

NEIGHBORS OF WATERTOWN

CONTRACTOR QUALIFICATIONS

All contractors and subcontractors who participate in the housing programs within the city of Watertown must be approved by the Program Coordinator before beginning any work under the program. Each contractor must demonstrate competence in the areas of work involved in each project. Each general contractor must also provide proof of adequate insurance coverage, including as a minimum, general liability and property damage coverage with at least \$1,000,000 limits. Please provide the information below and return this form to along with a copy of your insurance binder to the local Rehabilitation Office.

COMPANY INFORMATION:

Company Name:

Address:

Telephone:

Tax ID No:

Corporation _____

Partnership _____

Proprietorship _____

PRINCIPALS OF THE COMPANY:

Name:

Title:

Home Address:

Phone:

Work Experience:

Name:

Title:

Home Address:

Phone:

Work Experience:

Name:

Title:

Home Address:

Phone:

Work Experience:

COMPANY HISTORY:

Number of Years in Business:

Number of Employees:

Primary Business:

INSURANCE:		
Type	Liability Limit	Company
General Aggregate	\$	
Personal Injury	\$	
Property Damage	\$	
Medical Expense	\$	
Worker's Compensation		

CREDIT REFERENCES:			
Suppliers	Credit Limit	Contact Person	Phone
	\$		
	\$		
	\$		
	\$		
Banks	Credit Limit	Contact Person	Phone
	\$		
	\$		

WORK REFERENCES:			
Project Location	Contract Prices	Contact Person	Phone
	\$		
	\$		
	\$		
	\$		
	\$		

I certify that the information provided above and all other information submitted with this form is true and complete to the best of my knowledge and belief. I hereby give my permission for representatives of Neighbors of Watertown to contact any of the references listed above for the purpose of determining my qualifications to perform work under the housing rehabilitation programs in Watertown.

Signed: _____ Date: _____

Signed: _____ Date: _____

If a Partnership, Association, or Individual Proprietorship:
 Specify Association or type of Partnership: _____

Names of Partners & Associates	Title	Home Phone	Home Address	S.S.N. #

Is your business a Minority owned or a WBE? _____

How many years has your current organization been in the construction business? _____
 Under what name(s)? _____

Have you, in the past five (5) years, been denied a contract award on which you submitted the low bid in competitive bidding, or been refused pre-qualification: _____
 If so, please list and describe: _____

In the last five (5) fiscal years, has your organization or predecessor's organization(s) ever failed to complete a project? _____ If so, please state the name of the organization and reason for failure: _____

In the last three (3) years, has your organization been involved in one of the following:
 Litigation with New York State? _____
 Any other municipal jurisdiction? _____
 If so, please list and explain nature and current status: _____

In the last three (3) years, has any lien or judgment been filed against your organization or predecessor organization or against any job or customer as a result of your failure to properly complete a job or pay all bills associated with a job? _____

If so, please list and explain nature and current status: _____

Personnel	Full-time Personnel	Part-time Personnel
Clerical Personnel		
Engineers & Architects		
Supervisors, Foremen or Superintendents		
Unskilled Employees		
Estimators		
Total Number		

What is the construction experience of the principals and supervisory personnel of your organization? (Place an asterisk* beside personnel to be assigned to the project being bid)

Principal's Name	Title	Yrs of Experience	What Capacity	With Whom

Types and limits of Insurance:

Type	Policy #	Limits	Company
Property Damage			
Liability			
Workers Comp.			

Banking Information:

Bank	Address	Account #	Type of Account	Contact

References:

Supplier	Type of Materials	Telephone #	Contact

The undersigned certifies that all information in this statement, and all information furnished in support of this statement, is true and complete to the best of the undersigned knowledge and belief. The undersigned also authorizes Neighbors of Watertown, Inc. to check references, credit services, and other sources as necessary.

Signature

Title

Date: _____

Signature

Title

Date: _____

Signature

Title

Date: _____

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.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <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) ▶ _____ <i>Note.</i> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 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 generally 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 instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number												
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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.

Sign Here	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. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you; or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- 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. See *What is FATCA reporting?* on page 2 for further information.