Renovation Contractor Application

Contractor Requirements and Checklist

Contract Na	ma
Contact Number	Contact Email Address
Loan Office	Lender Name
iew of applic	ovide the following documents to begin the registration process (All documents required prior to cation): ed Renovation Contractor Application
•	Evidence of 5 years relevant experience (Time in business or resume acceptable)
(Full list of all principals owning 10% or more of the company including socials. (Total listed ownership must be at least 90% or letter must be included to indicate status of remaining ownership)
	All questions answered in the contractor disclosure section
	All questions answered in the licensing section
_	Separate general authorization letter completed and signed for all principals owning 10% or more (Print multiple copies if needed. Only one principal per letter)
Evidence	of commercial general liability coverage (Minimum \$500K/occurance)
	Contact Na Contact Number Loan Office Please profiew of applications Complete Graph Grap

Send Documents to:

Copy of any/all licenses or certifications required by any jurisdictions (state, county, city, etc.) in which

Copy of all principals' driver's licenses owning 10% or more of the company

business is conducted.

☐ Completed and signed W9

Copy of Lead Paint Certification, if anyCopy of Asbestos Certification, if anyReference letter from former client

builderapprovals@goldwaterbank.com

Contractor Profile and Registration

CONTRACTOR AND COMPANY INFORMATION											
Contact											
Name											
Company											
Legal Name											
DBA(s), if											
applicable Other Business											
Names Used in Last											
5 Years Street											
Address											
7 dai ess											
City					Sta	:e		Zip			
Office Phone			Fax					Cell			
Email											
Years in			Contrat	ors				Federal T	ax ID		
Business			License	#				Number			
Organization Type	Οco	rporation	O Pa	ırtnership	1	O Sol	e Propr	ietor	O rrc		
LIST OF ALL INDIVIDUALS WHO OWN 10% OR MORE OF THE COMPANY											
(ATTACH SEPARATE PAGE IF NEEDED)									IVIPAIVI		
									VIVIPAINT		
					RATE P		Soci)) al Security	Percent	_	Marital
Owner							Soci))		_	Marital Status
Owner					RATE P		Soci)) al Security	Percent	_	
Owner					RATE P		Soci)) al Security	Percent	_	
Owner					RATE P		Soci)) al Security	Percent	_	
Owner					RATE P		Soci)) al Security	Percent	_	
Owner				H SEPA	Title	AGE IF NE	Soci)) al Security	Percent	_	
Owner	's Full Le	egal Name	(ATTAC	H SEPA	Title	AGE IF NE	Soci	al Security Jumber	Percent	rship	
	's Full Le	egal Name	at least th	E)	Title CPERIEN	NCE	Soci N	al Security Jumber	Percent Owne	rship ar)	Status Date of
Owner Project Name	's Full Le	egal Name	at least th	E)	Title	NCE	Soci N	al Security Jumber	Percent	rship ar)	Status
	's Full Le	egal Name	at least th	E)	Title CPERIEN	NCE	Soci N	al Security Jumber	Percent Owne	rship ar)	Status Date of
	's Full Le	egal Name	at least th	E)	Title CPERIEN	NCE	Soci N	al Security Jumber	Percent Owne	rship ar)	Status Date of
	's Full Le	egal Name	at least th	E)	Title CPERIEN	NCE	Soci N	al Security Jumber	Percent Owne	rship ar)	Status Date of

REFERENCES							
Supplier	Phone						
Contact	Fax						
Address							
Subcontractor	Phone						
Contact	Fax						
Address							
Financial							
Institution	Phone						
Contact	Fax						
Address	INSURANCE						
General Liability							
Insurance Carrie							
Coverage per	Policy						
Occurance	Expiration						
	Agent						
Agent Name	Phone						
- The state of the							
Agent Email							

Contractor Disclosures						
Have you, the company or any of the principals declared bankruptcy within the last 10 years?	O Yes	O No				
Are you, the company or any of the principals, currently a defendant in any Suits or Legal Actions?	O Yes	O No				
Do you, the company or any of the principals, have any outstanding judgments against them?	O Yes	O No				
Have you, the company or any of the principals, ever had a professional license revoked or suspended?	O Yes	O No				
IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE ATTACH A LETTER OF EXPLANATION						
Licensing						
Are you required to have a state issued contractor license for any areas in which you work?	O Yes	O No				
Are you required to have a county issued contractor license for any areas in which you work?	O Yes	O No				
Are you required to have a locality issued contractor license for any areas in which you work?	O Yes	O No				
Are you certified to work on homes with lead based paint?	O Yes	O No				
Are you certified to work on homes with asbestos?	O Yes	O No				
Are there any categories of work (Ex. Electrical Plumbing HVAC) performed by you or your employees (not subcontracted) for which you are required to have a specialty license? (If you answer yes, you must provide a license in your own company name)	O Yes	O No				
FOR EACH YES ANSWER ABOVE YOU MUST ATTACH THE CORRESPONDING LICENSE OR CERT	IFICATION	I IN THE				
NAME OF YOUR COMPANY						
Other Restrictions						
Are there any categories of work (Ex. Electrical Plumbing HVAC) that you cannot perform or that must be subcontracted because you are not licensed or are not insured to perform that type of work? If yes, please list below.	O Yes	O No				
Are you limited to the total bid amount of a project due to licensing or for any other reason? If yes, please specify the maximum	(Yes	∩ No				
value you are licensed to bid on below:						
Are there any other restrictions on the work that you can perform not covered by the preceding questions? If so, please specify below:	O Yes	O No				

ACKNOWLEDGEMENTS

I certify that the above information is true and correct to the best of my knowledge. I understand that any false information, misrepresentation, or omission of the facts may disqualify me/the company from participation in Goldwater Bank N.A. renovation programs and is grounds for immediate revocation of my/the company's approval to participate in Goldwater Bank N.A.'s renovation programs.

To participate in Goldwater Bank N.A.'s renovation program, the Bank requires a contractor be vetted as to previous experience and credit worthiness. In order to evaluate the contractor's qualifications for placement on Goldwater Bank N.A.'s Approved Renovation Contractor List, the undersigned hereby gives its/their unconditional approval to Goldwater Bank to contact business or personal credit reporting agencies for the purpose of determining any derogatory credit, judgments, and/or tax liens. The undersigned further gives their unconditional approval to contact the named references, insurance agents or companies, and to receive updates as may be required until such time as this authorization shall be revoked in writing. Should the contact request verification of the undersigned's authorization to release information to Goldwater Bank, the contact will be provided with a copy of this signature page only for verification.

(Contractor Legal Name)
(Authorized Signature)
(Printed Name and Title)

General Authorization Letter

I have applied to Goldwater Bank, and/or their assigns, for registration as a participating renovation contractor and hereby authorize you to release requested information which may include information deemed necessary in connection with a consumer credit report.

The information is for the confidential use of Goldwater Bank, and/or their assigns, in determining my credit worthiness as a licensed renovation contractor or to confirm information I have supplied.

A fax copy of this authorization may be deemed to be equivalent to the original and may be used as a duplicate original. The original signed form is maintained by Goldwater Bank and/or their assigns.

Social Security Number	-
Date of Birth	_
Street Address	-
City, State Zip	_
	_
Printed Name	
Signature	Date

(Rev. October 2018) Department of the Treasury

Request for Taxpayer **Identification Number and Certification**

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

Internal	Revenue Service	► Go to www.irs.gov/FormW9 for instruc	tions and the latest info	rmation.	- 6		
	1 Name (as shown or	n your income tax return). Name is required on this line; do not	leave this line blank.		2007		
	2 Business name/dis	regarded entity name, if different from above					
Print or type. See Specific Instructions on page 3.	3 Check appropriate following seven bo Individual/sole paingle-member Limited liability Note: Check the LLC if the LLC is another LLC that is disregarded for the control of the LLC in the control of the LLC in another LLC that is disregarded for the laboration of the laboration is disregarded for the laboration of th	rust/estate	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)				
bed	Other (see instri	(Applies to accounts maintained outside the U.S.) and address (optional)					
Se	6 City, state, and ZIF 7 List account number						
Par	Taxpave	er Identification Number (TIN)					
					curity number		
reside	ent alien, sole proprie es, it is your employe	ndividuals, this is generally your social security number etor, or disregarded entity, see the instructions for Part er identification number (EIN). If you do not have a num	I, later. For other	or	-	-	
					identification number		
Number To Give the Requester for guidelines on whose number to enter.					- 1		\Box
Par	Certifica	ation					
	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 Signature of Here U.S. person ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise

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.

Form W-9 (Rev. 10-2018) Cat. No. 10231X