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[www.thafl.com](http://www.thafl.com)

January 1, 2011

Dear Interested Vendor:

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

To become an Approved Vendor, you must first complete the attached Vendor Application in its entirety and return to the Contracting Office. **You may return your completed application, by fax to 813-258-1044 or by mail to our main office at 1529 W. Main Street, Tampa, FL 33607.**

**Please fill out all required documents completely, if any forms are incomplete or missing, your application will not be processed.** We request all approved vendors set-up direct deposit for payments. **You must** submit a voided check as verification of the account to be used for direct deposit. **If you don't have checks, submit an account verification letter from your financial institute with routing and account number.** If you have questions, you may contact my administrative assistant at 813-253-0551, ext 390.

Vendor Registration takes up to 2 weeks, as long as a complete application and all required documents are received, your firm will be added to the Approved Vendor list. Once registration is complete you will receive a confirmation email with a Vendor Identification Number.

Please note, once your firm is registered, should any of your business information (i.e. name, phone, address, email, banking or insurance coverage) 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. Thank you for taking the time to complete the 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"*



**OFFICE USE ONLY**

Vendor ID #: \_\_\_\_\_

Date: \_\_\_\_\_ Initials: \_\_\_\_\_

**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 Tampa 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: \_\_\_\_\_

## Request for Taxpayer Identification Number and Certification

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

<b>Print or type See Specific Instructions on page 2.</b>	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.

<b>Sign Here</b>	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

January 1, 2011

**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 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 Mickey Lagares at (813) 253-0551 extension 235.

Please return completed documents by mail or fax to **813-258-1044**.

**Mailing Address:**

Tampa Housing Authority  
Contracting & Procurement  
1529 West Main Street  
Tampa, FL 33607



## Vendor Application

### Direct Deposit Authorization

I hereby authorize Tampa Housing Authority to initiate automatic deposits to my account at the financial institution named below. I also authorize Tampa 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 Tampa 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 Tampa 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): \_\_\_\_\_

### TAMPA HOUSING AUTHORITY OFFICE USE ONLY

Date: \_\_\_\_\_ Processed By: \_\_\_\_\_ Vendor #: \_\_\_\_\_

**PLEASE ATTACH CHECK HERE**