



525 SOUTH LAWRENCE STREET
MONTGOMERY, ALABAMA 36104-4611
PHONE: (334)-206-7200 - FAX: (334)-206-7222 - WEBSITE: MHA TODAY.ORG

EHO - EOE

EVETTE HESTER
EXECUTIVE DIRECTOR

JOHN F. KNIGHT, JR
CHAIRMAN

Vendor Application

Business Name: _____

Contact Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone w/area code: _____ Fax w/area code: _____

Email: _____

Federal Tax ID#: _____

Please attach copies of all applicable licenses and required documents:

Contractor Licenses:

- General Building Residential Electrical HVAC Painting Plumbing Roofing
Other: _____

- Business License Liability Certificate* Workers Compensation* Voided Check
(*List Montgomery Housing Authority as Insurance Certificate Holder) (Required for Direct Deposit)

Business Ownership Status:

- Asian/Pacific American Black American Hasidic Jew
Hispanic American Native American White American
Woman Owned Yes % _____ Section 3 Contractor: Yes / No

Services: (check all that apply-if "other" please annotate below)

- A/C Arch/Eng Construction Consultant* Doors Equipment Film Flooring
Glass Janitorial Landscape Lights Moving Painting Pest Control Printing
Repairs Roofing Salvage Security Surveying Telephones Towing Training*
Uniforms Windows
*Other: _____

Supplies/Equipment: (check all that apply-if "other" please annotate below)

- A/C Appliances Bldg. Supply Computer Construction Doors Electrical Flooring Furniture
IT Supply Janitorial Lighting Moving Office Supply Paint Parts Print Repairs Roofing
Safety Security Signage Uniforms Vehicles Windows
Other: _____

Table with 4 columns: COMMISSIONERS, ANNE B. UPCHURCH, Vice-Chair, RON DRINKARD, PAUL HANKINS, ALFRED HOOD, BETTIE BARNETT, CUBIE RAE HAYES, RICHARD E. HANAN, RAY ROTON

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.	Name (as shown on your income tax return)		
	Business name, if different from above		
	Check appropriate box: Individual/Sole proprietor Corporation Partnership		Exempt payee
	Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ◆		
	Other (see instructions) ◆		
	<input type="checkbox"/> Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
City, state, and ZIP code			
List account number(s) here (optional)			

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3. **Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

: : :	
OR	
: : :	

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ◆		Date ◆

General Instructions

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

Purpose of Form

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

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

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

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

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

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

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

The person who gives 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 is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,



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Vendor Application

To: Vendors
From: Accounting Department
Re: Direct Deposit Authorization Form

The Montgomery Housing Authority requires all vendors to have Direct Deposit for payable accounts. Direct deposit allows you to have your check deposited automatically to your bank account. Please fill out the attached Direct Deposit Authorization Form and you must attach a voided check along with your direct deposit request form. Your voided check MUST have your business name and address imprinted on the check.

The Accounting Department cannot accept temporary documents or deposit slips as verification of your account. Please allow two to four weeks for your direct deposit to be processed through our system. If you have any questions specifically regarding the direct deposit process, please contact Deann Jackson at (334) 206-7125.

Please return completed documents by mail, email procurement@mhatoday.org, or fax to 334-206-7196.

Mailing Address:
Montgomery Housing Authority
Contracts/Procurement
525 S. Lawrence Street
Montgomery, AL 36104

COMMISSIONERS:	ANNE B. UPCHURCH, Vice-Chair	▪	RON DRINKARD	▪	PAUL HANKINS	▪	ALFRED HOOD
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Direct Deposit Authorization

I hereby authorize Montgomery Housing Authority to initiate automatic deposits to my account at the financial institution named below. I also authorize Montgomery Housing Authority to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Montgomery Housing Authority responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Montgomery Housing Authority receives a written notice of cancellation from me or my financial institution or until I submit a new or change direct deposit form to the Payroll Department.

I HAVE ATTACHED A VOIDED CHECK FOR ACCOUNT SPECIFIED BELOW

New Account Change or Update Account Info Inactivate Account

Account Owner Name: _____

Company Name: _____

Address: _____

Telephone: (w/Area Code): _____

Email Address: _____

Signature: _____

(Check only one) Checking Savings

Financial Institution: _____

Street Address: _____

City, State, Zip: _____

Telephone: (w/Area Code): _____

MONTGOMERY HOUSING AUTHORITY OFFICE USE ONLY

Date: _____ Processed By: _____ Vendor #: _____

PLEASE ATTACH CHECK HERE