

# Housing Authority of the City of El Paso

## Vendor Data Sheet

Date: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Person to contact and title: \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Business Type: \_\_\_\_\_ Manufacturer (manufactures products to be sold to others)

\_\_\_\_\_ Contractor (provides a service)

\_\_\_\_\_ Supplier (sells products manufactured by others)

Organization: \_\_\_\_\_ Corporation (if YES, please provide Federal ID No.) \_\_\_\_\_

\_\_\_\_\_ Sole Proprietorship (if YES, please provide Social Security No.) \_\_\_\_\_

\_\_\_\_\_ Partnership

\_\_\_\_\_ Other (please specify)

Ownership Composition - 50% or more of the business is owned or controlled by:

\_\_\_\_\_ White \_\_\_\_\_ Black \_\_\_\_\_ American Indian \_\_\_\_\_ Hispanic

\_\_\_\_\_ Female \_\_\_\_\_ Asian \_\_\_\_\_ Spanish-American \_\_\_\_\_ Other \_\_\_\_\_

(please specify)

Please check one:	<input type="checkbox"/> TBPC Term Contract _____	<input type="checkbox"/> TBPC HUB
	<input type="checkbox"/> GSA Contract _____	<input type="checkbox"/> CO OP Contracts _____

Business References: (company name, address, phone & fax numbers and person to contact)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Review the list of commodities and services on the reverse side and indicate item(s) for which your company wishes to submit bids and/or proposals. Please return this form to:

**Director of Contract Compliance and Procurement Administration**

**Housing Authority of the City of El Paso**

**5300 E. Paisano El Paso, Texas 79905**

**fax it to (915) 849-3885**

**FOR HACEP USE ONLY**

Received Date: \_\_\_\_\_

Vendor ID: \_\_\_\_\_

Processed by: \_\_\_\_\_

Date: \_\_\_\_\_

Please review list below and indicate the commodities your company wishes to submit bids and/or proposals to the Housing Authority of the City of El Paso

**Commodity/ Material List**

Appliance Parts	Garden Supplies(hand Tools, fertilizer, herbicides)	Paper Products(copy paper, etc.)
Appliances	Hand Tools	Pest Control Supplies
Appliances Commercial Grade	Hardware Supplies	Playground Equipment
Automotive Parts	HVAC Equipment	Plumbing Supplies
Books	HVAC Supplies	Roofing Equipment
Cabinets	Industrial Gas Supplies	Roofing Supplies
Central Heating Parts	Industrial Gases(propane, acetylene,oxygen)	Safety Equipment
Computers-Hardware	Insulation Supplies	Safety Supplies
Computers-Software	Janitorial Equipment	Signage/Commercial Outdoor
Countertops	Janitorial Supplies	Signage/Banners
Doors Metal	Landscaping Equipment	Storage Buildings
Doors Wooden	Janitorial Supplies	Subscriptions
Drinking Water	Landscaping Equipment	Swimming Pools
Drywall Supplies	Landscaping Materials	Telecommunication Supplies
Electrical Supplies	Concrete	Testing Equipment
Electronic Equipment	Rock	Tires
Electronic Supplies	Sand	Welding Equipment
Evaporative Coolers	Asphalt	Welding Supplies
Evaporative Cooler Supplies	Other : Specify _____	Window Blinds/Shades
Excercise Equipment	Lawn Sprinkler Supplies	Windows
Eye Glasses	Lumber Supplies	Other: _____
Fasteners (nails, Screws, Bolts)	Message Equipment	
Fire Sprinkler Supplies	Moldings, Trims	
Flooring (adhesives, Cove base)	Office Equipment	
Florist	Copiers	
Fueling Systems	Printers	
Furniture	Facsimile Machines	
Garage Doors	Office Supplies	
Garden Furniture	Paint	
Garden Equipment	Paint Supplies	

**Please review list below and indicate the service your company wishes to submit bids and/or proposals to the Housing Authority of the City of El Paso**

**Services List**

Advertising Services	Gas Leakage Services	Swimming Pool Installation
Air Duct Cleaning	Glass Replacement	Testing Equipment Calibration
Answering Services	HVAC Repairs	Training: _____
Appliance Repairs	InformationTechnology Services	Tires Installation & Repair
Asbestos Abatement Services	Insulation Staller	Training Services
Auditing Service	Janitorial Services	Water Extractions
Automotive Repairs	Lawn Sprinkler Repairs	Welding Services
Bathtub Resurfacing	Landscaping Services	Window Blind/Shade Installations
Behavioral Services	Language Services	Window Installations
Catering Services	_____ Training	Winshield Repairs/Installations
Carpet Cleaning Services	_____ Interpreter-Language	Other: _____
Central Heating Repairs	Legal services	
Computer Repairs	Machinery/Equipment Rental	
Consultant: _____	Moving Services	
Contractor: _____	Music	
Countertop Surface Repairs	Office Equipment Repair	
Crane Services	Pest Control Services	
Electronic Equipment Repairs	Photography Services	
Elevator Repairs	Playground Equipment Installer	
Engergy Services	Plumbing Services	
Enviromental Services	Printing Services	
Exercise Training	Publishing	
Fencing Installation & Repairs	Real Estate	
Fire Alarm Installation	Roofing Repairs	
Fire Alarm Inspection	Safety/Security Equipment	
Fire Sprinkler Installation	Singage-Commercial	
Fire Sprinkler Inspection	Singage-Banners	
Flooring Installation	Solid Waste Services	
Garage Door Repairs	Storage Building Installation	
Gardening Equipment Repair	Storage Space Rental	

## 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, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ .....	
	<input type="checkbox"/> Exempt from backup withholding	
	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 Line 1 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.

<b>Social security number</b>									

**or**

<b>Employer identification number</b>									

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

### 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. person (including a U.S. resident alien).

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 ▶
------------------	----------------------------	--------

### 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.

**U.S. person.** 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.

**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.

For federal tax purposes you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or

- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.**

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.



# HOUSING AUTHORITY

OF THE CITY OF EL PASO, TEXAS

Vendors

Direct Deposit Application VID # \_\_\_\_\_

**SECTION A- ACCOUNT VENDOR INFORMATION**

1. NAME (LAST, FIRST, MIDDLE)/ BUSINESS NAME

2. ADDRESS (NUMBER AND STREET)

(APT NUMBER)

(CITY)

(STATE)

(ZIP CODE)

3. TAXPAYER IDENTIFICATION NO. (SSN/EIN)

4. TELEPHONE NUMBER (INCLUDING AREA CODE)

**SECTION -B FINANCIAL INSTITUTION INFORMATION (VOIDED CHECK OR DEPOSIT SLIP MUST BE ATTACHED)**

1. FINANCIAL INSTITUTION NAME

2. FINANCIAL INSTITUTION ADDRESS (NUMBER AND STREET)

(CITY)

(STATE)

(ZIP CODE)

STAPLE VOIDED CHECK  
FOR CHECKING OR  
DEPOSIT SLIP FOR  
SAVINGS

3. FINANCIAL INSTITUTION TELEPHONE NUMBER ( )

4. TYPE OF ACCOUNT (Check One Box Only)  Checking  Savings

5. Routing Number (9 Digits)

6. Account Number

**SECTION C- DIRECT DEPOSIT AUTHORIZATION**

I hereby authorize the Housing Authority of the City of El Paso Texas to initiate credit entries (deposits) adjustments for any credit entries made in error on my account designated above.

I understand my direct deposit enrollment may be terminated if I fail to notify the Housing Authority of the City of El Paso, Texas of changes in account information.

Signature

Date