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# United Keetoowah Band Housing Department

## Contractor Application

The United Keetoowah Band of Cherokees of Oklahoma is offering to local businesses and self-employed individuals the opportunity to participate in contracting opportunities. We are compiling a list of eligible contractors. In order to participate, please complete the application and submit requested documents.

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LAST NAME

FIRST NAME

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ADDRESS

CITY

STATE

ZIP

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SOCIAL SECURITY NUMBER

TRIBAL AFFILIATION

---

NAME OF BUSINESS OR CORPORATION

FEDERAL ID NUMBER

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TELEPHONE NUMBER

CELL NUMBER

FAX NUMBER

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EMAIL ADDRESS

Type of Business (General Contractor, Plumbing, Electrical, Heat/Air, Roofing, etc.)

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NO. OF EMPLOYEES \_\_\_\_\_

YEARS OF EXPERIENCE \_\_\_\_\_

SKILLS AND EXPERIENCE \_\_\_\_\_

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LICENSE TYPE

LICENSE #

LICENSING AGENCY

Are you or any of your employees related to employees or council members of the United Keetoowah

Band of Cherokees in Oklahoma?  Yes  No

If yes, please list: \_\_\_\_\_

Have you been convicted of a felony within the last seven years?  Yes  No

If yes, please describe: \_\_\_\_\_

Do you carry General Liability? \_\_\_\_\_ Workman's Comp? \_\_\_\_\_ Vehicle Insurance? \_\_\_\_\_

INSURANCE

TELEPHONE NUMBER

Please list three Professional References:

Name Address Phone

Name Address Phone

Name Address Phone

I represent and warrant that I have read and fully understand the foregoing and that I seek to be considered for contracting under these conditions.

I also understand that if I am selected to perform work and if any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation.

Signature

Date

**BELOW IS TO BE COMPLETED BY THE UNITED KEETOOWAH BAND HOUSING DEPARTMENT.**

**DOCUMENTS REQUIRED TO BE CONSIDERED A COMPLETE APPLICATION:**

- |   |  |
|---|--|
| <input type="checkbox"/> Application signed and dated   | <input type="checkbox"/> Copy of Tribal Membership Card (CDIB) |
| <input type="checkbox"/> W-9 Taxpayer's Information     | <input type="checkbox"/> Copy of Business Liability Insurance  |
| <input type="checkbox"/> Copy of Valid Driver's License | <input type="checkbox"/> Copy of Workman's Comp                |
| <input type="checkbox"/> Copy of Social Security Card   | <input type="checkbox"/> Excluded Parties List System          |

Received by: \_\_\_\_\_

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](http://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.

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2 Business name/disregarded entity name, if different from above

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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.

Individual/sole proprietor or single-member LLC

Q Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=Corporation, S=S corporation, P=Partnership) ▶ \_\_\_\_\_

*Notes: 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.*

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 FATCA reporting code (if any) \_\_\_\_\_

*(Applies to accounts maintained outside the U.S.)*

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5 Address (number, street, and apt. or suite no.) See instructions.

6 City, state, and ZIP code

7 List account number(s) here (optional)

Requester's name and address (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. Also see *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.

<b>Sign Here</b>	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](http://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 1099 (home mortgage interest), 1099-E (student loan interest), 1099-T (tuition)
- Form 1099-G (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

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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.*



## United Keetoowah Band Housing Department

PO Box 746, Tahlequah, OK 74465

18263 W. Keetoowah Circle, Tahlequah, OK 74464

Telephone 918-871-2800

Fax 918-414-4055

Re: Contractors/Vendors

<u>Workers' Compensation:</u>	In accordance with State Workers' Compensation laws for the State in which the work is located.
<u>Commercial General Liability:</u>	Combined single limit for bodily injury and property damage of not less than \$1,000,000.00 per occurrence.
<u>Automobile Liability:</u>	Combined single limit for bodily injury and property damage of not less than \$500,000 per occurrence.

The Contractor is responsible for assuring that each subcontractor also carries the above required minimum insurance coverage and continues such coverage in full force and effect for the construction period and until final acceptance of all work.

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