

**VENDOR REGISTRATION FOR  
HACL**

---

# HOUSING AUTHORITY OF THE CITY OF LUMBERTON

## CERTIFICATION OF NO CONFLICT OF INTEREST And VENDOR REGISTRATION FORM

By my signature below, I hereby certify that the business relationship between the Housing Authority of the City of Lumberton and \_\_\_\_\_, an entity of which I serve as \_\_\_\_\_, complies with the following Conflict of Interest provision:

“Neither the Local Authority nor any of its contractors or their subcontractors shall enter into any contract, subcontract, or arrangement, in connection with any project, in which any member, officer, or employee of the Local Authority, or any member of the governing body of the locality in which the Project is situated, or any member of the governing body of the locality in which the Authority was activated, or any other public official of such locality or localities who exercises any responsibilities or functions with respect to the Project during his tenure or for one year thereafter has any interest, direct or indirect.”<sup>1</sup>

Furthermore, I hereby certify that we will monitor our business relationship with the Housing Authority of the City of Lumberton for continued compliance with the Conflict of Interest provision as noted above.

Any determined violations of the Conflict of Interest Provisions shall be grounds for the immediate termination of the business relationship with the Housing Authority of the City of Lumberton and may result in civil and/or criminal penalties in accordance with Federal, State and Local Laws.

I declare under penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<sup>1</sup>Annual Contributions Contract - Conflict of Interest Provision (source)

# HOUSING AUTHORITY OF THE CITY OF LUMBERTON VENDOR REGISTRATION FORM

MAIL TO: HOUSING AUTHORITY OF THE CITY OF LUMBERTON  
ATT: ACCOUNTS PAYABLE  
POST OFFICE BOX 709  
LUMBERTON, NC 28359

OR

FAX TO: ACCOUNTS PAYABLE 910.671.8239

TAXPAYER  
NAME: \_\_\_\_\_

COMPANY NAME: If Sole Proprietorship \_\_\_\_\_

TAXPAYER IDENTIFICATION # (TIN): Enter your TIN in the appropriate box below. For sole proprietors, this is your social security number. NOTE: The filers name and TIN should be consistent with name and number used on IRS income tax returns. If you operate with a business name, please enter your federal identification number issued by the IRS.

<p><b>SOCIAL SECURITY NUMBER (Sole Proprietor Only):</b> _____</p>	<p><b>FEDERAL IDENTIFICATION NUMBER (FIN):</b> _____</p>												
<p><b>PHYSICAL ADDRESS</b></p> <p>ST. ADDRESS _____</p> <p>PO BOX _____</p> <p>CITY/STATE _____</p> <p>ZIP (+4) _____</p> <p>COUNTY <small>(IF LOCATED IN NC)</small> _____</p> <p>PHONE NO. _____</p> <p>FAX NO: _____</p>	<p><b>REMIT TO ADDRESS</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>PHONE NO: _____</p> <p>PAYMENT TERMS: EXAMPLE (2% 10 N 30)</p> <table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border-top: 1px solid black; width: 25%;">% TERMS</td> <td style="border-top: 1px solid black; width: 25%;">DUE</td> <td style="border-top: 1px solid black; width: 25%;">DISC</td> <td style="border-top: 1px solid black; width: 25%;">PO PAY</td> </tr> <tr> <td></td> <td style="text-align: center;">DAYS</td> <td style="text-align: center;">INDICATOR</td> <td style="text-align: center;">DAYS</td> </tr> <tr> <td></td> <td colspan="2" style="text-align: center;">I = AS INVOICED</td> <td style="text-align: center;">N = NET</td> </tr> </table>	% TERMS	DUE	DISC	PO PAY		DAYS	INDICATOR	DAYS		I = AS INVOICED		N = NET
% TERMS	DUE	DISC	PO PAY										
	DAYS	INDICATOR	DAYS										
	I = AS INVOICED		N = NET										
<p><b>TYPE OF BUSINESS (PLEASE CHECK ALL THAT APPLY):</b></p> <p><input type="checkbox"/> MINORITY OWNED _____ <small>RACE</small></p> <p><input type="checkbox"/> SECTION 3 CERTIFIED</p> <p><input type="checkbox"/> WOMEN OWNED</p> <p>*****</p> <p><b>CHECK ALL THAT APPLY:</b></p> <p><input type="checkbox"/> SOLE PROPRIETOR</p> <p><input type="checkbox"/> CORPORATION</p> <p><input type="checkbox"/> PARTNERSHIP</p> <p><input type="checkbox"/> NOT INCORPORATED</p>	<p><b>PLEASE INDICATE PRODUCT(S) OFFERED:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>												

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

STATE OF NORTH CAROLINA

COUNTY OF ROBESON

**AFFIDAVIT of COMPLIANCE**  
**with N.C. E-Verify Statutes**

I, \_\_\_\_\_, (hereinafter the "Affiant"), duly authorized by and on behalf of \_\_\_\_\_, (hereinafter the "Employer"), after being first duly sworn deposes and says as follows:

1. I am the \_\_\_\_\_ (President, Manager, CEO, etc.) of the Employer and possess the full authority to speak for and on behalf of the Employer identified above.
2. Employer understands that "E-Verify" means the federal E-Verify program operated by the United States Department of Homeland Security and other federal agencies, or any successor or equivalent program used to verify the work authorization of newly hired employees pursuant to federal law.
3. \_\_\_\_\_ Employer employs 25 or more employees in the State of North Carolina, and is in compliance with the provisions of N.C. Gen. Stat. §64-26. Employer has verified the work authorization of its employees through E-Verify and shall retain the records of verification for a period of at least one year.  
  
\_\_\_\_\_ Employer employs fewer than 25 Employees and is therefore not subject to the provisions of N.C. Gen. Stat. §64-26.
4. All subcontractors engaged by or to be engaged by Employer have or will have likewise complied with the provisions of N.C. Gen. Stat. §64-26.
5. Employer shall keep the Housing Authority of the City of Lumberton informed of any change in its status pursuant to Article 2 of Chapter 64 of the North Carolina General Statutes.

Further this affiant sayeth not.

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Affiant

\_\_\_\_\_

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

[SEAL]

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
<b>2</b> Business name/disregarded entity name, if different from above	
<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
<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	Exempt payee code (if any) _____
<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	Exemption from FATCA reporting code (if any) _____
<input type="checkbox"/> Other (see instructions) ▶ _____	<small>(Applies to accounts maintained outside the U.S.)</small>
<b>5</b> Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code	
<b>7</b> 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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

<b>Social security number</b>									

**or**

<b>Employer identification number</b>									

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## 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, later.*