

RALEIGH HOUSING AUTHORITY

NEW VENDOR INFORMATION

COMPANY NAME: _____

CONTACT NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

EMAIL: _____

PHONE: _____

OTHER: _____ cell fax

RACIAL/ETHNIC GROUP OF PRIMARY CONTACT (CHECK BOX:)
For US Department of Housing and Urban Development (HUD) reporting purposes.

Racial Categories (select all that apply):

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Ethnic Categories (select one):

- Hispanic or Latino
- Not Hispanic or Latino

Minority-Owned Business? YES NO

HUD Registered? YES NO

Woman-Owned Business? YES NO

Registered with Secretary of State? YES NO

*****THIS FORM MUST BE COMPLETED IN FULL BEFORE A VENDOR NUMBER CAN BE ISSUED*****

A [W-9 FORM](#) MUST BE SUBMITTED WITH NEW VENDOR INFORMATION FORM.

CONTRACTORS: A CURRENT CERTIFICATE OF INSURANCE *MUST* BE SUBMITTED.

List all services vendor can provide:

FORM COMPLETED BY: _____ DATE: _____