



VENDOR INFORMATION FORM

NAME: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ CONTACT: _____

FAX: _____ EMAIL: _____

**FEDERAL IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER: _____

****This information is required****(INFORMATION OF TAX IDENTIFICATION NUMBER MUST MATCH OWNER NAME ON FILE WITH INTERNAL REVENUE SERVICE) COMPLETED W-9 FORM IS REQUIRED.

PLEASE COMPLETE THE FOLLOWING INFORMATION THAT APPLIES:

YOUR REQUIRED PAYMENT TERMS: _____

CHECKS/PAYMENTS TO BE PAID TO: _____

SAME ADDRESS AS ABOVE OTHER

NAME: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ CONTACT: _____

DATE SUBMITTED: _____

MINORITY AND SECTION 3 INFORMATION

EXPLANATION: A MINORITY ENTERPRISE IS DEFINED AS ONE WHICH IS AT LEAST 51% OWNED, CONTROLLED AND ACTIVELY OPERATED BY ONE OR MORE PERSONS WHO ARE CLASSIFIED AS PART OF A RACIAL OR ETHNIC MINORITY GROUP. SECTION 3 APPLIES TO EMPLOYMENT OF LOW AND VERY LOW INCOME PERSONS. AS A FEDERALLY FUNDED AGENCY WE ARE REQUIRED TO REPORT OUR VENDOR INFORMATION TO THE UNITED STATES DEPARTMENT OF HOUSING & URBAN DEVELOPMENT (HUD). **THE HOUSING AUTHORITY OF SALT LAKE CITY IS PRO ACTIVE IN WORKING WITH MINORITY AND WOMAN OWNED BUSINESSES .**

CHECK WHICH ONE APPLIES:

WHITE AMERICANS
BLACK
NATIVE AMERICANS

HISPANIC AMERICANS
ASIAN PACIFIC AMERICANS
HASIDIC JEWS

IS YOUR FIRM OWNED BY A WOMEN? YES NO
DOES YOUR FIRM QUALIFY AS SECTION 3 YES NO