

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.



MAIL: PROPERTY NAME
120 CENTER ST
AUBURN CA 95603



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

Your Company's Name: _____ Phone: (____) _____

Mailing Address: _____

Email Address: _____

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

Geographic area(s) or County(ies) served? _____

OWNERSHIP INFO

Partnership Corporation Other: _____

Proprietorship: Social Security # must be provided for Proprietorships and (if applicable) a Federal Tax ID #.

Contractor State License #: _____
Indicate N/A if this does not apply.

Social Security #: _____ - _____ - _____ Federal Tax ID #: _____ - _____

Business License #: _____ Expiration Date: _____

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

Business Owner Name: _____

INSURANCE

Before performing any work at the property the following is required. Certificates may be mailed, emailed or faxed to AWI. See **SUBMISSION OF NEW VENDOR DOCUMENTS** below.

❶ **A CERTIFICATE OF GENERAL LIABILITY FROM YOUR INSURANCE COMPANY MUST BE ON FILE IN OUR OFFICE. PLEASE NAME THE FOLLOWING AS CERTIFICATE HOLDERS:**

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

❷ Does your company have one or more employees? YES NO **IF YES, A CERTIFICATE OF WORKERS COMPENSATION FROM YOUR INSURANCE COMPANY MUST BE ON FILE IN OUR OFFICE. PLEASE NAME THE FOLLOWING AS CERTIFICATE HOLDERS:**

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

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

Signature of Owner _____

Date _____

SUBMISSION OF NEW VENDOR DOCUMENTS

To ensure payment, submit this SIGNED COMPLETED FORM, along with the **NEW VENDOR 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

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

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

Print or type. See Specific Instructions on page 3.	1 Name (as shown 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	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC	<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) ► _____	Exempt payee code (if any) _____
	Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ► _____	<i>(Applies to accounts maintained outside the U.S.)</i>
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.

Social security number											
				-			-				
or											
Employer identification number											
				-							

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

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); and
4. 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.

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 taxpayer 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, later.