

To: Subcontractors, Installers and Suppliers From: Luis Espinoza 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
  - o Personal & ADV Injury \$1,000,000
  - o 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. As well as, the Commercial General Liability Exclusions Verification Certificate from agent.

### 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

Return the application and any attachments to Self-Help Enterprises by

MailP.O. Box 6520<br/>Attn: Socorro Moran<br/>Visalia, CA 93290Fax(559) 651-3634, Attn: Socorro Moran<br/>E-mail socorrom@selfhelpenterprises.org



# Mutual Self-Help New Homes Program Subcontractor/Installer/Supplier Application

Date:			
Company Name:			
List specialty, trade or pr	oduct:	Type of license classi	fication, if any:
State License #:	Expiration:	Qualifying Ind	dividual:
Company Address:		City:	Zip:
Mailing Address:		City:	Zip:
Federal Tax ID #:	N	Number of full-time employee	s:
Name of Contact:		Title:	
Phone:	Fax:	E-mail:	
	Merced County	I that apply)	
SUBCONTRACTORS			

## **GENERAL & AUTOMOBILE LIABILITY INSURANCE AND WORKERS COMPESNATION:**

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

## SUPPLIERS OF: Lumber, Sand/Rock, Concrete, Concrete Pumping & Pest Control

Are required to carry the same general liability insurance policy limits as noted above.

**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.)

\*\*\*Attach a copy of current certificate(s) of insurance\*\*\*

**CREDIT REFERENCES**: List three credit references starting with largest volume credit account.

Company Name & Mailing Address	*Contact' Name and E-mail Address*	Phone/Fax
Co. Name:	Contact's Name:	(FX)
Mailing Address:	E-mail Address:	(PH)
Co. Name: Mailing Address:	Contact's Name: E-mail Address:	(FX) (PH)
Co. Name: Mailing Address:	Contact's Name: E-mail Address:	(FX) (PH)

## **CUSTOMER REFERENCES**: List three recent jobs or customers.

Company Name & Mailing Address	Contact's Name & E-mail Address	Phone/Fax
Co. Name:	Contact's Name:	(FX)
Mailing Address:	E-mail Address:	
		(PH)
Co. Name:	Contact's Name:	(FX)
Mailing Address:		
	E-mail Address:	(PH)
Co. Name:	Contact's Name:	(FX)
Mailing Address:		
	E-mail Address:	(PH)

The foregoing is true to the best of my knowledge.

Please print name

Signature

Date

Title

Form	W-	-9
(Rev. C	October 2	2018)
		e Treasury
Interna	Revenue	Service

## **Request for Taxpayer** Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

	2 Business name/disregarded entity name, if different from above	*********		
Print or type. See Specific Instructions on page 3.	<ul> <li>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Che following seven boxes.</li> <li>Individual/sole proprietor or C Corporation S Corporation Partnership single-member LLC</li> <li>Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partners Note: Check the appropriate box in the line above for the tax classification of the single-member ow LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the o another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a sing is disregarded from the owner should check the appropriate box for the tax classification of its owner</li> </ul>	Trust/estate	Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):     Exempt payee code (if any)     Exemption from FATCA reporting code (if any)     (Applies to accounts maintained outside the U.S.)	
Spe	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name a	quester's name and address (optional)	
See				
	6 City, state, and ZIP code			
	7 List account number(s) here (optional)			
Par				
	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to ave p withholding. For individuals, this is generally your social security number (SSN). However, for		curity number	
eside	nt alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other s, it is your employer identification number (EIN). If you do not have a number, see <i>How to ge</i>		-	
	ater. For IRS reporting purposes, Self-Help Enterprises preferes the SS# for Sole Propriet	or or		
lote:	If the account is in more than one name, see the instructions for line 1. Also see What Name a		identification number	
lumb	er 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.

Sign Here	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*.

#### 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.