



A Nonprofit Housing and Community Development Organization

To: Subcontractors, Installers and Suppliers
 From: Gerardo Gomez and Socorro Moran

Thank you for your interest in becoming a subcontractor, installer or supplier for Self-Help Enterprises' home-building program. In order for us to review your qualifications, you must return a completed application (attached) and a W-9 form. It is very important that you indicate on the application for which counties you would like to be considered. This application must be approved before you can be included future invitations to bid.

Subcontractors, Installers and selected Suppliers: Self-Help Enterprises requires the following:

General Liability

- Minimum policy limits
 - Each Occurrence - \$1,000,000
 - Personal & ADV Injury - \$1,000,000
 - General Aggregate - \$2,000,000
 - Products/Completed Operations Aggregate - \$2,000,000
- *Original certificates of insurance will be required if the company is selected and before work begins*
- *Subcontractors and Installers only: Self-Help Enterprises must also be named as an additional insured and an endorsement naming Self-Help Enterprises as an additional insured party must be provided along with an original certificate of general liability prior to work beginning.*

Automobile insurance

Combined single limit: \$1,000,000

Workers Compensation

Policy limits equal to or greater than required by the State of California

Companies required to comply with all of these requirements are contractors/installers providing

trusses & craning	roofing	drywall	stucco
carpeting	windows	HVAC	plumbing
counter-tops	garage doors	insulation	cabinets
grading	trenching	fencing	window blinds

Companies required to show proof of General Liability insurance only are suppliers of

sand	fill	lumber	concrete
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Return the application and any attachments to Self-Help Enterprises by

Mail P.O. Box 6520
 Visalia, CA 93290
 Attn: Socorro Moran
Fax (559) 651-3634, Attn: Socorro Moran
E-mail socorrom@selfhelpenterprises.org



Main Office: 8445 W. Elowin Court • P.O. Box 6520 • Visalia, CA 93290
 North Valley Office: 2413 West Cleveland, Suite 101 • Madera, CA 93637

SELF-HELP ENTERPRISES – (NEW HOMES PROGRAM)

Subcontractor/Installer/Supplier Application

Company Name: _____ Date: _____

List specialty, trade or product _____ Type of license classification, if any: _____

Name of Owner (or authorized signer): _____

Company Mailing Address: _____ City: _____ Zip: _____

Federal Tax ID #: _____ Number of full-time employees: _____

Phone: _____ Fax: _____ E-mail: _____

INTERESTED in bidding on jobs in: (check all that apply)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Stanislaus County | <input type="checkbox"/> Merced County | <input type="checkbox"/> Madera County | <input type="checkbox"/> Fresno County |
| <input type="checkbox"/> Tulare County | <input type="checkbox"/> Kings County | <input type="checkbox"/> Kern County | <input type="checkbox"/> Mariposa County |

CREDIT REFERENCES: List 3 suppliers starting with largest volume credit account.

	NAME	STREET, CITY, ZIP	PHONE	FAX NUMBER / E-MAIL
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

CUSTOMER REFERENCES: List three recent jobs or customers.

	NAME	STREET, CITY, ZIP	PHONE	FAX NUMBER / E-MAIL
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

The foregoing is true to the best of my knowledge.

Name: _____
 please print

Signature: _____

Title: _____

SUBCONTRACTORS AND INSTALLERS only - complete all items.

SAND & FILL, LUMBER, and CONCRETE only – complete Liability Insurance section only.

License #: _____ Expiration: _____ Qualifying Individual: _____

LIABILITY INSURANCE: (Attach a copy of current certificate – see **Note** below)

Minimum policy limits:

- \$1,000,000 per occurrence; \$2,000,000 aggregate
- Personal and Advertising Injury - \$1,000,000
- Products and Completed Operations Aggregate - \$1,000,000

Insurance Company: _____

Insurance Agent: _____

Phone: _____ Fax: _____ E-mail: _____

Address: _____ City: _____ Zip: _____

- **NOTE:** *Original certificates of insurance with an endorsement naming Self-Help Enterprises as an additional insured will be required if the company is selected as a contractor/installer and before any work begins. (Endorsement requirement does not apply to lumber, sand/fill, and concrete suppliers.)*

AUTOMOBILE LIABILITY INSURANCE: (Attach a copy of current certificate)

Insurance Company: _____

Insurance Agent: _____ or same as above

Phone: _____ Fax: _____ E-mail: _____

Address: _____ City: _____ Zip: _____

WORKERS' COMPENSATION INSURANCE: (Attach a copy of current certificate)

Insurance Company: _____

Insurance Agent: _____ or same as above

Phone: _____ Fax: _____ E-mail: _____

Address: _____ City: _____ Zip: _____

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	Self-Help Enterprises PO Box 6520 Visalia, CA 93290
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 your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
or
Employer identification number

Note. If the account is in more than one name, see the chart on page 4 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).

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 on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,