RENOVATION CONTRACTOR APPLICATION

Contractor Name

Contractor Requirements & Checklist

	Contractor Hame	
•	Contact Name	
	Phone Number	
•	Lender	
-	Loan Officer	
	□ A m □ Full (att □ All □	a and acceptance of GWB's Contractor Profile and Registration form. Ininimum of 5 years of relevant experience is required Iist of all principals owning 10% or more of the company including socials each separate page if needed) Questions answered in the builder disclosure section Questions answered in the licensing section
	Copy of con	neral authorization letter completed for all principals owing 10% or more tractor's commercial insurance policy or policies indicating an acceptable eral liability coverage.
	Copy of any	/all licenses or certifications required by any jurisdictions (state, county, which business is conducted.
	• • •	d Paint Certification, if any
		etter from previous client
	W-9	·

Send Documents To:

BuilderApprovals@goldwaterbank.com

Contractor registration can take up to two weeks. Once the builder is registered, notification will be sent by the Construction Lending Department.

Contractor Profile and Registration

CONTRACTOR AND COMPANY INFORMATION													
Builder Name						Tax ID Nun	nber						
Company Legal Name													
DBA(s), if applicable													
Address													
City				State					Zip				
Office Phone:				Fax					Cel				
Email													
Date Established			Is Your C		у			ars in					
Organization Type		Corpo	Incorporation		artne	ership		<u>siness</u> Sole Proprie	tor		П	LC.	
Organization Type		_ co.po				BUSINESS		Joie Froprie					
Company Name		Type of O			wner(s) Full Legal		Ownership %			Yrs in Bus		siness	
				1101111									
Real estate investment gr of additional companies/													
L	IST OF A	LL IND	IVIDUAL			re none. VN 10% OR	MOI	RE OF THE	COM	1PAN	ΙΥ		
			_			E PAGE IF							
Owner(s) Full Legal Name			Title Social Securit			Percentage of Ownership	: Ma	ırried	Sin	gle	Sepa	rated	
If in business under a c	lifferent n	ame in	the last 5	years,	plea	se indicate:				<u> </u>			
				FY	(DFD	RIENCE			_				
Provide on information of	on at least	t three p	rojects co				organi	ization withi	n the	last	year.		
Project Name	Project	Locatio	<u> </u>		onta	oct	Cont	ract Amou	nte			Date of	
Project Name	Project	Locatio)II		Contact		Contract Amounts				Completion	n	

		REFERE	NCES				
Supplier/ Subcontractor				Туре			
Contact		Phone		Fax			
Address							
Supplier/				Туре			
Subcontractor Contact		Phone	T	Fax			
		Priorie		rax			
Address							
Supplier/ Subcontractor				Туре			
Contact		Phone		Fax			
Address			<u> </u>	I			
Financial				Contact			
Institution Phone				Fax			
				Tux			
Address							
Estimated Volume	Financed						
		TNCUD	ANCE		_	_	_
General Liability In	ocuranco Carrior	INSUR	ANCE	Phone			
Agent	isurance Carrier			Policy #:			
Expiration Date				Coverage Amt			
PLEASE ANSWER THE FOLLOWING QUESTIONS							
Have you, the company or any of the principals, declared Bankruptcy within the last 10 years?							□No
		rincipals, currently a Def				Yes	□No
		incipals, have any outstand your principals. ever had you				☐Yes ☐Yes	□No □No
suspended?							
IF YOU HAVE	IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE ATTACH A LETTER OF EXPLANATION.						
Licensing							
		d contractor license for a	any areas in whi	ch you work? If	yes,	□Yes	□No
attach your license. Are you required to have a county issued contractor license for any areas in which you work? If yes,						Yes	□No
attach your license(s).							
Are you required to have a locality issued contractor license for any areas in which you work? If yes, attach your license.						□Yes	□No
Are you certified to work on homes with lead based paint and asbestos? If yes, attach your certification for both.					□Yes	□No	
Are there any types of work (Ex: Electrical, HVAC, plumbing etc.) that you cannot perform or that must					□Yes	□No	
be subcontracted because you are not licensed or are not insured to perform that type of work? If yes, please list below:							
Are you required to have a license for any specific types of work that you perform? (Ex: Electrical, HVAC, plumbing etc.) If yes, please attach your license.						□Yes	□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 value you are licensed to bid on below:						□Yes	□No
Are there any other restrictions on the work that you can perform not covered by the preceding questions? If so, please specify below:						□Yes	□No
- questions: 11 30, p	neade openity below					1	<u> </u>

Please submit the following documentation along with this completed Contractor Profile Form:

- 1. Completion and acceptance of GWB's Contractor Profile and Registration form.
 - a. A minimum of 5 years of relevant experience is required
 - b. Full list of all principals owning 10% or more of the company including socials (attach separate page if needed)
 - c. All questions answered in the builder disclosure section
 - d. General authorization letter completed for all principals owing 10% or more
- 2. Copy of contractor's commercial insurance policy or policies indicating an acceptable level of general liability coverage.
- 3. Copy of any/all licenses required by the state in which business is conducted.
- 4. W-9

ACKNOWLEDGMENTS

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.

(Contractor Name)	
(Authorized Signature)	
By:	
(Printed Name and Title)	

General Authorization Letter

To Whom It May Concern:

I have applied to Goldwater Bank N.A., and/or assigns, for registration as a participating contractor in the Goldwater Bank N.A., renovation programs 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 N.A., and/or assigns, in determining my credit worthiness as a licensed 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 N.A., and/or assigns.

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

(Rev. December 2011) Department of the Treasury

Request for Taxpayer Identification Number and Certification

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

Interna	i Hevenue Se	ervice								
Print or type Specific Instructions on page 2.	Name (as	shown on	your income tax return)							
	Business	Business name/disregarded entity name, if different from above								
	Check appropriate box for federal tax classification: Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership)									
ਵ ਦੂ		1	tructions) ► treet, and apt, or suite no.)	equester's name and address	(optional)	—				
pec	,	Tradector of the tradec								
8	City, state	City, state, and ZIP code								
	List accou	List account number(s) here (optional)								
Pai	tl .	Taxpay	ver Identification Number (TIN)							
Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3. Note If the account is in more than one name, see the chart on page 4 for quidelines on whose										
Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.						آ				
Par	t II	Certific	eation							
	•		y, I certify that:							
			n this form is my correct taxpayer identification number (or I am waiting for a r							
Se	 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 a	m a U.S. c	itizen or	other U.S. person (defined below).							
becau intere gener	use you ha st paid, ac	ive failed equisition ents othe	ns. You must cross out item 2 above if you have been notified by the IRS that to report all interest and dividends on your tax return. For real estate transact or abandonment of secured property, cancellation of debt, contributions to a er than interest and dividends, you are not required to sign the certification, but	tions, item 2 does not app an individual retirement arr	ly. For mortgage angement (IRA), an	nd				
Sign Here	- Oigi	nature of	Date	•						

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien.
- · A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or

A domestic trust (as defined in Regulations section 301,7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.