

ROBESON COUNTY HOUSING AUTHORITY VENDOR REGISTRATION FORM

MAIL TO: ROBESON COUNTY HOUSING AUTHORITY
ATTN: ACCOUNTS PAYABLE
100 OXENDINE CIRCLE
LUMBERTON, NC 28360

OR

b.huggings@robessonha.org

EMAIL TO: barbara.huggins@co.robeson.nc.us

TAXPAYER

NAME: _____

COMPANY NAME: _____

TAXPAYER IDENTIFICATION# (TIN): Enter your TIN in the appropriate box below. For sole proprietors, this is your social security number. NOTE: The filters name and TIN should be consistent with name used on IRS income tax return. If you operate with a business name, please enter your federal identification number issued by the IRS.

SOCIAL SECURITY NUMBER (Sole Proprietor Only): _____	FEDERAL IDENTIFICATION NUMBER (FIN): _____																								
<u>PHYSICAL ADDRESS</u> ST. ADDRESS: _____ PO BOX: _____ CITY/STATE: _____ ZIP (+4): _____ COUNTY (IF LOCATED IN NC): _____ PHONE NO.: _____ FAX NO.: _____	REMIT TO ADDRESS _____ _____ _____ PHONE NO.: _____ PAYMENT TERMS: EX. (2% 10 N 30) <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">%TERMS</td> <td style="text-align: center;">DUE</td> <td style="text-align: center;">DISC</td> <td style="text-align: center;">PO PAY</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table> <p style="text-align: center;">I=AS INVOICED N=NET</p>	%TERMS	DUE	DISC	PO PAY	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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TYPE OF BUSINESS (PLEASE CHECK ALL THAT APPLY): <input type="checkbox"/> MINORITY OWNED _____ (RACE) <input type="checkbox"/> SECTION 3 CERTIFIED <input type="checkbox"/> WOMEN OWNED ***** CHECK ALL THAT APPLY: <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> NOT INCORPORATED	<u>PLEASE INDICATE PRODUCT(S) OFFERED:</u> _____ _____ _____ _____ _____ _____ _____ _____ _____																								

SIGNATURE: _____ TITLE: _____ DATE: _____

STATE OF NORTH CAROLINA
COUNTY OF ROBESON

AFFIDAVIT of COMPLIANCE
With N.C. E-Verify Statutes

I, _____, (hereinafter the "Affiant"), duly authorized and on behalf of _____, (hereinafter the "Employer"), after being first duly sworn deposes and says as follows:

1. I am the _____ (President, Manager, CEO, etc.) of the Employer and possess the full authority to speak for and on behalf of the Employer identified above.
2. Employer understands that "E-Verify" means the federal E-Verify program operated by the United States Department of Homeland Security and other federal agencies, or any successor or equivalent program used to verify the work authorization of newly hired employees pursuant to federal law.
3. _____ Employer employs 25 or more employees in the State of North Carolina, and is in compliance with the provisions of N.C Gen. Stat. §64-26. Employer has verified the work authorization of its employees through E-Verify and shall retain the records of verification for a period of at least one year.

_____ Employer employs fewer than 25 Employees and is therefore not subject to the provisions of N.C. Gen. Stat. §64-26.
4. All subcontractors engaged by or to be engaged by Employer have or will have likewise complied with the provisions of N.C. Gen. Stat. §64-26.
5. Employer shall keep Robeson County Housing Authority informed of any change in its status pursuant to Article 2 of Chapter 64 of the North Carolina General Statutes.

Further this affiant sayeth not.

This the _____ day of _____, 20__.

Affiant

STATE OF _____
COUNTY OF _____

Sworn to and subscribed before me, this the _____ day of _____, 20__.

Notary Public

[SEAL]

My commission expires: _____

Robeson County Housing Authority
CERTIFICATION OF NO CONFLICT OF INTEREST
And
VENDOR REGISTRATION FORM

By my signature below, I hereby certify that the business relationship between the Robeson County Housing Authority and _____, an entity of which I serve as _____, complies with the following Conflict of Interest provision:

“Neither the Local Authority nor any of its contractors or their subcontractors shall enter into any contract, subcontract, arrangement, in connection with any project, in which any member, officer, or employee of the Local Authority, or any member of the governing body of the locality in which the Project is situated, or any member of the governing body of the locality in which the Authority was activated, or any other public official of such locality or localities who exercises any responsibilities or functions with respect to the Project during his tenure or for one year thereafter has any interest, direct or indirect.”¹

Furthermore, I hereby certify that we will monitor our business relationship with the Robeson County Housing Authority for continued compliance with the Conflict of Interest provision as noted above.

Any determined violations of the Conflict of Interest Provisions shall be grounds for the immediate termination of the business relationship with the Robeson County Housing Authority and may result in civil and/ or criminal penalties in accordance with Federal, State and Local Laws.

I declare under penalty of perjury that the foregoing is true and correct.

Print Full Name

Title

Signature

Date

¹ Annual Contributions Contract – Conflict of Interest Provision (source)