. Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. Disregarded entity. For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(ii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.