

<b>TRIAD ASSOCIATES</b> <b>HOME IMPROVEMENT PROGRAM</b> <b>GENERAL CONTRACTOR APPLICATION</b>
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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

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**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.

<b>Sign Here</b>	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.