



**VENDOR LIST REQUEST FORM**

Name of Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Type of Service(s) Provided:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Licensed in your field  Yes  No  N/A

Are you a General Contractor  Yes  No

If yes are what cities or counties are you licensed in: \_\_\_\_\_

As a vendor for the Larimer Home Improvement Program you are required to have a minimum liability insurance policy of 1,000,000/300,000 and show the Loveland Housing Authority as certificate holder. Please provide 3 business references with this request.

You will be required to complete paperwork and contracts provided by LHA for each individual project. See the website [www.lovelandhousing.org](http://www.lovelandhousing.org) under the Larimer Home Improvement Program for more information.

Is your company a Section 3 Business  Yes  No *(see website for more information on section 3 business)*

Is your company a Minority or Woman owned Business  Yes  No

Return this form and attached documents to [airwi@lovelandhousing.org](mailto:airwi@lovelandhousing.org) or fax to 970-278-9904. You can mail it in to Loveland Housing Authority Attn: LHIP 375 W. 37<sup>th</sup> ST. Suite 200 Loveland, CO 80538.



## 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/d/ disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____	
	<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 the "Name" line 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.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number									
-			-						
Employer identification number									
-									

### 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.



Administered by the Housing Authority of the City of Loveland  
375 West 37<sup>th</sup> Street, Suite 200, Loveland, CO 80538  
970-635-5931 – Fax 970-278-9904 – TDD 970-667-3293

## WORKERS' COMPENSATION INSURANCE AGREEMENT

Whereas, \_\_\_\_\_ wishes to contract with the Larimer Home Improvement Program (LaHIP) to provide for goods or services.

As a contractor to the Larimer Home Improvement Program, I realize that I am in no way considered an employee of this program or the Housing Authority of the City of Loveland.

### CHECK ONE

I agree to obtain and maintain the statutory levels of worker's compensation for myself and my employees during the term of this contract. Proof to this coverage in the form of a "Certificate of Insurance" will be issued to and approved by the Larimer Home Improvement Program before any work is performed.

I, individually and on behalf of contractor, state that I have no employees and do not choose to insure myself with a worker's compensation policy. I agree to defend, indemnify and release the Larimer Home Improvement Program, Housing Authority of the City of Loveland, all of its employees, its agents and volunteers from and against any and all damages that I may incur from any work related injury or illness or other liability, that arises from work performed under this contract.

This Agreement shall be binding on my personal representatives, devisees, heirs, assigns and successors.

\_\_\_\_\_  
Authorized Company Officer

\_\_\_\_\_  
Date

**PLEASE SEND A COPY OF YOUR GENERAL LIABILITY INSURANCE TO THE LARIMER HOME IMPROVEMENT PROGRAM AS CERTIFICATE HOLDER AND OTHER INSURED SHOWN AS:**

**Loveland Housing Authority,  
all affiliates and/ or Larimer Home Improvement Projects  
375 W. 37<sup>th</sup> St. Suite 200  
Loveland, CO 80538**



**The Larimer  
Home Improvement  
Program**

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Section 3 of the Housing and Community Development Act of 1968 (12 USC 1701 (u)), as amended, providing that, to the greatest extent feasible, opportunities for training and employment that arise through HUD-financed projects, will be given to lower-income persons in the unit of the project area, and that contracts be awarded to businesses located in the project area or to businesses owned, in substantial part, by residents of the project area.

**HUD requires that all programs using federal funding comply with section 3 to the greatest extent feasible. The following survey will help us remain in compliance please fill this out to the best of your ability.**

**AMI stands for the Area Median Income for 2018**

Fill in # of employees in each category	Income Levels Based on Gross Income
	<b>51% AMI to 80% AMI or \$39,168 to \$66,400</b>
	<b>30% AMI to 50% AMI or \$24,600 to \$38,400</b>

*(If you have zero employees please fill in with 0)*

**Contractor's DUNS** \_\_\_\_\_

**Contractor's TIN** \_\_\_\_\_

\_\_\_\_\_  
**Contractor** **Date**

\_\_\_\_\_  
**LHIP Program Manager** **Date**