

TRIAD ASSOCIATES HOME IMPROVEMENT PROGRAM GENERAL CONTRACTOR APPLICATION

Name of Firm: _____

Address: _____

Office Phone: _____ Cell Phone: _____ Fax Number: _____

E-Mail Address _____ Principals of the Firm: _____

Contact Person: _____

Is This Company Incorporated? Yes No Federal ID # _____ - _____Is Company Bonded? Yes No Amount of Bond \$ _____

Do You Use Sub-Contractors? Yes No (If yes, please attach a list of all subcontractors and contact information.)

Have You Ever Been Debarred From Federal Programs? Yes No

If So, When and Through What Program _____

Have You Ever Been Restricted From Or Removed From Any Project? Yes No

If So, When and Where _____

Are You, Or Any Of Your Employees Related To Any Municipal Officials? Yes No

If So, Give Name of Person and Relationship _____

Are You or Any of Your Employees **Certified** to Handle **Lead Based Paint**? Yes No**Statistical Data:****Gender:** Male Owned Business Female Owned Business**Ethnicity:** White Black Hispanic Native American Asian/Pacific Islander

LOCAL, STATE AND FEDERAL REFERENCES

1. Name of Agency: _____

Contact Person(s): _____ Email Address: _____

Address: _____ Phone: _____

Dates of Contracts: _____ Type of Work: _____

2. Name of Agency: _____
Contact Person(s): _____ Email Address: _____
Address: _____ Phone: _____
Dates of Contracts: _____ Type of Work: _____

PRIVATE WORK REFERENCES

1. Name: _____
Address: _____
Email Address: _____ Phone: _____
Dates of Contracts: _____ Type of Work: _____

2. Name: _____
Address: _____
Email Address: _____ Phone: _____
Dates of Contracts: _____ Type of Work: _____

3. Name: _____
Address: _____
Email Address: _____ Phone: _____
Dates of Contracts: _____ Type of Work: _____

***You Must Submit a Valid Copy of the Following Documents with Your Application**

(Please Check Box of Each Included Document)

- A **Certificate of Insurance including: General Liability, Vehicle and Workmen's Compensation**
- A Fully Executed **IRS Form W9**
- A Copy of Your State Of New Jersey **Business Registration.**
- A Copy of Your **State Of New Jersey Registration As A Home Improvement Contractor**
- A **Minority Owned Business Registration (If Applicable)**
- Please Attach A Copy Of Your **Lead Certification**

I CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

PRINT NAME

SIGNATURE

DATE

TITLE

**HOME IMPROVEMENT PROGRAM
SUBCONTRACTOR APPLICATION**

Working Under (General Contractor): _____

Name of Firm: _____

Address: _____

Office Phone: _____ Cell Phone: _____ Fax Number: _____

E-Mail Address _____ Principals of the Firm: _____

Contact Person: _____

Is This Company Incorporated? Yes No Federal ID # _____ - _____

Have You Ever Been Debarred From Federal Programs? Yes No
If So, When and Through What Program _____

Have You Ever Been Restricted From Or Removed From Any Project? Yes No
If So, When and Where _____

Are You, Or Any Of Your Employees Related To Any Municipal Officials? Yes No
If So, Give Name of Person and Relation _____

Are You, or Any of Your Employees Certified to Handle Lead Based Paint? Yes No

Statistical Data:

Gender: Male Owned Business Female Owned Business

Ethnicity: White Black Hispanic Native American Asian/Pacific Islander

LOCAL, STATE AND FEDERAL REFERENCES

1. Name of Agency: _____

Contact Person(s): _____ Email Address: _____

Address: _____ Phone: _____

Dates of Contracts: _____ Type of Work: _____

PRIVATE WORK REFERENCES

- 1. Name: _____
Address: _____
Email Address: _____ Phone: _____
Dates of Contracts: _____ Type of Work: _____

- 2. Name: _____
Address: _____
Email Address: _____ Phone: _____
Dates of Contracts: _____ Type of Work: _____

- 3. Name: _____
Address: _____
Email Address: _____ Phone: _____
Dates of Contracts: _____ Type of Work: _____

***You Must Submit a Valid Copy of the Following Documents with Your Application**

(Please Check Box of Each Included Document)

- A Certificate of Insurance including: General Liability, and Vehicle Insurance**
- A Copy of Your State Of New Jersey Business Registration.**
- A Copy of Your State Of New Jersey Contractor License (Plumbing or Electrical)**
- A Minority Owned Business Registration (If Applicable)**
- Please Attach A Copy Of Your Lead Certification (If Applicable)**

I CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

PRINT NAME

SIGNATURE

DATE

TITLE

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/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶	
	<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		
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 the "Name" line 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.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number									

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).

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.