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www.thafl.com

February 15, 2010

Dear Interested Vendor:

My name is Nicholas W. Dickerson and I am the Contracting Officer for the City of Tampa Housing Authority. We are excited to have this opportunity to expand our relationships and include you as one of our many new vendors.

In order for you to be added to our approved vendor list, you must first complete the attached Vendor Application in its entirety and return to the Contracting and Procurement Office located at 1529 W. Main St., Tampa, Florida 33607. **You may return your completed application in person or by Fax to 813-258-1044.**

Please fill out all required documents completely, if any are incomplete or missing, your application will not be entered. We require all approved vendors to have direct deposit authorization on file. If you have questions, you may contact us at 813-253-0551, ext 390.

Once your application is received and reviewed, and all of the required documents are confirmed, your business will be added to our Approved Vendors List. You will receive a confirmation email with your new Vendor Identification Number; you will also be directed to our website at www.thafl.com/depts/purchasing/ to view current bid packages and review the www.thafl.com/depts/purchasing/procurement.pdf.

Should your business information (i.e. name, phone number, email or address) or the services that you provide change, it is your responsibility to notify our office.

Please remember that we are here to assist you in any way possible. Should you have any questions, please don't hesitate to contact me at the phone number listed above. Thank you for taking the time to complete the attached application and I look forward to working with you.

Sincerely,

Nicholas W. Dickerson

Nicholas W. Dickerson
Contracting Officer

"Building a World-Class Community, One Family and One Neighborhood at a Time"



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 the following items:

Business License Contractor License Liability Certificate Worker's Comp Voided Check

Business Ownership Status:

Asian/Pacific American Black American Hasidic Jew
 Hispanic American Native American White American

Woman Owned Yes / No % _____ **Section 3 Contractor:** Yes / No

Contractor Licensure Number's: (Please check all that apply)

Electrician _____ Floor _____ HVAC _____ Painter _____

Plumber _____ Roofer _____ General Contractor _____

Other: _____

Services: (Please check all that apply)

Arch/Eng Consultant Doors Security Equipment Film

Flooring Glass Janitorial Landscaping Lighting Moving

Painting Pest Control Printing Repairs Roofing Salvage

Security Surveying Telephones Towing Training Uniforms

Windows Other: _____

Supplies/Equipment: (Please check all that apply)

Appliances Bldg. Materials Cleaning Supplies Electrical Flooring

Furniture Janitorial Lighting Moving Off. Supply Office Technology

Paint Parts Printing Repairs Safety Roofing

Security Signage Vehicles

Other: _____

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: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	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.

Social security number
or
Employer identification number

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

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 ▶
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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,



Vendor Application

February 15, 2010

To: Vendors

From: Accounting Department

Re: Direct Deposit Authorization Form

The Tampa 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 simply attach a voided check along with your direct deposit request form. Your voided check **MUST** contain your business name and address imprinted on the check. Please fax

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 regarding the direct deposit process, please contact Mickey Lagares at (813) 253-0551 extension 235.

Please return completed documents to:

**Tampa Housing Authority
Contracting & Procurement
1529 West Main Street
Tampa, FL 33607
Ph: 813-253-0551 x390
Fax: 813-258-1044**



Vendor Application

Direct Deposit Authorization

I hereby authorize the Tampa Housing Authority to directly deposit my accounts payable check into the bank account listed below.

I HAVE ATTACHED VOIDED CHECK FOR THE ACCOUNT SPECIFIED BELOW

This authorization will remain in effect until the Tampa Housing Authority has received written authorization from me of its termination or change.

Initial Authorization

Change in Authorization

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): _____

BANK ROUTING NUMBER: _____

BUSINESS ACCOUNT NUMBER: _____

OFFICE USE ONLY

NEW ACCOUNT: UPDATE ACCOUNT: INACTIVATE ACCOUNT:

DATE: _____ PROCESSED BY: _____ VENDOR #: _____