

NEW VENDOR PACKAGE

This page contains important information for your bookkeeping staff or the person in charge of the creation and submission of your invoices. Please retain it for your records and information.

INVOICES

Submit your **INVOICES** using one of the following options. List ONLY THE PROPERTY NAME (*not* AWI) on the invoice. Listing AWI's name on the invoice will cause a delay in payment.



MAIL: PROPERTY NAME
PO BOX 63115
IRVINE CA 92602



E-MAIL: AWIMANAGEMENT@AVIDBILL.COM
(see ★NOTE below)

★NOTE: Emailed invoices must be in PDF format and consist of only ONE INVOICE PER PDF. Multiple invoices combined into one PDF will not be accepted.

PAYMENT

Payments are processed around the 1st and 15th of the month.

For payment around the 1st – invoices must be received by the 20th of the prior month

For payment around the 15th – invoices must be received by the 5th

If the work being performed will be paid from the property's 'RESERVE' funds, please note that a delay in payment is possible, as the check requires special handling. This may include obtaining additional signatures from a Federal Agency which can delay the process.

★NOTE: AWI Management Corporation is the Management Agent for this property and processes payment for services provided to the property on behalf of the owner, using the property's funds. AWI is not financially responsible for the services provided to any of the properties we manage.

SMOKE-FREE / DRUG-FREE

Most of AWI managed properties are *SMOKE-FREE* where smoking is not allowed in any building or apartment, including patios or balconies, or anywhere else on the property. Contact the Property Manager to find out about the smoke-free status of this property.

Due to the Federal Funding provided, all of AWI's properties are *DRUG-FREE*. Therefore, no drugs of any type, including marijuana in any form (medicinal or otherwise), are permitted on the premises.

NEW VENDOR DOCUMENTS

Submit your **NEW VENDOR DOCUMENTS** using one of the following options.



FAX: (530) 745-6171



E-MAIL: VENDORS@AWIMC.COM

NEW VENDOR documents include:

- NEW VENDOR OR SUBCONTRACTOR INFORMATION
- FAIR HOUSING POLICY AND INDEMNIFICATION
- FORM W-9
- BUSINESS LICENSE COPY
- GENERAL LIABILITY INSURANCE CERT
- WORKERS COMP INSURANCE CERT (*if applicable*)

NEW VENDOR OR SUBCONTRACTOR INFORMATION



Property where work is being performed (if known): _____

COMPANY INFO

Business Name: _____ Phone: (____) _____

DBA (if any and reported under same tax ID #): _____

Mailing Address: _____

Email Address: _____

OWNERSHIP INFO

☐ Partnership ☐ Corporation ☐ LLC ☐ Other: _____

☐ Individual/Sole Proprietorship: (Social Security # must be provided, if no Tax ID) #: ____ - ____ - ____

Federal Tax ID #: ____ - ____ - ____

What type of work do you perform? Check all that apply: ☐ Asphalt ☐ Electrical ☐ Flooring (☐ install or ☐ cleaning)
☐ HVAC ☐ Landscaping ☐ Painting ☐ Plumbing ☐ Other: _____

State License Classification(s) #: _____

Indicate N/A if this does not apply.

State License #: _____ (required if labor exceeds \$1,000)

Indicate N/A if this does not apply.

Business License #: _____ Expiration Date: _____

Include a copy of your current, VALID business license for our files.

Does your company only employ family members? ☐ YES ☐ NO

Does your company have any friends or *family members currently working for AWI? ☐ YES ☐ NO

*Family includes extended family such as past/present in-laws etc., not just immediate family.

If yes, name(s) of friend/family member(s): _____

Does your company use any 3rd party subcontractors? ☐ YES ☐ NO

INSURANCE

Before any work at the property is completed, the following is required to be submitted, along with the completed Vendor Packet.

❶ **A CERTIFICATE OF GENERAL LIABILITY AND WORKERS COMPENSATION MUST BE ON FILE IN OUR OFFICE FROM YOUR INSURANCE COMPANY.**

❷ **NAME THE FOLLOWING AS CERTIFICATE HOLDERS:**

_____ and **AWI MANAGEMENT CORPORATION**
Property where work is being performed *Management Agent for this property*

❸ Does your company have one or more employees? ☐ YES ☐ NO

IF NO, you have no employees and are not required to have Workers Compensation Insurance.

Signature of Owner

Date

SUBMISSION OF NEW VENDOR DOCUMENTS

Submit this SIGNED COMPLETED PACKET, along with the **REQUIRED DOCUMENTS** listed below to AWI using one of the following options (mail, fax, or email).

Name of property where work is being performed – if known
120 CENTER ST
AUBURN CA 95603
FAX: (530) 745-6171
VENDORS@AWIMC.COM

- NEW VENDOR OR SUBCONTRACTOR INFORMATION
- FAIR HOUSING POLICY AND INDEMNIFICATION
- FORM W-9
- BUSINESS LICENSE COPY
- GENERAL LIABILITY INSURANCE CERT
- WORKERS COMP INSURANCE CERT (if applicable)



FAIR HOUSING POLICY AND INDEMNIFICATION

This signed Addendum becomes binding and a part of the contract between _____
 _____ hereinafter called "Contractor," and all apartment communities managed by AWI Management Corporation, hereinafter called "Apartments" dated this _____ day of _____, 20____.

This is to notify the Contractor that the Apartments where services are performed, or labor or materials are provided, follows all Fair Housing laws, including the prohibition of any form of harassment, including sexual harassment. It requires the Contractor to comply with the Fair Housing laws and defend and indemnify the Apartments and its management agent, AWI Management Corporation, if a Fair Housing complaint or lawsuit is initiated due to misconduct on the part of the Contractor or its employees:

- A. Contractor acknowledges and understands that the Apartments are a housing provider that complies with and operates within the requirements of federal, state, and local fair housing laws. The Apartments do not discriminate against any person on the basis of race, color, religion, sex, handicap, familial status or national origin.
- B. Sexual harassment is a form of discrimination that violates fair housing law. The Apartments do not tolerate sexual harassment of its residents or its employees.
- C. Contractor agrees to comply with all federal, state and local fair housing laws. Contractor understands that any act of discrimination or sexual harassment in violation of these laws shall constitute a breach of agreement.
- D. Contractor shall indemnify, defend, and hold harmless the Apartments and AWI Management Corporation, its owner and manager, and their respective partners, directors, officers, employees, servants, agents, representatives, and affiliates against any and all claims, liabilities, demands, actions, suits, damages, losses, injuries, costs, and expenses (including without limitation, all attorney's fees) caused by Contractor's acts or omissions in violation of applicable federal, state, or local fair housing law.
- E. Contractor agrees to comply with the Apartments drug and alcohol free work place policy. The Contractor understands that the policy prohibits employees from bringing alcohol, illegal drugs or other substances onto these premises. It also prohibits employees from working under the influence of alcohol, illegal drugs or other prohibited substances. Any violation of this policy constitutes a breach of contract.

Signature of Owner	Print Name	Date

Company Name	Phone Number

Agent for Owner Signature	Print Name	Date

**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.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <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"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 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 line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
				-				-			
or											
Employer identification number											
					-						

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting 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, 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 for Part II, later.

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.

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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they