

# New Vendor Set -Up Form

Name:		
Address:		
City:	_ State:	Zip Code:
Phone:		
Fax:		
Acct. Number:		
Tax ID # or SS #:		
Type of Vendor		<b>Contact Person</b>
Type of Vendor		Contact Person
Contract Services		:
Contract Services Utilities	Position	:
Contract Services Utilities Suppliers	Position E-Mail:	: :
Contract Services Utilities	Position E-Mail:	:
Contract Services Utilities Suppliers Tenant/Landlord	Position E-Mail: Phone #	**********

ID



## DIRECT DEPOSIT ENROLLMENT FORM

NAME		so	CIAL SECURITY / EII	N #			
ACCOUNT	NEW	CHANGE	ADD	DELETE	DELETE		
	,	ATTACH A V	OIDED CHE	ECK			
ACCOUNT TYPE	CH	HECKING		EPOSIT AMOUNT			
7.0000HT TTT E		VINGS		LI GOIT / WIGOITT			
ACCOUNT NO:							
ROUTING NO:							
FIN	ANCE DEPART	MENT WILL NOT PR	OCESS THIS FOR	M WITHOUT A VO	IDED		
		CHECK OR A COPY commission to make the financial institution	he following direct o		ent for services		
SIGNATURE			DATE				
EMAIL							
PHONE NO							
		FINANCE DEP	PARTMENT ONLY				
RECEIVED ON:		PROCESSED OI	N:	BY:			
SERRETMENT OF HOLE							
× × × × × × × × × × × × × × × × × × ×		PHONE NO:	(956) 686-3951				



### **Request for Taxpayer Identification Number and Certification**

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

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

	I Name (as snown 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								
on page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Ch following seven boxes.  Individual/sole proprietor or C Corporation S Corporation Partnership	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):							
ns e	single-member LLC	Exempt payee code (if any)							
ty tio	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partne	rship) ▶					_		
Print or type. See Specific Instructions on page	Note: Check the appropriate box in the line above for the tax classification of the single-member of LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single is disregarded from the owner should check the appropriate box for the tax classification of its own	owner of the Li gle-member LL	LC is	codo	ption fro (if any)	m FA	TCA rep	orting	
eci	☐ Other (see instructions) ▶			(Applies	s to account	s mainta	ined outsid	e the U.S	.)
Sp	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's	name a	and ad	dress (op	tiona	)		
See									
0,	6 City, state, and ZIP code								
	7 List account number(s) here (optional)								
Par									
	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to au up withholding. For individuals, this is generally your social security number (SSN). However, 1		cial sec	curity i	number	_			_
	ap withholding. For individuals, this is generally your social security humber (3314). However, it sent alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other	or a		_		_			
	es, it is your employer identification number (EIN). If you do not have a number, see <i>How to ge</i>	et a				]		$\perp \perp$	
TIN, la		or				—.			
	If the account is in more than one name, see the instructions for line 1. Also see What Name per To Give the Requester for guidelines on whose number to enter.	and Em	ployer	r identification number					
INUITIL	ier to dive the nequester for guidelines off whose number to enter.			_					
								$\perp \perp \perp$	
Par									
	r penalties of perjury, I certify that:								
2. I ar Ser	e number shown on this form is my correct taxpayer identification number (or I am waiting for not subject to backup withholding because: (a) I am exempt from backup withholding, or (brvice (IRS) that I am subject to backup withholding as a result of a failure to report all interest longer subject to backup withholding; and	) I have not b	een n	otified	by the	Inter			.m
3. I ar	m a U.S. citizen or other U.S. person (defined below); and								
4. The	e FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting	na 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,

other than	1 1 2/	utions to an individual retirement arrangement (IRA), and generally, payments, but you must provide your correct TIN. See the instructions for Part II, later.	
Sign Here	Signature of U.S. person ▶	Date ►	

### **General Instructions**

Section references are to the Internal Revenue Code unless otherwise

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 taxpaver 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,



## EXAMPLE ONLY \* CERTIFICATE OF LIABILITY INSURANCE

**DATE (MM/DD/YYYY)** 04/15/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

		INSURER F:	
	ony, crais in cour	INSURER E:	
	City, State Zip Code	INSURER D: Name of Insurance Company Providing P.L.	NAIC#
	Address	INSURER C: Name of Insurance Company Providing W.C.	NAIC#
INSURED	Company Name	INSURER B: Name of Insurance Company Providing A.L	NAIC#
	City, State Zip Code	INSURER A: Name of Insurance Company Providing G.L.	NAIC #
	Address	INSURER(S) AFFORDING COVERAGE	NAIC#
	Name of Insurance Company	E-MAIL Address  Email Address	
		PHONE (A/C, No, Ext): Phone Number (A/C, No): Fax	Number
PRODUCER		CONTACT NAME: Contact Name	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	(LIMITS)	
Α	GENERAL LIABILITY  COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY PRO- LOC	х	Х	VMGP002895	05/22/2019	05/22/2020	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ 250,000 \$ 250,000 \$ 5,000 \$ 250,000 \$ 500,000 \$ 500,000
В	ANY AUTO ALL OWNED AUTOS HIRED AUTOS	Х	X	37UENST2536	09/13/2018	09/13/2019	COMBINED SINGLE LIMIT (Ea accident)  BODILY INJURY (Per person)  BODILY INJURY (Per accident)  PROPERTY DAMAGE (Per accident)	\$ 500,000 \$ \$ \$ \$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE  DED RETENTION \$						EACH OCCURRENCE AGGREGATE	\$ \$ \$
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X	WC-97-65-323-02	05/22/2019	05/22/2020	WC STATU- TORY LIMITS OTH- E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ 500,000 \$ 500,000 \$ 500,000
D	Professional Liability Note: Only Applies To Professional Services Such As Engineers, etc.			LHD604040519	05/22/2019	05/22/2020	Each Claim Aggregate	\$1,000,000 \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

MCALLEN HOUSING COMMISSION 1200 N 25TH ST	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
MCALLEN, TX 78501	AUTHORIZED REPRESENTATIVE
	**************************************

**CANCELLATION** 

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**CERTIFICATE HOLDER** 

# MCALLEN HOUSING COMMISSION PURCHASING AND CONTRACTING CHAPTER 176 OF THE TEXAS LOCAL GOVERNMENT CODE

Effective January 1, 2006, Chapter 176 of the Texas Local Government Code requires that any vendor or person considering doing business with a local government entity disclose in the Questionnaire Form CIQ, the vendor or person's affiliation or business relationship that might cause a conflict of interest with a local government entity. By law, this questionnaire must be filed with the Purchasing department of the McAllen Housing Commission no later than the 7<sup>th</sup> business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code. A person commits an offense if the person violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.

For more information or to obtain Questionnaire CIQ go to the Texas Ethics Commission web page at www.ethics.state.tx.us/forms/CIQ.pdf.

If you have any questions about compliance, please consult your own legal counsel. Compliance is the individual responsibility of each person or agent of a person who is subject to the filing requirement. An offense under Chapter 176 is a Class C misdemeanor.

I am not a relative of any employee or Board Member of the McAllen Housing Commission.

I am a relative of an employee or Board Member of McAllen Housing Commission and have filled out Form CIQ

## **CONFLICT OF INTEREST QUESTIONNAIRE**

FORM CIQ

For vendor doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 23, 8	4th Leg., Regular Session.	OFFICE USE ONLY
This questionnaire is being filed in accordance with Chapter 176, Local Go has a business relationship as defined by Section 176.001(1-a) with a levendor meets requirements under Section 176.006(a).		Date Received
By law this questionnaire must be filed with the records administrator of the than the 7th business day after the date the vendor becomes aware of fact filed. See Section 176.006(a-1), Local Government Code.		
A vendor commits an offense if the vendor knowingly violates Section 176. offense under this section is a misdemeanor.	006, Local Government Code. An	
Name of vendor who has a business relationship with local g	overnmental entity.	
Check this box if you are filing an update to a previously completed questionnaire with the appropriate filing author you became aware that the originally filed questionnaire	ty not later than the 7th busines	
Name of local government officer about whom the information	n is being disclosed.	
Name of Office	ar	
Describe each employment or other business relationship to officer, as described by Section 176.003(a)(2)(A). Also descr Complete subparts A and B for each employment or business CIQ as necessary.  A. Is the local government officer or a family men other than investment income, from the vendor?  Yes No  B. Is the vendor receiving or likely to receive taxable of the local government officer or a family member local governmental entity?  Yes No  Describe each employment or business relationship that the	ibe any family relationship with relationship described. Attact and the officer receiving or like income, other than investment of the officer AND the taxable is evendor named in Section 1 m	h the local government officer. h additional pages to this Form  kely to receive taxable income, income, from or at the direction income is not received from the
other business entity with respect to which the local gove ownership interest of one percent or more.		
Check this box if the vendor has given the local govern as described in Section 176.003(a)(2)(B), excluding		
7		
Signature of vendor doing business with the governmental e	entity	Date
- 3	,	- W. C

# CONFLICT OF INTEREST QUESTIONNAIRE For vendor doing business with local governmental entity

A complete copy of Chapter 176 of the Local Government Code may be found at http://www.statutes.legis.state.tx.us/Docs/LG/htm/LG.176.htm. For easy reference, below are some of the sections cited on this form.

<u>Local Government Code § 176.001(1-a)</u>: "Business relationship" means a connection between two or more parties based on commercial activity of one of the parties. The term does not include a connection based on:

- (A) a transaction that is subject to rate or fee regulation by a federal, state, or local governmental entity or an agency of a federal, state, or local governmental entity;
- (B) a transaction conducted at a price and subject to terms available to the public; or
- (C) a purchase or lease of goods or services from a person that is chartered by a state or federal agency and that is subject to regular examination by, and reporting to, that agency.

#### Local Government Code § 176.003(a)(2)(A) and (B):

- (a) A local government officer shall file a conflicts disclosure statement with respect to a vendor if:
  - (2) the vendor:
    - (A) has an employment or other business relationship with the local government officer or a family member of the officer that results in the officer or family member receiving taxable income, other than investment income, that exceeds \$2,500 during the 12-month period preceding the date that the officer becomes aware that
      - (i) a contract between the local governmental entity and vendor has been executed; or
      - (ii) the local governmental entity is considering entering into a contract with the vendor;
    - (B) has given to the local government officer or a family member of the officer one or more gifts that have an aggregate value of more than \$100 in the 12-month period preceding the date the officer becomes aware that:
      - (i) a contract between the local governmental entity and vendor has been executed; or
      - (ii) the local governmental entity is considering entering into a contract with the vendor.

#### Local Government Code § 176.006(a) and (a-1)

- (a) A vendor shall file a completed conflict of interest questionnaire if the vendor has a business relationship with a local governmental entity and:
  - (1) has an employment or other business relationship with a local government officer of that local governmental entity, or a family member of the officer, described by Section 176.003(a)(2)(A);
  - (2) has given a local government officer of that local governmental entity, or a family member of the officer, one or more gifts with the aggregate value specified by Section 176.003(a)(2)(B), excluding any gift described by Section 176.003(a-1); or
  - (3) has a family relationship with a local government officer of that local governmental entity.
- (a-1) The completed conflict of interest questionnaire must be filed with the appropriate records administrator not later than the seventh business day after the later of:
  - (1) the date that the vendor:
    - (A) begins discussions or negotiations to enter into a contract with the local governmental entity; or
    - (B) submits to the local governmental entity an application, response to a request for proposals or bids, correspondence, or another writing related to a potential contract with the local governmental entity; or
  - (2) the date the vendor becomes aware:
    - (A) of an employment or other business relationship with a local government officer, or a family member of the officer, described by Subsection (a);
    - (B) that the vendor has given one or more gifts described by Subsection (a); or
    - (C) of a family relationship with a local government officer.