



Contractor Information Update (for existing THA Contractors)

Section One: This section is for existing Contractors to provide current information as applicable. (THA staff enter in OD Contractor Information)

- Please complete your contact name, address, or name of person authorized to sign THA contract, and enter those in the right column
- If you need to update other information on record, you must complete a **New Contractor Intake Form**. *Contact the person who sent you this form.*
- If you need to update your self-reported or certified status as a Women Owned Business, Minority Owned Business, Veteran Owned Business, Disadvantage Business, Micro-, Mini-, or Small Business, you must complete a **New Contractor Intake Form**. *Contact the person who sent you this.*

1. CONTRACTOR NAME	DBA OR FACILITY NAME						
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. 	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; padding: 5px;">Social Security Number</td> <td style="width: 50%; padding: 5px;">_____</td> </tr> <tr> <td style="text-align: center; padding: 5px;">OR</td> <td></td> </tr> <tr> <td style="text-align: center; padding: 5px;">Employer Identification Number</td> <td style="padding: 5px;">_____</td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Enter all 9 numbers, NO DASHES)</p>	Social Security Number	_____	OR		Employer Identification Number	_____
Social Security Number	_____						
OR							
Employer Identification Number	_____						

Section Two: Address and/or Staff. This section allows you to add an address and/or staff person for the THA Contract. (THA staff enter in OD Contractor Information)

CONTRACTOR PRIMARY ADDRESS (NUMBER, STREET, AND APARTMENT OR SUITE NUMBER)	
CITY, STATE, AND ZIP CODE	
PRIMARY PERSON WHO SIGNS THA CONTRACTS	
PRIMARY CONTACT PERSON	
PRIMARY PERSON EMAIL ADDRESS	PRIMARY PERSON PHONE NUMBER (INCLUDE AREA CODE) ()

- Is the primary address listed above the address THA should use for this contract? Yes No
(If your answer is yes, proceed to next bullet. If your answer is no, provide the address for this contract on **Page 2.**)
- Is the primary contact's name listed above the person THA should contact for this contract? Yes No
(if your answer is yes, proceed to next bullet. If your answer is no, provide the contract person for this contract on **Page 2.**)
- Will the person who signs THA contracts listed above be signing this THA contract? Yes No
(if your answer is yes, proceed to Section Three. If your answer is no, provide the name of the person who will sign this contract on **Page 2.**)

Section Three: Information Update Authorization

Please enter today's date ___/___/___ as the day you updated your contractor information. Please enter your name and title _____ as the person authorized to update your contractor information.

Email your completed form to the person who sent you this form.

Contact THA should use for this Contract

(If you have additional contact persons for this Contract, attach a listing of additional contact persons)

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 Below

PRIMARY CONTACT NAME AND JOB TITLE

PHONE NUMBER (INCLUDE AREA CODE)
()

PRIMARY CONTACT EMAIL ADDRESS

CELLULAR PHONE NUMBER (INCLUDE AREA CODE)
()

Person who will be signing this Contract

(If the contact person entered above will also sign this Contract, you don't need to enter their information again.)

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

Address THA should use for This Contract

(If you have additional address for this Contract, attach a listing of additional addresses.)

ADDRESS DESCRIPTION

ADDRESS FOR THIS CONTRACT (NUMBER, STREET, AND APARTMENT OR SUITE NUMBER)

- Remittance address
- Mailing address
- 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)
()

Section Four: 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