



Vendor Intake Form

All THA Vendors must:

- Complete, sign and submit the **Intake Form** to the **Tacoma Housing Authority (THA)**.
- Complete, sign and submit the Form W9 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 Form (will be provided to you after this form has been submitted). Please return the completed Forms to THA; for contract & reimbursement purposes.

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

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

Section One: Vendor Name/Business Organization

1. Vendor 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: Vendor 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: Vendor 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: Vendor 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. Vendor 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. Vendor Additional Addresses.** If applicable, provide additional addresses used for THA Contracts.

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



New Vendor Intake

Section One: Vendor Name/Business Organization

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|--|--|---|--|
| 1. VENDOR NAME | | DBA OR FACILITY NAME | |
| 2. BUSINESS ORGANIZATION (CHOOSE ONE) | | | |
| <input type="checkbox"/> Individual or Sole Proprietor | | <input type="checkbox"/> General Partnership | |
| <input type="checkbox"/> Non-Profit Corporation (Attach a copy of 501(c) status) | | <input type="checkbox"/> Limited Liability Partnership (LLP) | |
| <input type="checkbox"/> For Profit Corporation | | <input type="checkbox"/> Limited Liability Limited Partnership (LLLP) | |
| <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">For individuals, this may be your Social Security Number (SSN).For other entities, it is your Employer Identification Number. | | Social Security Number OR Employer Identification Number | (Enter all 9 numbers, NO DASHES) (Enter all 9 numbers, NO DASHES) |
| 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is your fiscal year end the same as the calendar year (January 1 through December 31)? <input type="checkbox"/> Yes <input type="checkbox"/> 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 Unique Entity Identifier (UEI) number (if applicable)? (Enter all nine numbers, NO DASHES). | | | |

Section Two: Vendor Primary Address

| | |
|--|---|
| VENDOR PRIMARY ADDRESS (NUMBER, STREET, AND APARTMENT OR SUITE NUMBER) | |
| CITY, STATE, AND ZIP CODE | |
| EMAIL ADDRESS | PHONE NUMBER (INCLUDE AREA CODE) () |

Section Three: Vendor Ownership Type

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

*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

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

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

Section Four: Vendor Primary Contact Person

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 |
|---|--|

Section Six: Additional 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

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) () |
|---------------------------------|--|

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|--------------------------------|--|
| ADDITIONAL STAFF EMAIL ADDRESS | CELLULAR PHONE NUMBER (INCLUDE AREA CODE) () |
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|---|---|
| ADDITIONAL VENDOR ADDRESSES: IF YOU HAVE MORE THAN TWO (2) ADDITIONAL NAMES & ADDRESSES, PLEASE PROVIDE INFORMATION OF ADDITIONAL ADDRESSES ON A SEPARATE PAGE. | |
| ADDRESS DESCRIPTION <input type="checkbox"/> Remittance address <input type="checkbox"/> Mailing address <input type="checkbox"/> Facility address | ADDITIONAL ADDRESS (NUMBER, STREET, AND APARTMENT OR SUITE NUMBER) 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 <input type="checkbox"/> Remittance address <input type="checkbox"/> Mailing address <input type="checkbox"/> Facility address | ADDITIONAL ADDRESS (NUMBER, STREET, AND APARTMENT OR SUITE NUMBER) 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: Vendor Certification | |
| 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 W9 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)