VENDOR INFORMATION SHEET									
Everett Housing Authority				E			EVHA USE ONLY VENDOR NUMBER 1099 YES / NO DATE		ILY
		blish you as	a vendor v	vith the Eve	rett Housir	ng Authority	, the follow	ing informa	ation
is required									
Company N							- 710		
Billing Address:						CITY, STAT			
Location Address:		l			_	CITY, STATE ZIP:			
Phone:					Fax:				
Contact Pe									
Email Addr									
Federal ID									
Unified Business ID # (UBI) Washington State Only:									
	corperated				Are you a minority contractor?				
On what basis are you a minority contractor? Please select one of the following:									
1	2	3		4	5	6	7		3
Caucasian	Black	Native American		Hispanic	Asian Pacific	Hasidic Jew	Woman	Ot	her
If you are a woman owned business, please also check the ethnicity.									
Section 3 Vendor? Qualify by # (see below):									
businesses 1. If the bu	s meeting a siness is 51	rule require ny one of th . percent or	e following more own	three crite ed and activ	ria: vely operat	ed by Sectic	on 3 Worke	rs (see belo	w).
If the business is 51 percent or more owned and actively operated by people who live in low income housing, or receive section 8 vouchers.									
3. If over 75% of the labor hours preformed for the business over the prior three month period are									
		3 workers (
The definit	ion of a SEC	CTION 3 WO	RKER is a p	erson resid	ing in the b	elow count	y whose		
individule a	annual inco	me is or was	less than:						
FY 2023 Income Limit									
Place of Re	sidence	202	23	20	22	20	21	20	20
Snohomish		70,6		66,			350		700
Skagit	,	51,0		48,2			100		900
Island		52,8		49,9		· · · · ·	700		600
	03-1176	Fax 425-30		accountspa			nstructionpa		
.23 3				<u></u>	1000000			.,	