

**Abode Property Management
VENDOR APPLICATION**

() New Application
() Renewal Application

INSTRUCTIONS: This Vendor Application provides Abode Property Management with information about you as a vendor. Please complete the form carefully. Attach copies of licenses and proof of insurance and return to the following address: Abode Property Management, 481 Valley Way, Milpitas, CA 95035 Attention: Abode Property management, fax to: (408) 941-029, or email to: pmdept@abode.org subject: New Vendor Application.

ALL INFORMATION SHOULD BE TYPED OR LEGIBLY PRINTED

Company Name	
Mailing Address (Line 1)	
Mailing Address (Line 2)	
City/State/Zip Code	
Contact Person	
E-Mail Address	
Web Address (www)	
Telephone Office	
Telephone Cell	
Fax Number	
Discounts % Number of Days from Invoice or Month	
Insurance Expiration: Workers Comp	
Insurance Expiration and Amount: Liability	
List Licenses and Numbers (if applicable)	
FEIN - Federal Employee Withholding Tax Number	
Social Security Number (for self-employed)	
Issue 1099 Year End Tax Statement	
Sales Tax %	
Are any of your employees related to any of HIP's employees? If Yes, please list their names and relationship.	

Applicant Certification

- I am duly Authorized to submit and certify the information requested;
- To the best of my knowledge, the elements of information provided herein are true and accurate as of this date.
- The vendor identified herein shall comply with all State and Federal Equal Opportunity and Non-Discrimination requirements and conditions for employment.
- The vendor identified herein shall comply with all Terms and Conditions of solicitation and contractual documents, regulations and laws, of the State of California.

Signature:

Date:

Typed / Printed Name:

Title:

Application Approved or Denied (Circle One) by Two Management Members:

Date:

Vendor Submission & Insurance Requirements

Submit the following documents with Vendor Application Packet (Form #800-OPS)	
<ol style="list-style-type: none"> 1. W-9 2. Completed Vendor Application 3. Fair Housing & Discrimination Vendor Acknowledgement Form 4. Insurance Documents – listed below 	
Submit to Finance Manager via email.	
New Vendor Insurance Requirements	
General Liability Insurance:	Comprehensive or Commercial minimum each occurrence \$2,000,000, General Aggregate \$4,000,000
Worker's Compensation:	Evidence of Coverage
Business Automobile Liability:	Owned, Scheduled Non-Owned or Hire Automobiles minimum combined single limit \$1,000,000 per occurrence
Professional Liability:	Evidence of Coverage (when applicable)
Additional Insured:	Name the following as Additional Insured: <ul style="list-style-type: none"> • Abode Property Management, 481 Valley Way, Milpitas, CA 95035 • Abode Services, 40849 Fremont Blvd., CA 94538 • Abode Housing Development, 40849 Fremont Blvd., CA 94538
Insurance Certificate Holder:	Insurance Certificate must name the following agencies: <ul style="list-style-type: none"> • Abode Property Management, 481 Valley Way, Milpitas, CA 95035 • Abode Services, 40849 Fremont Blvd., CA 94538 • Abode Housing Development, 40849 Fremont Blvd., CA 94538

Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.	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		
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.		4 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) ▶ _____ Note: 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 not 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) ▶ _____		<i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.		Requester's name and address (optional)
6 City, state, and ZIP code			
7 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.

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.

Social security number											
				-			-				
or											
Employer identification number											
				-							

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 ▶
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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.



Maintenance Contract/Vendor Acknowledgement

Date: _____

It is the policy of Abode Property Management, Abode Services, and Abode Housing Development to treat all current and prospective residents and their guests in a fair, professional manner without regard to race, color, religion, sex, familial status, handicap, or national origin.

As a contractor and/or vendor to this company, I will treat all residents, prospective residents and guests with respect and in a fair manner without regard to race, color, religion, sex, familial status, handicap, or national origin. In addition, I accept the responsibility to train my employees to treat all residents, prospective residents and guests with respect and in a fair manner without regard to race, color, religion, sex, familial status, handicap, or national origin.

I understand that failure to adhere to this company’s Fair Housing Policy and the Fair Housing Laws will result in the termination of my relationship with this company.

My signature below indicates my understanding of this company’s Fair Housing Policy and my commitment to comply with the policy.

Vendor Company Name

Signature

Date

Title

Owner/Management Company Representative

Date