



# 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 (attached).  
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 (attached).
- Complete, sign and submit a new **Contractor Intake** form to the **Tacoma Housing Authority (THA)**.

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## 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**.

### 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 DUNS Number.

- List any contracts that you have had with the state that have been terminated for default.
- Certify whether you require your employees to sign mandatory individual arbitration clauses or class or collective action waivers. For more information review <https://des.wa.gov/services/contracting-purchasing/policies-training/resources/EO18-03>.
- 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 Dun and Bradstreet (DUNS) 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, minibusiness 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: Additional Information

1. **Contractor Additional Addresses.** If applicable, provide additional addresses used for THA Contracts.
2. **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.

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



# Contractor Intake

<b>Section One: Contractor Name/Business Organization</b>	<b>(THA staff enter in OD Contractor Information)</b>
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1. CONTRACTOR NAME	DBA OR FACILITY NAME
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2. BUSINESS ORGANIZATION

<input type="checkbox"/> Individual or Sole Proprietor	<input type="checkbox"/> General Partnership
<input type="checkbox"/> Non-Profit Corporation ( <b>Attach a copy</b> of 501(c) status)	<input type="checkbox"/> Limited Liability Partnership (LLP)
<input type="checkbox"/> For Profit Corporation	<input type="checkbox"/> Limited Liability Limited Partnership (LLLLP)
<input type="checkbox"/> Faith Based (FBO) Non-Profit Corporation	<input type="checkbox"/> Limited Liability Company, filing as a Corporation
<input type="checkbox"/> Faith Based (FBO) Unincorporated	<input type="checkbox"/> Limited Liability Company, filing as a Partnership
<input type="checkbox"/> Governmental Entity	<input type="checkbox"/> Limited Liability Company, filing as a Sole Proprietor
<input type="checkbox"/> Foreign Person or Entity	

If your business is **NOT** a sole proprietorship,  
**attach a list** of the partners, members, directors, officers, and board members.

3. TAXPAYER IDENTIFICATION NUMBER (TIN) Enter your TIN in the appropriate box. <ul style="list-style-type: none"> <li>For individuals, this may be your Social Security Number (SSN).</li> <li>For other entities, it is your Employer Identification Number.</li> </ul>	<b>Social Security Number</b>  <b>OR</b> <b>Employer Identification Number</b>	_____ (Enter all 9 numbers, NO DASHES)  _____ (Enter all 9 numbers, NO DASHES)
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4. DEFAULT REPORTED, WAIVER CERTIFICATION, FISCAL YEAR, UBI NUMBER, BUSINESS LICENSE, AND DUNS NUMBER

Have you had any contract with the THA terminated for default?  Yes  No  
 If yes, **attach a list** of terminated contracts with an explanation why each contract was terminated.

Does your business require its employees to sign or agree to, as a condition of employment, mandatory individual arbitration clauses or class or collective action waivers?  Yes  No

Is your fiscal year end the same as the calendar year (January 1 through December 31)?  Yes  No  
 If the answer is no, what is your fiscal year end date? \_\_\_\_\_

What is your Washington State Uniform Business Identifier (UBI) Number? \_\_\_\_\_ (Enter all 9 numbers, NO DASHES)

**Attach** a copy of your current Washington State **Master Business License** or explain below why you are exempt from registering your business with the State of Washington. (See page 1 for information on exemptions.)

What is your Dun and Bradstreet (DUNS) number (if applicable)? (Enter all nine numbers, NO DASHES).  
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<b>Section Two: Contractor Primary Address</b>	<b>(THA staff enter in OD Contractor Information)</b>
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CONTRACTOR PRIMARY ADDRESS (NUMBER, STREET, AND APARTMENT OR SUITE NUMBER)
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CITY, STATE, AND ZIP CODE
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FAX NUMBER (INCLUDE AREA CODE) (    )	EMAIL ADDRESS	PHONE NUMBER (INCLUDE AREA CODE) (    )
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**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](http://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, Minibusines, 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

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

**Section Five: Additional Information (THA staff enter in OD Contractor Information – Sub Information Summary screens)**

1. ADDITIONAL CONTRACTOR NAMES & ADDRESSES: IF YOU HAVE MORE THAN TWO ADDITIONAL NAMES & ADDRESSES, YOU MAY ATTACH A LISTING OF ADDITIONAL ADDRESSES.

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) (   )
FAX NUMBER (INCLUDE AREA CODE) (   )	PRIMARY 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) (   )
FAX NUMBER (INCLUDE AREA CODE) (   )	PRIMARY CONTACT EMAIL ADDRESS	CELLULAR PHONE NUMBER (INCLUDE AREA CODE) (   )

2. ADDITIONAL STAFF: IF YOU HAVE MORE THAN TWO 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

ADDITIONAL STAFF EMAIL ADDRESS

PHONE NUMBER (INCLUDE AREA CODE)  
(     )

FAX NUMBER (INCLUDE AREA CODE)  
(     )

CELLULAR PHONE NUMBER (INCLUDE AREA CODE)  
(     )

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

ADDITIONAL STAFF EMAIL ADDRESS

PHONE NUMBER (INCLUDE AREA CODE)  
(     )

FAX NUMBER (INCLUDE AREA CODE)  
(     )

CELLULAR PHONE NUMBER (INCLUDE AREA CODE)  
(     )

**Section Six: Contractor Certification (THA staff enter in OD Contractor Information as Intake Form Date)**

**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 (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 state 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)