

## Subcontractor Information Form

Date: \_\_\_\_\_

Please print or type clearly:

Name (as it appears on your tax return): \_\_\_\_\_

Business Name (if different from above): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email (Required): \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_ OR Social Security #:

\_\_\_\_\_

### United States Small Business Administration (SBA) Tracking

Is your business a woman-owned small business?  Yes  No

Is your business a minority-owned small business?  Yes  No

If 1 or 2 above is yes, is the business registered with the U.S. Small Business Administration?

Yes  No  I don't know

### Payment Preference: Check (10-20 days) ACH (5-10 days)

We offer an ACH payment method which is much faster and doesn't rely on mail. If you prefer to be paid by ACH and select it above, please complete the information below.

Payment Email Address: \_\_\_\_\_

(This is a required field. This email address will receive notifications when payments are sent.)

Vendor Bank Name: \_\_\_\_\_

Vendor Bank Address: \_\_\_\_\_

Vendor Bank City, State, Zip: \_\_\_\_\_

Bank ABA/Routing # \_\_\_\_\_ Bank Account #: \_\_\_\_\_

**Required:** Please include a copy of a voided/cancelled check or bank letter verifying account information

**Note:** A current certificate of insurance for **General Liability and Worker's Compensation** must be on file with Community Housing Partners Corporation **before** any work is performed.

**All subcontractors are required to carry General Liability insurance**

**All certificates of insurance MUST name Community Housing Partners as the Certificate Holder**