Vendor/Landlord Fact Sheet

Name of Entity or Individual:

Name of Business:

Vendor/Owner Contact Information

Phone:	Email:
Address:	
Mailing Address:	

Property Manager Contact Information (if applicable)

Property Manager Name:	
Property Manager Phone:	Property Manager Email:
Property Manager Mailing Address:	

Correspondence Preferences

Mail 1099 to: ☐ Owner or ☐ Property Manager

Send Payments to: ☐ Owner or ☐ Property Manager

Who should receive correspondence for contracts, inspections, and notices of tenant share?

☐ Owner or ☐ Property Manager

W-9 Information

Taxpayer ID: Enter SSN (for Individuals) __ __ __ -__ __ -__ __ __ __ or EIN (for Entity): __ __ -__ __ __ __ __ __ __

Organization Type: □Individual □Sole Proprietor □Partnership □Corporation □Gov. Agency □Other_____

Substitute for 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.

➔ Authorized Signature:	Date:

ACH/EFT Information: Print clearly, or initial here to opt out: _____

Name of Financial Institution:	Account Number:
Name on Bank Account:	
9 Digit Routing Number: __ __ __ __ __ __ __ __ __	Account type: ☐ Checking ☐ Savings

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.

➔ Primary Signature on Account:	Date:
➔ Other Authorized Signature:	Date: