



New Contractor Intake instructions

All New THA Contractors must:

- Complete, sign and submit the **Intake Form** to the **Tacoma Housing Authority (THA)**.
- Complete, sign and submit the Form W-9 Internal Revenue Service. Follow the online instructions at <https://www.irs.gov/pub/irs-pdf/fw9.pdf>
- Complete, sign and submit the THA Direct Deposit Enrollment Form (will be provided to you after this form has been submitted). Please **return** these completed Forms to THA; for contract & reimbursement purposes.

All Existing THA Contractors who have changed their business name or business organization, or experienced other significant changes, **must:**

- Update their information using the THA Direct Deposit Enrollment Form (will be provided to you after submission).
- Complete, sign and submit a new **Contractor Intake** form to the **Tacoma Housing Authority (THA)**.

Section One: Contractor Name/Business Organization

1. Contractor name.

- For an Individual or Sole Proprietor, enter your name as shown on your Social Security card on the "Name" line. Sole Proprietors provide Last Name, First Name, Middle Name, and Suffix.
- Other entities. Enter your business name as shown on the legal document creating the entity.

2. Business Organization. Please mark only one.

- If you are a nonresident alien foreign person or a business entity established in another state or country, the IRS may require you to complete Form W-8.
- If you are a Non-profit Corporation or a Faith-Based Non-Profit Corporation **attach a copy of your 501(c) status from the IRS.**

3. Taxpayer Identification Number (TIN).

- Individual or Sole Proprietor - If you are a sole proprietor, you may enter either your Social Security Number (SSN), or if you have one, your federal Employer Identification Number (EIN).
- Other Business Entities - Enter the entity's Employer Identification Number (EIN). If the entity does not have an EIN, enter the SSN of the owner of the business.
- Resident alien - If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the SSN box.

4. Default Reported, Waiver Certification, Fiscal Year, UBI Number, Business License, and UEI Number.

- List any contracts that you have had with the THA that have been terminated for default.
- Certify whether you require your employees to sign mandatory individual arbitration clauses or class or collective action waivers regarding EO18-03. For more information review <https://des.wa.gov/services/training/contracts-procurement-training/workers-rights>
- Provide your fiscal year end date.
- Provide your Washington State Uniform Business Identifier (UBI) Number.
- **Attach a copy of your State Master Business License.** You may be exempt from registering with the State of Washington under certain circumstances. For more information review: <http://bls.dor.wa.gov/faqlicense.aspx>
- Provide your Unique Entity Identifier (UEI) Number (if applicable).

Section Two: Contractor Primary Address Enter the primary address information of your business. If this form is for a new THA contract, and you want to provide a contract-specific address in addition to your primary one, please do so in Section Five.

Section Three: Contractor Ownership Check those that, in your opinion, apply to your organization. Please provide a certification number, if available. For the definition of microbusiness, mini-business and small business, see RCW 39.26.010 (16), (17) and (22).

Section Four: Contractor Contact Person(s) Enter the primary contact information, and job title, for your business. If you are completing this form for a new THA contract, and you want to provide a contract-specific contact person other than your primary one, please do so in Section Five.

Section Five and Six: Additional Information

1. **Contractor Additional Staff.** If applicable, provide additional staff information for THA Contracts. Additional staff may include those who have authority to sign a THA contract on behalf of the business and are referred to as a signatory.
2. **Contractor Additional Addresses.** If applicable, provide additional addresses used for THA Contracts.

Section Seven: Contractor Certification You must sign, date, and return this form before THA will issue a contract.

Section Three: Contractor Ownership Type (THA staff enter, as applicable, in OD Contractor Information)

Is your business owned by a person (or persons) who is (or are):

	No	Yes, but we are NOT certified*	Yes, and we ARE Certified*	Certification Number
A Woman?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A Minority?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A Veteran?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*Certified means either the business entity (or, when the business is a sole proprietorship, the individual) has received a certification number from Washington State's Office of Minority and Women-Owned Business Enterprises (OMWBE) www.omwbe.wa.gov, or Department of Veterans' Affairs (DVA).

Is your business a certified Disadvantaged Business Entity? No Yes, Certification No.

Does your business qualify as a Microbusiness, Mini-business, or Small Business under [RCW 39.26.010](#)? No Yes

Section Four: Contractor Primary Contact Person (THA staff enter in OD Contractor Information)

Primary contact person is a(n):

- Owner
 Officer or Board Member
 Partner
 Staff Member
 Elected Official
 Other (please identify) (THA staff enter as applicable on OD)

Is the primary contact person authorized to sign contracts? Yes No If No, Please fill out Section Five

PRIMARY CONTACT NAME AND JOB TITLE	PHONE NUMBER (INCLUDE AREA CODE) ()
PRIMARY CONTACT EMAIL ADDRESS	CELLULAR PHONE NUMBER (INCLUDE AREA CODE) ()

Section Five: Authorized Signature for Contracts if not the Primary Contact Person

Authorized Signature person is a(n):

- Owner
 Officer or Board Member
 Partner
 Staff Member
 Elected Official
 Other (please identify) (THA staff enter as applicable on OD)

Is this person authorized to sign contracts? Yes No

AUTHORIZED SIGNATURE'S NAME AND JOB TITLE	AUTHORIZED SIGNATURE'S CONTACT EMAIL ADDRESS
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Section Six: Additional Information (THA staff enter in OD Contractor Information)

ADDITIONAL STAFF: IF YOU HAVE MORE THAN ONE (1) ADDITIONAL STAFF (LISTED BELOW), WHO ARE ALSO RELEVANT TO YOUR THA CONTRACTS, PLEASE PROVIDE INFORMATION ABOUT THOSE STAFF ON A SEPARATE PAGE.

Additional staff person is a(n):

- Officer or Board Member
 Partner
 Staff Member
 Elected Official
 Other (please identify) (THA staff enter as applicable on OD)

Is the additional staff authorized to sign contracts? Yes No

Is the additional staff a contact for THA contracts? Yes No

ADDITIONAL STAFF NAME AND TITLE	PHONE NUMBER (INCLUDE AREA CODE) ()
ADDITIONAL STAFF EMAIL ADDRESS	CELLULAR PHONE NUMBER (INCLUDE AREA CODE) ()

ADDITIONAL CONTRACTOR ADDRESSES: IF YOU HAVE MORE THAN TWO (2) ADDITIONAL NAMES & ADDRESSES, PLEASE PROVIDE INFORMATION OF ADDITIONAL ADDRESSES ON A SEPARATE PAGE.	
ADDRESS DESCRIPTION	ADDITIONAL ADDRESS (NUMBER, STREET, AND APARTMENT OR SUITE NUMBER)
<input type="checkbox"/> Remittance address <input type="checkbox"/> Mailing address <input type="checkbox"/> Facility address	CITY, STATE, AND ZIP CODE
CONTACT NAME AND JOB TITLE	PHONE NUMBER (INCLUDE AREA CODE) ()
CONTACT EMAIL ADDRESS	CELLULAR PHONE NUMBER (INCLUDE AREA CODE) ()
ADDRESS DESCRIPTION	ADDITIONAL ADDRESS (NUMBER, STREET, AND APARTMENT OR SUITE NUMBER)
<input type="checkbox"/> Remittance address <input type="checkbox"/> Mailing address <input type="checkbox"/> Facility address	CITY, STATE, AND ZIP CODE
CONTACT NAME AND JOB TITLE	PHONE NUMBER (INCLUDING AREA CODE) ()
CONTACT EMAIL ADDRESS	CELLULAR PHONE NUMBER (INCLUDE AREA CODE) ()
Section Seven: Contractor Certification (THA staff enter in OD Contractor Information)	
You must sign, date, and return this form.	
I certify, under penalty of perjury as provided by the laws of the State of Washington, that all of the foregoing statements are true and correct, and that I will notify THA of any changes in any statement.	
SIGNATURE	DATE
PRINTED NAME	TITLE

ATTACHED SUPPORTING DOCUMENTATION CHECKLIST

- Copy of your W-9 Request or Taxpayer Identification Number and Certification
- Copy of statement showing non-profit 501(c) status from the IRS (if applicable)
- List of partners, members, directors, officers, and board members (not applicable to sole proprietors)
- Copy of your Washington State Master Business License or proof of exemption
- List of any contracts you have had with the THA that have been terminated for default, including a brief explanation (if applicable)
- List of Additional Addresses (if applicable)
- List of Additional Staff (if applicable)
- Copy of your Certificate of Insurance (if applicable)