

District Office Lease Amendment – Instructions

NO LEASE AMENDMENT OR ATTACHMENT CAN BE SIGNED BEFORE THEY HAVE BEEN APPROVED BY THE ADMINISTRATIVE COUNSEL.

The term for a District Office Lease Amendment for the 114th Congress may not commence prior to January 3, 2015.

Members should endeavor to lease space through the last day of a congressional term rather than the last day of a calendar year. For the 114th Congress, leases should end on January 2, 2017, not December 31, 2016.

- A. Section 1 has three blank lines to be filled in:
 - 1. the term of the previous lease that is being amended or extended;
 - 2. street address of office being leased; and
 - 3. city, state and ZIP where office is being leased.
- B. Section 2 requires the new ending date (if the lease is going to be extended), which must be on or before January 2, 2017. If the lease is not going to be extended, write “N/A” in the space provided.
- C. Section 3 requires the monthly rent amount for the extended term, and if any other provision is changed, the blank space beneath Section 3 is provided for any changes or additions. If there are no other changes to your existing lease write “NONE” in the space provided.
- D. **The Member/Member-Elect is required to personally sign the documents.**
- E. A District Office Lease Attachment for the 114th Congress must accompany this District Office Lease Amendment (“Amendment”).
- F. **Prior to either party signing an Amendment, the Member/ Member-Elect must submit the proposed Amendment, accompanied by a copy of the District Office Lease Attachment for the 114th Congress, to the Administrative Counsel for review and approval.** If the proposed terms and conditions of the Amendment are determined to be in compliance with applicable law and House Rules and Regulations, the Administrative Counsel will notify the Member/Member-Elect that (s)he may proceed with the signing of the Amendment. Please submit the proposed Amendment and District Office Lease Attachment either by e-mail in PDF form (leases@mail.house.gov) or fax (202-225-6999).
- G. Once signed by both parties, the Amendment and District Office Lease Attachment must be submitted to the Administrative Counsel for final approval. They may be sent by email in PDF form or faxed to 202-225-6999, but the originals still must be submitted by inter office mail (217 Ford House Office Building, Washington, D.C. 20515) after emailing or faxing.
- H. If approved, Administrative Counsel will send them to Finance so that payment can begin. If there are errors, you will be contacted and required to correct them before the Amendment is approved.
- I. If you have any additional questions about District Office Leases, please contact the Office of the Administrative Counsel by e-mail (leases@mail.house.gov).

U.S. House of Representatives

Washington, D.C. 20515

District Office Lease Amendment

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1. **Prior Lease Term.** The undersigned Landlord (“Lessor”) and Member of the U. S. House of Representatives (“Lessee”) agree that they previously entered into a District Office Lease (“Lease”) (along with the District Office Lease Attachment), which covered the period from _____ to _____ for the lease of office space located at _____ in the city, state and ZIP of _____.
2. **Extended Term.** If applicable, the above referenced Lease is extended through and including _____, 20_____. (This District Office Lease Amendment (“Amendment”) may not provide for an extension beyond January 2, 2017, which is the end of the constitutional term of the 114th Congress.)
3. **Rent and Any Other Changes.** The monthly rent for the extended term of the Lease shall now be _____. All other provisions of the existing Lease shall remain unchanged and in full effect, except for the following additional terms, which are modified as indicated in the space below [If no additional terms are to be modified, write the word “NONE” below].
4. **District Office Lease Attachment for 114th Congress.** This Amendment shall have no force and effect unless and until accompanied by an executed District Office Lease Attachment for the 114th Congress and the District Office Lease Attachment for the 114th Congress attached hereto supersedes and replaces any prior District Office Lease Attachment.
5. **Counterparts.** This Amendment may be executed in any number of counterparts and by facsimile copy, each of which shall be deemed to be an original but all of which together shall be deemed to be one and the same instrument.
6. **Section Headings.** The section headings of this Amendment are for convenience of reference only and shall not be deemed to limit or affect any of the provisions hereof.

[Signature page follows.]

U.S. House of Representatives

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IN WITNESS WHEREOF, the parties have duly executed this District Office Lease Amendment as of the later date written below by the Lessor or the Lessee.

Print Name of Lessor/Landlord/Company

Print Name of Lessee

By: _____

Lessor Signature

Name:

Title:

Lessee Signature

Date

Date

***This District Office Lease Amendment must be accompanied with an executed
District Office Lease Attachment.***

U.S. House of Representatives Substitute W-9 and ACH Vendor/Miscellaneous Payment Enrollment Form

Internal Revenue Code 6109, 31 U.S.C. 3322, 31 CFR 210 and the 1996 Debt Collection Improvement Act require all entities that do business with the United States Government to provide a Tax Identification Number (TIN) and Electronic Funds Transfer (EFT) information for payment. PL 93-579 protects your privacy and mandates that the information never be published or used for any other purpose than to pay you. **Please complete all sections below, sign and return via the email or fax number listed.**

RETURN FORM TO: VendorEFT@mail.house.gov **FAX NUMBER:** **(202) 225-6914**

SECTION I		UNITED STATES HOUSE OF REPRESENTATIVES INFORMATION	
ADDRESS		US HOUSE OF REPRESENTATIVES - ACCOUNTING, 3110 O'NEILL FEDERAL BUILDING, WASHINGTON, DC 20515	
AGENCY IDENTIFIER	53-6002523	AGENCY LOCATION CODE	4832
		TELEPHONE NUMBER	(202) 226-2277

SECTION II		PAYEE/COMPANY INFORMATION	
NAME (AS SHOWN ON YOUR INCOME TAX RETURN)		CHECK APPROPRIATE BOX FOR FEDERAL TAX CLASSIFICATION (required) Individual/ Sole Proprietor C Corporation S Corporation Partnership Trust/Estate	
BUSINESS NAME/DISREGARDED ENTITY NAME or DBA, IF DIFFERENT THAN ABOVE			
TYPE OF TAX IDENTIFICATION NUMBER		Limited Liability Company Enter tax classification (C=C corporation, S=S corporation, P= Partnership) Exempt payee	
ENTER TAX IDENTIFICATION NUMBER			
SOCIAL SECURITY NUMBER (or EIN)		OTHER (Other entities. Enter your business name below as shown on required federal tax documents "Name" line. <i>This name should match the name shown on the charter or other legal document creating the entity.</i> You may enter any business, trade, or DBA name on the "Business name/ disregarded entity name" line.)	
ADDRESS/CITY/STATE/ZIP			
CONTACT PERSON NAME		PURCHASE ORDER ADDRESS/CITY/STATE/ZIP	
EMAIL		EMAIL	
TELEPHONE NUMBER	FAX NUMBER	TELEPHONE NUMBER	FAX NUMBER
REMIT TO ADDRESS			

SECTION III		FINANCIAL INSTITUTION INFORMATION	
BANK NAME (Branch City, State)			
ACH COORDINATOR NAME		TELEPHONE NUMBER	
NINE-DIGIT ROUTING TRANSIT NUMBER			
DEPOSITOR ACCOUNT TITLE			
DEPOSITOR ACCOUNT NUMBER		LOCKBOX NUMBER	
TYPE OF ACCOUNT	CHECKING	SAVINGS	LOCKBOX

SECTION IV		SOCIO-ECONOMIC INFORMATION	
Type of Business	Large Business-No Socio-Economic Designations	Minority SmBusiness	Sm-Disadv/Minority Sm-Disadv Only SmMin Only
Sm-Disadvantaged Business Prog	8 (a) Firm HUBZone Program HUBZone Eligible	Emerging Small Business	Women-Owned Business
Other Preference Programs	Buy Indian Directed to JWOD Non-Profit No Preference/Not Listed	Small Business Set-Aside	Very Small Business Set-Aside
Veteran Owned Status	Non-Vet Owned SmBus Other Vet Owned SmBus	Serv-Disabled Vet Other Bus	Serv-Disabled Vet Owned SB Vet-Owned Other Bus
Size of Business:	(A) 50 or less (B) 51-100 (C) 101-250 (D) 251-500 (E) 501-750 (F) 751-1,000 (G) Over 1,000 (M) 1 million or less	(N) 1.1-2 million (P) 2.1-3.5 million (R) 3.1-5 million (S) 5.1-10 million (T) 10.1-17 million (Z) Over 17 million	

SECTION V		CERTIFICATION OF DATA BY PAYEE/COMPANY	
NAME		TITLE/POSITION	
SIGNATURE	DATE	TELEPHONE NUMBER	

Instructions for Completing U.S. House of Representatives Substitute W-9 and ACH Vendor/Miscellaneous Payment Enrollment Form

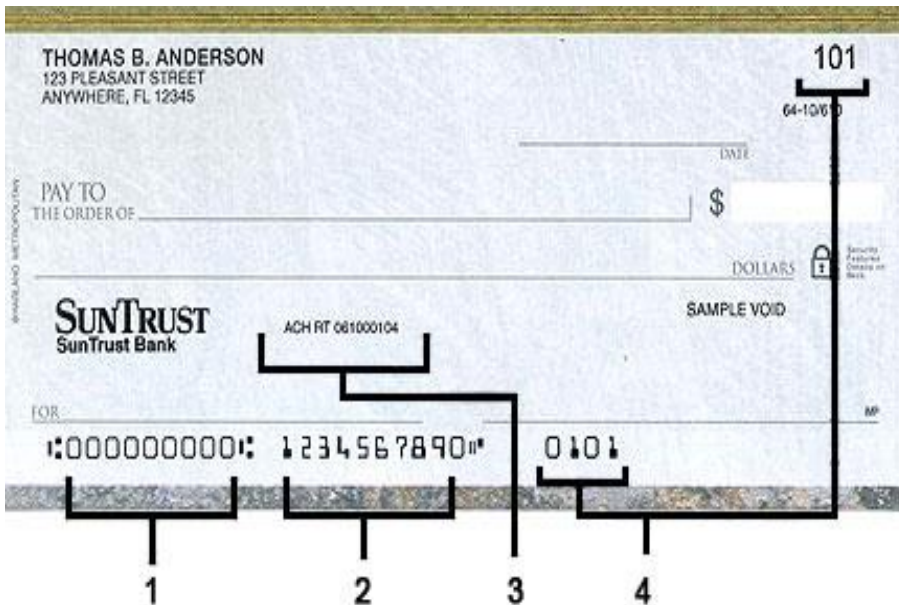
Section I - Agency Information – Includes the name and address, agency identifier, agency location code and telephone number for the House of Representatives.

Section II - Payee/Company Information – Print or type the name of the payee/company and address that will receive payment, social security or taxpayer ID number, contact person name, telephone number and email of the payee/company. Print or type the purchase order and remit to addresses if different from the payee/company address. Check the appropriate boxes for federal tax classification.

Section III - Financial Institution Information – Print or type the name and address of the payee/company's financial institution who will receive the ACH payment, ACH coordinator name and telephone number, nine-digit routing transit number, depositor (payee/company) account title and account number. Check the appropriate box for type of account. Payee/Company may include a voided check with this form.

ACH Account Information Located on a Check or Deposit Ticket

<u>FINANCIAL INSTITUTION NAME</u>	name of the financial institution to which the payments are to be directed
<u>ROUTING TRANSIT NUMBER (RTN)</u>	financial institution's 9 digit routing transit number; <i>found on the bottom of a check or deposit ticket or from your Financial Institution</i>
<u>ACCOUNT TITLE</u>	employee's or vendor's name on the account
<u>ACCOUNT NUMBER</u>	account number at the financial institution



1. Routing Transit Number (RTN) – nine digits located between two symbols. This number identifies the bank holding your account and check processing center.
2. Account number – this is your complete account number. Your account number can be up to 17 digits. Please include leading zeros.
3. ACH Routing Transit Number – Automated Clearing House routing number, use this number for your Routing Transit Number (RTN) if you bank with **SunTrust Bank**.
4. Check number – This information is not necessary - do not provide

Section IV - Socio-Economic Information – Check the boxes for each category, if applicable: type of business, small disadvantaged business program, HUBZone program, emerging small business, women-owned business, other preference programs, Veteran owned status and size of business. Detailed information related to Small Business programs can be found at <http://www.sba.gov/>.

Section V - Certification of Data By Payee/Company – Print or type the name, title/position and phone number of the Authorized official. The Authorized official must sign and date the form.