

**EVERETT HOUSING AUTHORITY**

EHA Use only	
Vendor Number	
1099 Yes/No	
Date	

**VENDOR INFORMATION SHEET**

Company Name:							
Billing Address:							
City State Zip:							
Location Address:							
City State Zip:							
Phone:				Fax:			
Contact Person:							
Email Address:							
Federal ID #		Are you incorporated?			<input type="checkbox"/> Attach current W-9 form		
		Yes No					
Do you have a City of Everett Business License? Yes No If not, provide proof of applying. You must have this to conduct business in the City of Everett.							
Unified Business ID # (UBI) Washington State Only:							
Are you a minority contractor? Yes No							
On what basis are you a minority contractor? Please select one of the following:							
1	2	3	4	5	6	7	8
White American	Black American	Native American	Hispanic American	Asian Pacific American	Hasidic Jews	Woman Please circle ethnicity	Other; Please describe:
Are you a Section 3 Vendor? For more detail please email your request to <a href="mailto:brendam@evha.org">brendam@evha.org</a>							
<input type="checkbox"/>	Vendor claims Section 3 status if business if 51 percent or more owned and actively operated by Section 3 residents.						
<input type="checkbox"/>	Vendor claims Section 3 status by claiming at least 30% of their workforce are currently Section 3 residents or were Section 3 eligible residents within 3 years of date of first employment with the business.						
<input type="checkbox"/>	Vendor claims Section 3 status by subcontracting 25% of the dollar award to qualified Section 3 businesses.						
Are you a member of state procurement or a cooperative agreement? If yes, please list all agreements you are a party to:							