



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 or Bank Issued Form
(*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, PAUL HANKINS, Vice-Chair, BETTIE BARNETT, FRANK BROWN, WILLIE DURHAM, CUBIE RAE HAYES, RICHARD E. HANAN, ALFRED HOOD, 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.

<div style="border: 1px solid black; width: 100%; height: 30px; margin-bottom: 5px;"></div> OR <div style="border: 1px solid black; width: 100%; height: 30px; margin-top: 5px;"></div>

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,



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

Dear Vendor:

The Montgomery Housing Authority requires all vendors to have Direct Deposit for payable accounts.

Direct deposit allows us to deposit your payment directly to your bank account. Complete the attached Direct Deposit Authorization Form and include a voided check with your business name and address imprinted on the check. In lieu of a check, you may include a bank issued or financial institution direct deposit form or written statement. *We cannot accept temporary documents or deposit slips as verification of your account.*

Return completed documents by mail, email to mha.accounting@mhatoday.org or fax to 334-206-7164. Please allow 10 business days for your direct deposit to be processed through our system.

If you have any questions regarding the direct deposit process, please contact De Ann King at (334) 206-7125.

Sincerely,

Tamara Lewis
Chief Financial Officer
Montgomery Housing Authority

COMMISSIONERS:	PAUL HANKINS, Vice-Chair	▪	FRANK BROWN	▪	CUBIE RAE HAYES	▪	ALFRED HOOD
	BETTIE BARNETT	▪	WILLIE DURHAM	▪	RICHARD E. HANAN	▪	RAY ROTON



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

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 revised direct deposit form to the Accounts Payable Department.

Form with checkboxes: 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): _____

Form with checkboxes: Voided Check, Direct Deposit Form or Financial Institution Written Statement

MONTGOMERY HOUSING AUTHORITY OFFICE USE ONLY

Date: _____ Processed By: _____ Vendor #: _____



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

To: Vendors

From: Procurement Department

Re: Certificate of Liability Insurance/Workers Compensation Coverage

Montgomery Housing Authority (MHA) requires all vendors to submit a current Certificate of Liability Insurance and workers compensations coverage with minimal law requirements. Workers compensation coverage is the exclusive remedy for on-the-job injuries and occupational disease and is required to lessen the risks of MHA. Montgomery Housing Authority requires workers compensation coverage for all companies, regardless of size, who perform construction services or assist on-site during the construction of residential dwellings. Such services include consulting, installing, cleanup and all other services required to complete the construction project. For all other companies, please determine your coverage needs based on Alabama Department of Labor’s criteria for workers compensation coverage:

If you regularly employ less than five (5) employees, full-time or part-time and including officers of a corporation in any one business, other than the business of constructing or assisting on-site in the construction of new single-family, detached residential dwellings, the Alabama Workers' Compensation Law does not require you to have workers' compensation insurance coverage.

Please return the completed documents by postal mail, mgroomster@mhatoday.org or fax to 334-206-7164.

Mailing Address:

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

COMMISSIONERS:	PAUL HANKINS, Vice-Chair	▪	FRANK BROWN	▪	CUBIE RAE HAYES	▪	ALFRED HOOD
	BETTIE BARNETT	▪	WILLIE DURHAM	▪	RICHARD E. HANAN	▪	RAY ROTON



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

Certificate of Liability Insurance / Workers Compensation Coverage
Acknowledgement

I hereby acknowledge and agree to the terms of workers compensation coverage for Montgomery Housing Authority (MHA). I understand that liability insurance and workers compensation insurance (as prescribed by MHA) are requirements for maintaining active vendor status with Montgomery Housing Authority. Further, I agree to hold MHA harmless in the event of policy cancellation, lapse in coverage or for failure to insure as prescribed by MHA.

Business Name: _____

Contact Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

Contractor Licenses:

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

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

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

Number of Employees (select one): _____ Less than five (5) _____ More than five (5)

Signature of Principal Party

Print Name and Title

Date

Montgomery Housing Authority cannot classify your business as an active vendor until all documents are received with signatures of principal parties



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

E-Verify Acknowledgement

Every vendor must register with E-Verify. E-Verify is an Internet-based system that compares information from an employee's Form 1-9, Employment Eligibility Verification, to data from U.S. Department of Homeland Security and Social Security Administration records to confirm employment eligibility.

SECTION 11 — E-VERIFICATION: The Professional Contractor agrees that it will fully comply with the Immigration Reform and Control Act of 1986, as amended by the Immigration Act of 1990, and the Beason-Hammon Alabama Taxpayer and Citizen Protection Act, which makes it unlawful for an employer in Alabama to knowingly hire or continue to employ an alien who is or has become unauthorized with respect to such employment or to fail to comply with the 1-9 requirements or fails to use E-Verify to verify the eligibility to legally work in the United States for all of its new hires who are employed to work in the State of Alabama. Without limiting the foregoing, the Professional Contractor shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien, and shall have an officer or other managerial employee who is personally familiar with the Professional Contractor's hiring practices to execute an affidavit to this effect on the form supplied by MHA and return the same to MHA. The Professional Contractor shall also enroll in the E-Verify Program prior to performing any work, or continuing to perform any ongoing work, and shall remain enrolled throughout the entire course of its performance hereunder, and shall attach to its affidavit the E-Verify Program for Employment Verification and Memorandum of Understanding and such other documentation as MHA may require to confirm the Professional Contractor's enrollment in the E-Verify Program. The Professional Contractor agrees not to knowingly allow any of its subcontractors, or any other party with whom it has a contract, to employ in the State of Alabama any illegal or undocumented aliens to perform any work in connection with the Project, and shall include in all of its contracts a provision substantially similar to this paragraph. If the Professional Contractor receives actual knowledge of the unauthorized status of one of its employees in the State of Alabama, it will remove that employee from the project, jobsite or premises of MHA and shall comply with the Immigration Reform and Control Act of 1986, as amended by the Immigration Act of 1990, and the Beason-Hammon Alabama Taxpayer and Citizen Protection Act. The Professional Contractor shall require each of its subcontractors, or other parties with whom it has a contract, to act in a similar fashion. **If the Professional Contractor violates any term of this provision, this Agreement will be subject to immediate termination by MHA.** To the fullest extent permitted by law, the Professional Contractor shall defend, indemnify and hold harmless MHA from any and all losses, consequential damages, expenses (including, but not limited to, attorneys' fees), claims, suits, liabilities, fines, penalties, and any other costs arising out of or in any way related to the Professional Contractor's failure to fulfill its obligations contained in this paragraph.

I certify that I have registered as an E-Verify employer *My E-Verify ID Number:*

Signature of Principal Party

Print Name and Title

Date

COMMISSIONERS:	PAUL HANKINS, Vice-Chair	•	FRANK BROWN	•	CUBIE RAE HAYES	•	ALFRED HOOD
	BETTIE BARNETT	•	WILLIE DURHAM	•	RICHARD E. HANAN	•	RAY ROTON



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

E-VERIFY ACKNOWLEDGEMENT

I certify that based on the requirements of the State of Alabama and E-Verify systems, I am not required to register.

I hereby certify that all of the information provided on this form is true and correct.

WARNING TITLE 18 SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS QUILTY OF A FELONY FOR KNOWINGLY MAKING FALSE OR FRADULENT STSTEMENTS TO ANY DEPARTMENTOR AGENCY OF THE UNITED STATES AND SHALL BE FINED NOT MORE THAN \$10,000 OR INPRISIONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH

Signature

Date