

## ROBESON COUNTY HOUSING AUTHORITY VENDOR REGISTRATION FORM

MAIL TO: ROBESON COUNTY HOUSING AUTHORITY  
ATTN: ACCOUNTS PAYABLE  
100 OXENDINE CIRCLE  
LUMBERTON, NC 28360

OR

b.huggings@robessonha.org

EMAIL TO: barbara.huggins@co.robeson.nc.us

TAXPAYER

NAME: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

TAXPAYER IDENTIFICATION# (TIN): Enter your TIN in the appropriate box below. For sole proprietors, this is your social security number. NOTE: The filters name and TIN should be consistent with name used on IRS income tax return. If you operate with a business name, please enter your federal identification number issued by the IRS.

SOCIAL SECURITY NUMBER (Sole Proprietor Only): _____	FEDERAL IDENTIFICATION NUMBER (FIN): _____																								
<u>PHYSICAL ADDRESS</u> ST. ADDRESS: _____  PO BOX: _____  CITY/STATE: _____  ZIP (+4): _____  COUNTY (IF LOCATED IN NC): _____  PHONE NO.: _____  FAX NO.: _____	REMIT TO ADDRESS _____ _____ _____  PHONE NO.: _____ PAYMENT TERMS: EX. (2% 10 N 30)  <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">%TERMS</td> <td style="text-align: center;">DUE</td> <td style="text-align: center;">DISC</td> <td style="text-align: center;">PO PAY</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table> <p style="text-align: center;">I=AS INVOICED    N=NET</p>	%TERMS	DUE	DISC	PO PAY	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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TYPE OF BUSINESS (PLEASE CHECK ALL THAT APPLY): <input type="checkbox"/> MINORITY OWNED _____ (RACE)  <input type="checkbox"/> SECTION 3 CERTIFIED  <input type="checkbox"/> WOMEN OWNED ***** CHECK ALL THAT APPLY:  <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> NOT INCORPORATED	<u>PLEASE INDICATE PRODUCT(S) OFFERED:</u> _____ _____ _____ _____ _____ _____ _____ _____ _____																								

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

STATE OF NORTH CAROLINA

**AFFIDAVIT of COMPLIANCE**  
**With N.C. E-Verify Statutes**

COUNTY OF ROBESON

I, \_\_\_\_\_, (hereinafter the "Affiant"), duly authorized and on behalf of \_\_\_\_\_, (hereinafter the "Employer"), after being first duly sworn deposes and says as follows:

1. I am the \_\_\_\_\_ (President, Manager, CEO, etc.) of the Employer and possess the full authority to speak for and on behalf of the Employer identified above.
2. Employer understands that "E-Verify" means the federal E-Verify program operated by the United States Department of Homeland Security and other federal agencies, or any successor or equivalent program used to verify the work authorization of newly hired employees pursuant to federal law.
3. \_\_\_\_\_ Employer employs 25 or more employees in the State of North Carolina, and is in compliance with the provisions of N.C Gen. Stat. §64-26. Employer has verified the work authorization of its employees through E-Verify and shall retain the records of verification for a period of at least one year.  
  
\_\_\_\_\_ Employer employs fewer than 25 Employees and is therefore not subject to the provisions of N.C. Gen. Stat. §64-26.
4. All subcontractors engaged by or to be engaged by Employer have or will have likewise complied with the provisions of N.C. Gen. Stat. §64-26.
5. Employer shall keep Robeson County Housing Authority informed of any change in its status pursuant to Article 2 of Chapter 64 of the North Carolina General Statutes.

Further this affiant sayeth not.

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Affiant

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

[SEAL]

My commission expires: \_\_\_\_\_

**Robeson County Housing Authority**  
CERTIFICATION OF NO CONFLICT OF INTEREST  
And  
VENDOR REGISTRATION FORM

By my signature below, I hereby certify that the business relationship between the Robeson County Housing Authority and \_\_\_\_\_, an entity of which I serve as \_\_\_\_\_, complies with the following Conflict of Interest provision:

“Neither the Local Authority nor any of its contractors or their subcontractors shall enter into any contract, subcontract, arrangement, in connection with any project, in which any member, officer, or employee of the Local Authority, or any member of the governing body of the locality in which the Project is situated, or any member of the governing body of the locality in which the Authority was activated, or any other public official of such locality or localities who exercises any responsibilities or functions with respect to the Project during his tenure or for one year thereafter has any interest, direct or indirect.”<sup>1</sup>

Furthermore, I hereby certify that we will monitor our business relationship with the Robeson County Housing Authority for continued compliance with the Conflict of Interest provision as noted above.

Any determined violations of the Conflict of Interest Provisions shall be grounds for the immediate termination of the business relationship with the Robeson County Housing Authority and may result in civil and/ or criminal penalties in accordance with Federal, State and Local Laws.

I declare under penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<sup>1</sup> Annual Contributions Contract – Conflict of Interest Provision (source)

**Request for Taxpayer  
 Identification Number and Certification**

Give Form to the requester. Do not send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <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) ▶ _____	Exemptions (see instructions):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____
	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:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below), and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**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 3.

<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.

**Future developments.** The IRS has created a page on [www.irs.gov/w9](http://www.irs.gov/w9) for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

**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, payments made to you in settlement of payment card and third party network transactions, 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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- 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, and

- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

**Note.** If you are a U.S. person and 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 under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 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 section 1446 withholding on your share of partnership income.