



VENDOR / LANDLORD FACT SHEET

Return to HOSWWA, 820 11th Avenue, Longview, WA 98632

PLEASE PRINT ALL INFORMATION

Name of Entity or Individual:

Name of Business:

Correspondence Address:	City	State	Zip Code
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Telephone No.:	Fax No.:	Email Address:	Vendor: <input type="checkbox"/>
			Landlord: <input type="checkbox"/>

Mailing Address for 1099's (if different than above):

City: _____ State: _____ Zip Code: _____

Check/Statement Address:

City: _____ State: _____ Zip Code: _____

Property Manager, if applicable _____ Property Manager Email Address: _____

Property Manager Phone: _____ Property Manager Mailing Address: _____

Employer Tax Id No. (TIN) or Social Security No. (If Individual):

Type of Organization (check one):

Individual <input type="checkbox"/>	Sole Proprietor <input type="checkbox"/>	Partnership <input type="checkbox"/>	Corporation <input type="checkbox"/>	Governmental Agency <input type="checkbox"/>	Other _____ <input type="checkbox"/>
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Substitute IRS Form W-9 Certification:

Under penalties of perjury, I hereby certify that the number shown on this form is my correct taxpayer identification number, and that 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. person (including a U.S. resident alien). *Note:* The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

SIGN HERE →	Authorized Signature	Date
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ACH / EFT INFORMATION – PLEASE PRINT CLEARLY – OR INITIAL HERE TO OPT OUT

Name of Financial Institution: _____

Name on Bank Account: _____

Checking or Savings: _____

Routing Number: _____

Account Number _____

SIGN BELOW:

Print Name: _____ Date: _____

Primary Signature on Account: _____

Other Authorized Signature on Account: _____

Authorization Agreement: I/We hereby authorize Housing Opportunities of SW WA (HOSWWA) to initiate automatic deposits to this account pursuant to the information provided above. I also authorize HOSWWA to make withdrawals from this account in the event a credit entry is made in error. Further, I/We agree not to hold HOSWWA responsible for any delay or loss of funds due to incorrect or incomplete information provided by me or by my financial institution or due to an error on the part of my financial institution in depositing funds into this account. This agreement will remain in effect until HOSWWA receives a written notice of cancellation from me or my financial institution, or until I/We submit a new Fact Sheet form to HOSWWA.