GENERAL INSTRUCTIONS

ZONING BOARD APPLICATION FORM EZ

DO NOT USE THIS FORM IF THE APPLICATION INVOLVES A SITE PLAN OR SUBDIVISION; INSTEAD USE THE FULL “PLANNING AND ZONING BOARD APPLICATION PACKAGE”

I. GENERAL

A. The following items must be completed and submitted to the Planning and Zoning Office in order for an application to be considered for placement on a Board agenda:

1. Submission #1: For Completeness Determination submit ONE HARD COPY SET AND ONE PDF SET of the following:
   a. Completed Form EZ or full Planning Board and Zoning Board Application.
      i. Zoning Information and the Tax Map set containing information needed to complete the application can be found on the home page of the Township website at [http://www.hopewelltwp.org/281/Zoning](http://www.hopewelltwp.org/281/Zoning).
      ii. When calculating Lot Coverage on the application, please complete and submit the attached Lot Coverage Calculation Worksheet.
   b. Copy of required property survey showing the location of all existing and proposed structures.
      i. The survey does not have to be signed and sealed, however must be to-scale and legible. Well and septic locations should be shown and may be hand-drawn.
      ii. Applications for pools and new structures greater than 200 square feet must include existing and proposed grading contours on a plan at a minimum of 2’ intervals.
   c. W-9 Form to set up an escrow account for professional review of the application.
   d. Escrow Agreement to set up an escrow account.
   e. Proof of Payment of Taxes (from Township Tax Collector’s Office – request using attached form).
   f. Signed Consent to Entry so professionals and Board members may review the project location prior to the hearing.
   g. Certified List of Property Owners within 200’ of the Site (from Township Tax Assessor’s Office – request using attached form).
   h. Completed Application Fee and Escrow Fee Calculation Form and payment of required fees in separate checks. Payment of all fees is required upon submission of the application.
   i. Completed Notice of Hearing to be sent to parties on Certified List and newspaper (see attached sample notice).

The foregoing items will be reviewed for completeness by the Planning and Zoning Office. If the application is found Incomplete, additional submissions will be required until the application is deemed complete. You will be contacted when the application has been
deemed complete (within 45 days of submission of the items) and a hearing date assigned.

2. Submission #2: For the Hearing submit the following at least 10 days prior to the hearing:
   a. Ten (10) additional copies of the completed Form EZ or full Planning Board and Zoning Board Application. If revisions were made, please submit a pdf as well.
   b. Ten (10) additional copies of the property survey and other maps that were part of Submission #1. If revisions were made, please submit a pdf as well.
   c. Once your hearing date is known, you are also required to mail hearing notices to parties on the Certified List via Certified US Mail and publish the hearing notice in a newspaper recognized by the Board no less than 10 days prior to the hearing. See more on Notice of Hearing, below.

3. Submission #3: At least 3 days prior to the Board hearing submit the following to the Planning and Zoning Office:
   a. One (1) copy of Notice of Hearing sent to parties on the Certified List and white Certified Mail receipts stamped by the post office indicating date mailed OR notarized proof of personal service (signatures) if notice was served in person (see more on Notices below);
   b. One (1) copy of Proof of Publication in Newspaper (obtain affidavit from newspaper company).

4. Submission #4: Compliance Items.
   a. If your application is approved by the Board, there will likely be either additional or revised items which will need to be submitted to the Planning and Zoning Office. These items will be listed in the Resolution of Approval which the Board will adopt at the next regularly scheduled hearing (you do not have to be present for this adoption).
   b. You will be sent the Resolution of Approval and other applicable items which will itemize any required supplemental submission items. These items must be submitted and found satisfactory before any required Zoning or Building permits will be issued.
   c. Submit one (1) copy of required items to the Planning and Zoning Office, as well as a pdf of all submitted documents, for review.

B. NOTE: Creation of new bedrooms as defined in Township Code §16-12 requires approval by the Township Health Department.

C. NOTE: A Corporation or Partnership is required to be represented by an attorney at Board hearings.

D. NOTE: The approval of this application by the Board does not relieve the applicant of the responsibility for obtaining any other required local, state and federal approvals including, but not limited to: construction, health, local Stream Corridor, NJDEP Wetlands or Flood Hazard Area, D&R Canal Commission, Mercer County Planning Board, etc.

II. NOTICE OF HEARING

The applicant is responsible for giving official written notice of the hearing. Notice must be given to parties on the Certified List as well as by newspaper advertisement to the general public at least 10 days before the scheduled Board hearing date. Notice should not be given until the application is deemed complete and a hearing date officially assigned.

Required and suggested steps in the noticing process:

1. Obtain a Certified List of property owners and interested agencies who require notice of the application’s hearing date from the Township Tax Assessor. Complete and submit the attached “Request for Certified List” form to the Township Tax Assessor, together with a $10 processing fee. The list will be sent to you when complete.

2. Prepare a notice for the hearing, using the attached “Sample Notice.”
3. No less than 10 calendar days before the scheduled Board hearing, send the prepared notice to the parties on the Certified List. Send the notice via U.S. Postal Service Certified Mail. You must write the recipient’s address on the white receipts before they are stamped by the Post Office. The Post Office will not write addresses for you. The Post Office will stamp the white receipts with the mailing date, which must be at least 10 days prior to the hearing.

4. If you do not want to mail the notices, the law permits that they may be served in person upon the surrounding property owners on the Certified List, however some parties on the Certified List, such as utilities, will have to be noticed via mail.

5. If you serve the notice in-person on surrounding property owners, you must obtain a signature from the property owner indicating that the notice was received. The signatures must be notarized by a Notary Public using the “Proof of Service” form (see attached). The notarized Proof of Service must be delivered to the Planning and Zoning Office no less than 3 days prior to the scheduled Board Hearing date.

6. It is also the applicant’s responsibility to publish a notice of the hearing in one of the official newspaper of the Board: the Hopewell Valley News, The Times of Trenton or The Trentonian, at least 10 days before the meeting and provide an affidavit of publication (provided to you by the newspaper) to the Planning and Zoning Office 3 days prior to the hearing date. The Trenton Times and Trentonian have a 3-day lead time to publication, and the Hopewell Valley News has a longer lead time, please be sure to plan ahead for proper publication in the newspaper:

   Hopewell Valley News (weekly paper) lead time: newspaper published on Fridays – deadline is the prior Tuesday, no later than 10am
   legalnotices@centraljersey.com

   Trenton Times (daily paper) – lead time: 3 days before desired publication date
   legalads@njtimes.com

   Trentonian (daily paper) – lead time: 3 days before desired publication date
   publicnotices@trentonian.com

7. At least three days prior to the hearing, the applicant must present to the Planning and Zoning Office a copy of the notice of the hearing, a copy of the certified list and white certified mail receipts, an affidavit of newspaper publication (provided by the newspaper) and if applicable, an affidavit of service (notarized Proof of Service) of the notice to adjacent property owners. This will be required particularly if the notices were served in person.

8. If during the Board’s proceedings a hearing is carried to a future date, the Board may request that all
III. BOARD HEARING

A. Purpose of Hearing

For variance applications, the purpose of the hearing is for the Board to determine whether the application can be granted within parameters established by State Statute. These parameters are technical in nature, and it is likely the Board members will ask questions of you that will allow them to determine whether the variance criteria have been met. For bulk or “c” variances, the criteria are as follows:

Bulk variances, reviewed by the Board of Adjustment pursuant to the Municipal Land Use Act at C. 40:55D-70(c), affect the physical characteristics of property. Bulk regulations establish the minimum lot size and maximum lot coverage and area within which a building can be located, including setbacks, height and yard requirements. Applicants may seek a variance from building requirements under either of two statutory provisions:

c(1) Variances – Property “Hardship” Variances. The Board of Adjustment has the power to grant a bulk variance if, due to the unusual and unique features of the property, denying the variance would impose an undue hardship.

The unique features affecting a specific piece of property include exceptional narrowness, shallowness, shape or exceptional topographical conditions or physical features. Properties must be different in some way from others in the neighborhood and/or zoning district.

c(2) Variances – “Flexible c” (“benefits v. detriments”). The Board of Adjustment may grant a bulk variance if the Board determines that the benefits of granting the variance outweigh the detriments of noncompliance with zone requirements. The Board must determine that the purposes of zoning and public purposes such as health, safety and welfare, or promotion of a desirable visual environment will be advanced by a deviation (variation) from zoning ordinance requirements and that the benefits of the deviation will substantially outweigh any detriment.

B. Submissions During Hearing

When an application is in the process of being heard by the Board and revisions or additional documentation is requested by the Board, all revised documents must be submitted at least 10 calendar days prior to the next scheduled hearing date for that application in order for the revisions to be considered by the Board.

Any exhibit that is to be entered into evidence and marked as an exhibit must be free-mounted so that it can be folded after the hearing, AND a pdf shall be provided. All exhibits entered into evidence during the Board hearing will be retained by the Board Secretary.

C. Post Approval

If the application has been approved by the Board, a Resolution of Approval memorializing the action of the Board must be adopted by the Board. This typically occurs at the next month’s hearing. You do not have to attend this hearing. The Resolution must be adopted by the Board before the project can commence, and before a zoning permit or construction permit is issued by the Township.

If, during the course of the hearing, the Board required plan revisions to your plans, these must be provided to the Planning and Zoning Office prior to the issuance of your Zoning Permit or Construction Permits. Submit one (1) hard copy and one pdf of documents for review.
# ZONING BOARD APPLICATION FORM EZ

**Do Not use this form if the application involves a site plan or subdivision; use the full “Planning and Zoning Board Application Package” instead**

<table>
<thead>
<tr>
<th>Date:</th>
<th>Block:</th>
<th>Lot:</th>
<th>Zoning District:</th>
<th>Tax Map Sheet:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Work Site Location / Address:</th>
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<table>
<thead>
<tr>
<th>Property Owner Name:</th>
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<table>
<thead>
<tr>
<th>Property Owner’s Address:</th>
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</table>

<table>
<thead>
<tr>
<th>Property Owner’s Phone No. and Email:</th>
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</table>

*I have reviewed this application and accompanying documentation and consent to the filing of the same with the Hopewell Township Planning/Zoning Board.*

<table>
<thead>
<tr>
<th>Property Owner’s Signature:</th>
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<table>
<thead>
<tr>
<th>Applicant’s Name (if different from Owner):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Applicant’s Address:</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Applicant’s Phone No. and Email (correspondence will be emailed unless otherwise requested):</th>
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</table>

<table>
<thead>
<tr>
<th>Name of Preparer of Plans:</th>
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</table>

<table>
<thead>
<tr>
<th>Address, Phone Number and Email of Plan Preparer:</th>
</tr>
</thead>
</table>

## Application Type (check all that apply):

- ☐ Appeal of decision of Zoning Officer (Zoning Board only)
- ☐ Request for Interpretation of Zoning Ordinance (Zoning Board only)
- ☐ Variance – bulk or “c”
- ☐ Variance – use or other “d” (specify which) (Zoning Board only) __________________________
- ☐ Other (specify) __________________________

<table>
<thead>
<tr>
<th>Year Dwelling or Principal Structure Constructed __________</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Lot is served by (check all that apply): ☐ Septic ☐ Sewer ☐ Well ☐ Municipal Water</th>
</tr>
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</table>

<table>
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<tr>
<th>Is any tree removal required to complete the work? ☐ Yes or ☐ No</th>
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</table>

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<tr>
<th>Is the work located in a FEMA Flood Zone? ☐ Yes or ☐ No</th>
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<tr>
<th>Is the work located within 150 ft. of the centerline of a stream or river? ☐ Yes or ☐ No</th>
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</table>

<table>
<thead>
<tr>
<th>Is the work located within 1,000 ft. of the Delaware &amp; Raritan Canal? ☐ Yes or ☐ No</th>
</tr>
</thead>
</table>

→*Please be aware that D&R Canal Commission approval may be required for your project. Please contact DRCC for guidance.*
Are there any easements in the work area (conservation/drainage/utility)? □ Yes or □ No

Does the lot contain a designated historic structure, or is it located in a designated historic district? □ Yes or □ No

**Lot Information:**

<table>
<thead>
<tr>
<th></th>
<th>Proposed</th>
<th>Existing</th>
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<tbody>
<tr>
<td>Building Height (ft.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Building Height (stories)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lot Coverage (sq. ft.)</td>
<td></td>
<td></td>
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<tr>
<td>Lot Coverage (% of lot area)</td>
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<td></td>
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</tbody>
</table>

****Please attach a completed Lot Coverage Calculation Worksheet****

<p>| | | |</p>
<table>
<thead>
<tr>
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<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Lot Area (sq. ft. or acres)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lot Width (ft.)</td>
<td></td>
<td></td>
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<tr>
<td>Lot Depth (ft.)</td>
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<td></td>
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</tbody>
</table>

Setback of structure applied for to property lines:

- Front: ____________ ____________

Check if lot is a Corner Lot: □ Yes

- Left Side: ____________ ____________
- Rear: ____________ ____________
- Right Side: ____________ ____________

Provide a description of the project, or reason for appeal. Attach additional sheets as needed:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Provide a description of any requested variances. Attach additional sheets as needed:

<table>
<thead>
<tr>
<th>Ordinance Section Citation</th>
<th>Description of variance requested and reason / justification for the request.</th>
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<tr>
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</table>
LOT COVERAGE CALCULATIONS ATTACHMENT

This Attachment will help determine Total Lot Coverage (sq. ft. and %) to be entered into a Zoning Permit Application.

Date: __________________

Work Site Location / Street Address: ________________________________________________________________

Total Lot Area (sq. ft.): ______________ (convert from acres if necessary by multiplying by 43,560)

“Lot Coverage” includes any structure or material which prevents absorption of stormwater into the ground. (Buildings, structures, pools, asphalt and concrete patios and driveways, stone driveways, paver patios and walks are included. Uncovered decks and ground-mounted solar arrays are not included.)

Use your to-scale property survey to measure and calculate the areas of the following features:

- House and attached garage footprint ______________ sq. ft.
- Detached garage ______________ sq. ft.
- Sheds and outbuildings ______________ sq. ft.
- All driveway areas ______________ sq. ft.
- Patios and walkways ______________ sq. ft.
- Pool ______________ sq. ft.
- Other ______________ sq. ft.

Total Lot Coverage ______________ sq. ft.

Please complete the following calculation:

Total Lot Coverage (sq. ft.) ________ divided by

Total Lot Area (sq. feet) ________ = ________ % Lot Coverage
Circle all application fees that apply and total at the end of the form. Provide a calculation of escrow in the right column and total at the end of the form. Required fees are from the fee ordinances adopted at Chapter 10-13.1. In the event the escrow amount is depleted, no further action will be taken until such time as an additional amount is deposited as determined by the Township. Separate checks are required for the application fee and escrow fee.

<table>
<thead>
<tr>
<th>Application Type</th>
<th>Application Fee (circle all that apply)</th>
<th>Escrow Fee</th>
<th>Escrow Calculation</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-13.1 Application to Zoning Board</td>
<td></td>
<td>$750.00</td>
<td></td>
</tr>
<tr>
<td>Appeal of Decision of Zoning Officer</td>
<td>$100.00</td>
<td>$750.00</td>
<td></td>
</tr>
<tr>
<td>Interpretation of Zoning Ordinance</td>
<td>$100.00</td>
<td>$600.00</td>
<td></td>
</tr>
<tr>
<td>Bulk Variance/Hardship Variance</td>
<td>$100.00</td>
<td>$750.00</td>
<td></td>
</tr>
<tr>
<td>Residential</td>
<td>$250.00</td>
<td>$1,000.00</td>
<td></td>
</tr>
<tr>
<td>Residential – applications in residential zones</td>
<td></td>
<td>$1,000.00</td>
<td></td>
</tr>
<tr>
<td>TOTAL FEES :</td>
<td></td>
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Exemption from Application Fee and/or Escrow Amount. (§10-13.1.e)

1. All charitable, philanthropic, fraternal and religious nonprofit organizations shall be exempt from the payment of application fees and escrow amounts as required by this section, provided that:
   (a) The nonprofit organization holds a tax exempt status under the Federal Internal Revenue Code of 1954 (26 U.S.C. Sections SOI(c) or (d)); and
   (b) The nonprofit organization is submitting a development application for a minor or major subdivision which shall preserve open space or farmland, and shall not create any new buildable lots.

2. The board of education shall be exempt from the payment of application fees as required by this section.

3. Disabled persons, or a parent or sibling of a disabled person, shall be exempt from the payment of application fees as required by this section, provided that the application relates to development which promotes accessibility to the disabled person's own living unit.
TOWNSHIP OF HOPEWELL
LIST OF MEETING DATES

ZONING BOARD OF ADJUSTMENT 1ST WEDNESDAY OF THE MONTH

MEETING TIME 7:00 p.m.

January 8, 2020
February 5, 2020
March 4, 2020
April 1, 2020
May 6, 2020
June 3, 2020
July 1, 2020
August 5, 2020
September 2, 2020
October 7, 2020
November 4, 2020
December 2, 2020
## TOWNSHIP OF HOPEWELL
### PLANNING BOARD / ZONING BOARD OF ADJUSTMENT
### APPLICATION TIMELINE AND ROUTING SHEET

<table>
<thead>
<tr>
<th>FOR TOWNSHIP USE ONLY:</th>
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<tbody>
<tr>
<td>Application Number:</td>
<td>Time Received:</td>
</tr>
<tr>
<td>Fee Receipt No.:</td>
<td>Date Received:</td>
</tr>
<tr>
<td>Distribution:</td>
<td>Initials:</td>
</tr>
</tbody>
</table>

- Board Engineer
- Board Planner
- Other Board Professional
- Fire Commissioners
- Health Dept.
- Environmental Commission
- Historic Preservation Commission

<table>
<thead>
<tr>
<th>Completeness Determination Date:</th>
<th></th>
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<tbody>
<tr>
<td>Hearing Date:</td>
<td></td>
</tr>
<tr>
<td>Date Approved or Denied:</td>
<td></td>
</tr>
<tr>
<td>Conditions of Approval:</td>
<td></td>
</tr>
</tbody>
</table>

- None
- Noted in Resolution
- Attached

________________________________________________________________________________
TOWNSHIP OF HOPEWELL
PLANNING BOARD / ZONING BOARD
ESCROW AGREEMENT

THIS AGREEMENT made this ____ day of ___________________ 20____ between:

NAME: ____________________________
ADDRESS: ____________________________

TYPE OF APPLICATION: ____________________________
BLOCK _______________ LOT _______________
Hereinafter called “Applicant”

and

The Township of Hopewell, in the County of Mercer, a municipal corporation of the State of New Jersey, hereinafter called “Township”

WITNESSETH

That the Applicant has submitted a development application to the Township’s Planning Board/Zoning Board for consideration in accordance with the New Jersey Municipal Land Use Law and the Hopewell Township Land Use and Development Ordinance and Applicant hereby covenants and agrees as follows:

1. Applicant agrees to pay all costs related to the Township’s review and administration of the proposed application with said costs including but not limited to:

A. Conceptual review by the Application Review Committee (ARC), which entails professional consultant costs for: Planner, Engineering, Legal and other extraordinary consultant services as may be required by the Township;

Page 1 of 3

Revised 08/04
B. Full application professional review by the Township’s ARC and Planning Board/Zoning Board, which entails professional consultant costs for: Planner, Engineering, Legal and other extraordinary consultant services as may be required by the Township;

2. Applicant understands and agrees to pay all costs as set forth above from the date of initial application submission through the Township’s signature of approved plans which shall include any costs for extensions and revalidations.

3. Applicant understands and agrees to deposit with the Township’s Planning Office/Zoning Office an initial application filing fee in accordance with Chapter X, section 10-7 of the Township’s Fees and Permits Ordinance upon submission of the application.

4. Applicant understands and agrees that the Township will withdraw from said deposit to cover costs as set forth in section 1 above.

5. Applicant understands and agrees to pay WITHIN TEN BUSINESS DAYS of receipt of the Township’s statement/billing all additional costs as may be incurred and billed to the applicant by the Township relative to the review and administration of the application even if the costs of said review and administration exceed the initial filing fee deposit.

6. Applicant understands and agrees that in the event Applicant fails to pay a billed amount the Township may discontinue Planning Board/ Zoning Board review and consideration on said application or if Planning Board/ Zoning Board approval has been previously given Township may deny issuance of a construction permit and/or certificate of occupancy or if permit has been previously issued Township may initiate a Stop Work Order.
7. Township agrees to refund to Applicant any sum deposited with Township for review and administration of the application and neither spent nor needed by Township. A refund will be issued by the Township following completion of the Township’s review and administration of the application.

8. APPLICANT AGREES AND UNDERSTANDS THAT IT IS INCUMBENT ON APPLICANT TO PERIODICALLY MONITOR THE STATUS OF SAID ESCROW ACCOUNT, APPLICANT AGREES AND UNDERSTANDS THAT RESPONSIBILITY TO PAY ALL ESCROW CHARGES IS THE APPLICANT’S EVEN IF APPLICANT SELLS OR CONVEYS SAID PROPERTY CITED ABOVE TO ANOTHER PARTY.

Applicant’s Name (Printed)

Applicant’s Signature Date

Administrative Officer Date
TOWNSHIP OF HOPEWELL
CONSENT TO ENTRY

The undersigned property owner hereby gives consent to entry onto the property known as ____________________________ and also known as ____________________________, on the Block(s) ________________________, Lot (s) ________________________, on the Tax Map of the Township of Hopewell by members of the Township Zoning Board of Adjustment, the Township Planning Board, the Environmental Commission, the Historic Sites Commission, the Township Committee, or any Township employees, appointed agents or appointed consultants to perform inspections / observations of the property, at reasonable times, in connection with the development application submitted.

This consent permits entry onto the property only by the above-mentioned Township Representatives for the purpose of conducting visual inspections / observations while the application is active with the Township. This right of entry onto the subject property is limited only to those persons listed above.

Date

Property Owner (Please Print)

Property Owner’s Signature

Witness

Address

Phone number
PROOF OF PAYMENT OF TAXES

DATE: ________________

Applicant's name: ____________________________________________

Block: ________________ Lot: ________________ Qual: ________________

Location: ____________________________________________________

The taxes are paid through and including: 1Q 2Q 3Q 4Q Year ________________

There are no property tax liens on this property at this time.

Mary Kennedy-Nadzak, CTC Tax Collector

The following taxes are unpaid and delinquent: $__________________________ with

interest calculated to __________________________.

Tax Lien # __________________________ is open and due on this property.

Mary Kennedy-Nadzak, CTC Tax Collector

FEE: $1.00
Collector Stamp:

01/2010
Request for Certified List

There is a $10.00 fee for this service. Checks to be made payable to the Township of Hopewell.

ATTN: Tax Assessor

Please issue a certified list of property owners within a 200’ radius of:

Block ______________________ Lot ______________________

Street Address _________________________________________

Requestor’s Contact Info:

Name ________________________________________________

Address ______________________________________________

Email Address _________________________________________

Documents will be sent to this email address unless otherwise directed.

Phone Number __________________________________________

Signature ______________________________________________

Date __________________________________________________

---

Township Use Only

Fee Paid ______________________

Receipt # _____________________

Date Received __________________
PLEASE TAKE NOTICE that on __________, 20____, at 7:00 p.m. in the Main Meeting Room of the Hopewell Township Municipal Building, 201 Washington Crossing-Pennington Road, Titusville, New Jersey 08560, the Zoning Board of Adjustment of the Township of Hopewell (“Board”) will hold a public hearing on the application submitted by the undersigned (“Applicant”).

Applicant seeks a __________________________ variance from the requirements of the Township’s Land Use and Development Ordinance so as to permit:

The premises involved in this application is located at _________________________________, designated as Block ___ ___, Lot ______ on the Hopewell Township Tax Map. The property is located in the Township’s _________ Zoning District.

In addition to the variance(s) referred to above, Applicant will also seek any and all other variances, waivers or relief that the Board may deem to be necessary or appropriate in connection with this application.

At said hearing, any and all interested parties may appear, either in person or through counsel, and present any questions, comments and/or objections they may have regarding this application.

The application, plans and other documents and materials relating to this application are available for public inspection in the Zoning Office at the Township Municipal Building during regular business hours.

_________________________
Applicant
NOTICE OF HEARING

Please Take Notice:

The undersigned has filed an application with the Hopewell Township Planning Board for:

(Give a brief description of the application) and the variances requested (if any**).

The premises involved in this application is located at ________________ (address),
designated as Block ____________, Lot ______________ on the Hopewell Township
Tax Map.

Any persons affected by said application will be given an opportunity to be heard at a public
hearing to be held at the Township Municipal Building, 201 Washington Crossing-Pennington
Road, Titusville, New Jersey 08560-1410 at 7:00 p.m. on ________________ (date).

When the case is heard, you may appear either in person or by agent or attorney and present any
statements in support of or in objection to the granting of this application.

**(If requesting a variance) - In addition to the variance(s) referred to above, Applicant will
also seek any and all other variances, waivers or relief that the Board may deem to be necessary
or appropriate in connection with this application.

The application, plans and other documents and materials relating to this application are
available for public inspection at the Planning Office in the Municipal Building during regular
business hours.

________________________________________
Applicant
PROOF OF SERVICE

STATE OF NEW JERSEY  ss.
COUNTY OF MERCER

___________________________________________ of full age, being
duly sworn according to law, deposes and says, that he/she resides at
___________________________________________ in the County of ______________________ and
State of ______________________; that he/she gave notice of a hearing on an
Application for ______________________ before the Hopewell Township
Zoning Board of Adjustment / Planning Board involving the Application of
___________________________________________ relating to premises located at
___________________________________________ to each and all of the owners of
property affected by said application, in the manner provided by law on
________________________, 20__. A true copy of the notice and the names and addresses
of those so notified are attached to this affidavit.

________________________________________________________________________

Sworn to before me,
this ______ day of ______________________, 20__.

___________________________________________
Notary Public
**Request for Taxpayer Identification Number and Certification**

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

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

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

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.**

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. Also see 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**

<table>
<thead>
<tr>
<th>Signature of U.S. person ▶</th>
<th>Date ▶</th>
</tr>
</thead>
</table>

---

**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.

**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-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 1088 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of a 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, later.

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Cat. No. 10231X

Form W-9 (Rev. 10-2018)
By signing the filled-out form, you:
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, and
4. 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, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-8 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 partner's 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-8 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 disregarded entity with a foreign owner, the foreign owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor, the grantor trust, U.S. grantor, or other U.S. owner of the grantor trust;
- In the case of a trust other than a grantor trust, the trust, U.S. owner of the trust, and not the beneficiaries of the trust;
- In the case of a U.S. person that is a grantor of a grantor trust, the U.S. person that is a grantor of a grantor 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-8. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, Withholding of Tax on Nonresidents 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-8 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 24% 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 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 instructions for Part II 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, later, and the separate instructions for the Requester of Form W-9 for more information.

Also see Special rules for partnerships, earlier.

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, later, 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 qualify as a tax-exempt. In addition, you must furnish a new Form W-8 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.
**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 (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

- **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.

- **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.

- **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.

- **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.

- **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)(iii). 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.

**Line 2**
If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

**Line 3**
Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

<table>
<thead>
<tr>
<th>IF the entity/person on line 1 is</th>
<th>THEN check the box for . . .</th>
</tr>
</thead>
<tbody>
<tr>
<td>a(n)</td>
<td>Corporation</td>
</tr>
<tr>
<td>Corporation</td>
<td>Individual sole proprietor</td>
</tr>
<tr>
<td>Individual</td>
<td>Single-member limited</td>
</tr>
<tr>
<td>Sole proprietorship, or</td>
<td>liability company (LLC)</td>
</tr>
<tr>
<td>Single-member limited liability</td>
<td>owned by an individual and</td>
</tr>
<tr>
<td>company (LLC)</td>
<td>disregarded for U.S. federal</td>
</tr>
<tr>
<td>treated as a partnership for U.S.</td>
<td>tax purposes.</td>
</tr>
<tr>
<td>federal tax purposes,</td>
<td></td>
</tr>
<tr>
<td>LLC that has filed Form 8832 or</td>
<td>Limited liability company</td>
</tr>
<tr>
<td>2553 to be taxed as a corporation,</td>
<td>and enter the</td>
</tr>
<tr>
<td>or</td>
<td>appropriate tax classification,</td>
</tr>
<tr>
<td>LLC that is disregarded as an</td>
<td>(P= Partnership; C= C</td>
</tr>
<tr>
<td>entity separate from its owner</td>
<td>corporation; S= S corporation)</td>
</tr>
<tr>
<td>but the owner is another LLC that</td>
<td></td>
</tr>
<tr>
<td>is not disregarded for U.S. federal tax purposes.</td>
<td></td>
</tr>
<tr>
<td>Partnership</td>
<td>Partnership</td>
</tr>
<tr>
<td>Trust/estate</td>
<td>Trust/estate</td>
</tr>
</tbody>
</table>

**Line 4, Exemptions**

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

**Exempt payee code.**
- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys’ fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
2—The United States or any of its agencies or instrumentalities
3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
5—A corporation
6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
7—A futures commission merchant registered with the Commodity Futures Trading Commission
8—A real estate investment trust
9—An entity registered at all times during the tax year under the Investment Company Act of 1940
10—A common trust fund operated by a bank under section 584(a)
11—A financial institution
12—A middleman known in the investment community as a nominee or custodian
13—A trust exempt from tax under section 664 or described in section 4947
The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

<table>
<thead>
<tr>
<th>IF the payment is for . . .</th>
<th>THEN the payment is exempt for . . .</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest and dividend payments</td>
<td>All exempt payees except for 7</td>
</tr>
<tr>
<td>Broker transactions</td>
<td>Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.</td>
</tr>
<tr>
<td>Barter exchange transactions and patronage dividends</td>
<td>Exempt payees 1 through 4</td>
</tr>
<tr>
<td>Payments over $600 required to be reported and direct sales over $5,000¹</td>
<td>Generally, exempt payees 1 through 5²</td>
</tr>
<tr>
<td>Payments made in settlement of payment card or third party network transactions</td>
<td>Exempt payees 1 through 4</td>
</tr>
</tbody>
</table>

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.
² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys’ fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid for by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with “Not Applicable” (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
B—The United States or any of its agencies or instrumentalities
C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)
E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)
F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
G—A real estate investment trust
H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
I—A common trust fund as defined in section 584(a)
J—A bank as defined in section 581
K—A broker
L—A trust exempt from tax under section 664 or described in section 4947(a)(1)
M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5
Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6
Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see How to get a TIN below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner’s SSN (or EIN, if the owner has one). Do not enter the disregarded entity’s EIN. If the LLC is classified as a corporation or partnership, enter the entity’s EIN.

Note: See What Name and Number To Give the Requester, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/Businesses and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write “Applied For” in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering “Applied For” means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if Item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see Exempt payee code, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.
1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. “Other payments” include payments made in the course of the requester’s trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account: | Give name and SSN of: |
--- | --- |
1. Individual | The individual |
2. Two or more individuals (joint account) other than an account maintained by an FFI | The actual owner of the account or, if combined funds, the first individual on the account |
3. Two or more U.S. persons (joint account maintained by an FFI) | Each holder of the account |
4. Custodial account of a minor (Uniform Gift to Minors Act) | The minor |
5. a. The usual revocable savings trust (grantor is also trustee) | The grantor-trustee |
   b. So-called trust account that is not a legal or valid trust under state law | The actual owner |
6. Sole proprietorship or disregarded entity owned by an individual | The owner |
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(ii)(A)) | The grantor |

For this type of account: | Give name and EIN of: |
--- | --- |
8. Disregarded entity not owned by an individual | The owner |
9. A valid trust, estate, or pension trust | Legal entity |
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553 | The corporation |
11. Association, club, religious, charitable, educational, or other tax-exempt organization | The organization |
12. Partnership or multi-member LLC | The partnership |
13. A broker or registered nominee | The broker or nominee |

14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments | The public entity |
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(ii)(B)) | The trust |

1 List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person’s number must be furnished.

2 Circle the minor’s name and furnish the minor’s SSN.

3 You must show your individual name and you may also enter your business or DBA name on the “Business name/disregarded entity” name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

4 List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see Special rules for partnerships, earlier.

*Note: The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

* Protect your SSN.
* Ensure your employer is protecting your SSN, and
* Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4440 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.
The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-437-3438). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.