



Choctaw Nation of Oklahoma

Housing Authority

PO Box G • 207 Jim Monroe Rd.
Hugo, OK 74743
(580) 326-7521 • Fax (580) 326-7641

Gary Batton
Chief

Jack Austin, Jr.
Assistant Chief

Cover Sheet for Contractor Application

Mail Packet to:

Housing Authority of the Choctaw Nation Procurement Office
209 Jim Monroe Rd
Hugo, OK. 74743
Phone: 580-326-8820
Fax: 580-326-8166

Email: vwhisenhunt@choctawhousing.com

pswitzer@choctawhousing.com

Please send back the following paperwork:

1. Completed Contractor application
2. Current W-9 (attached)
3. General liability Insurance (if applicable) / Copy of Auto Insurance
4. Workers Compensation Insurance (If applicable)
5. Indian Preference Declaration of Ownership-must be 51% owner of company (see attached).
Include a copy of CDIB.
6. Copy of all licenses. Such as: Roofing, Plumbing, Electrical, and HVAC, ETC.
7. All jobs must be subcontracted out to a specialty license contractor **IF** the general contractor does not hold the license themselves.
8. **ALL BIDS, INVOICES AND DOCUMENTS ARE TO BE EMAILED TO**
housingbid@choctawnation.com
9. **All Vendor updates (license, addresses, phone numbers, ETC.) will continue to be sent to**
vwhisenhunt@choctawhousing.com / pswitzer@choctawhousing.com
10. **It is the Contractors responsibility to make sure that their insurance, licenses is turned in on the day of expiration or they will become ineligible.**

****SPECIALITY LICENSES INCLUDE: HVAC, PLUMBING, ELECTRICAL, ROOFING, AND PEST CONTROL****

Housing Authority of the Choctaw Nation

209 Jim Monroe Rd. Hugo, OK 74743

Phone: 580.326.8820 Fax: 580.326.8166

Contractor Application

Name of Enterprise: _____

Address: _____ City/State _____ Zipcode: _____

Phone: _____ Fax: _____

Email address: _____ Name of Contact person: _____

Type of Work:

- General Contractor _____
- Sub-Contractor _____
- Type of Specialty _____
**i.e. Electrical, plumbing, HVAC, well drilling, etc.

Copy of License #: _____ Expiration Date: _____

(If applicable)

Are you willing to perform work in all 10 ½ counties of the Choctaw Nation of Oklahoma?

Yes No if no, what counties will you perform in? _____

Are you related to any employee of the Housing Authority of the Choctaw Nation? Yes No

If yes, name of employee _____ Relationship: _____

In order to apply for "Indian Preference" in awarding of contracts. Indian ownership must constitute no less than 51% of the enterprise, per section 3 of the Indian Financing Act of 1974.

Please attach a copy of the following documents with the submission of this application:

- ✓ General Liability Insurance (Minimum amount of \$300,000) and Workers compensation Insurance Certificates.
- ✓ Completed W-9

Signature: _____ Date: _____

If you have any question please contact:

Vickie Whisenhunt Phone: 580.326.8820 Email: vwhisenhunt@choctawhousing.com

Clint Jefferson Phone: 580-326.8820 Email: cjefferson@choctawnation.com

Request for Taxpayer Identification Number and Certification

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

▶ Go to 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.	
2 Business name/disregarded entity name, if different from above	
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. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: 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. <input type="checkbox"/> 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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (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								
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OR								
Employer identification number								
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Part II Certification

Under 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 Here	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.

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.

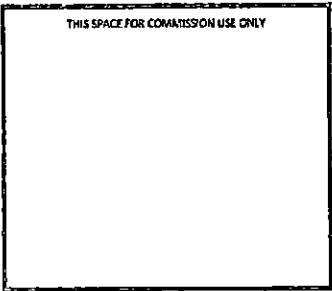
CC-FORM-36A

File original and one (1) copy with the Workers' Compensation Commission (WCC) in-person or by mail, or file online at www.ok.gov/wcc.

Must be accompanied by a nonrefundable \$50 filing fee payable to the WCC.

CHECKS WILL NOT BE ACCEPTED.

WORKERS' COMPENSATION COMMISSION
1915 NORTH STILES AVENUE STE 231
OKLAHOMA CITY, OK 73105



AFFIDAVIT OF EXEMPT STATUS UNDER THE ADMINISTRATIVE WORKERS' COMPENSATION ACT

- Type of Filing (check one): Original Affidavit of Exempt Status - Expires at midnight two (2) years from the filing date.
 Renewal - Expires at midnight two (2) years from the expiration date indicated below.
If renewing a current Affidavit, provide: Affidavit # _____ and Expiration Date: _____

I, _____, state under penalty of perjury, as follows:

1. I, _____ (Name of individual), in my individual capacity or operating as _____ (business name), have read, signed and attached the Exempt Status Fact Sheet and understand the definition of "employee" and specific exceptions to that definition found in 85A O.S. §2(18). I also understand that an Independent Contractor is one who engages to perform certain services for another, according to his own manner, method, free from control and direction of his contractor in all matters connected with the performance of the service, except as to the result or product of the work. A Contractor may be either (i) the owner of a project or job or (ii) an Independent Contractor in any tier who has subcontracted with a subcontractor.
2. I understand that based upon the representations in this Affidavit of Exempt Status ("Affidavit"), I am requesting that the recipient of this Affidavit consider my business to either (i) be exempt from the definition of "employee" or (ii) be that of an independent contractor, and that no workers' compensation insurance premium be charged for the services performed by my business. I do not want workers' compensation insurance and understand that I am not eligible for workers' compensation benefits.
3. In the event changed circumstances make securing compensation pursuant to the requirements of the Administrative Workers' Compensation Act necessary, I will execute and file a Cancellation of Affidavit of Exempt Status with the Workers' Compensation Commission. I will obtain workers' compensation and employers' liability insurance for my employees if I have employees, unless they are otherwise exempt from the requirements of the Administrative Workers' Compensation Act.
4. The information I have provided is not the result of force, threats, coercion, compulsion or duress.
5. I understand that the execution of this Affidavit, if I am an independent contractor, shall establish a conclusive presumption that I am not an employee for purposes of the Administrative Workers' Compensation Act.
6. I understand that the execution of this Affidavit shall not affect the rights or coverage of any employee of the individual or business executing this Affidavit.
7. I understand if any contractor or its insurer shall become liable under the Administrative Workers' Compensation Act for the payment of compensation due to a compensable work related injury of my employee(s), the contractor or its insurer may recover from me the amount of such compensation paid or for which liability is incurred.
8. I understand that knowingly providing false information on an executed Affidavit of Exempt Status shall constitute a misdemeanor punishable by a fine not to exceed One Thousand Dollars (\$1,000.00).

Affiant Signature

I declare under PENALTY OF PERJURY that I have examined all statements contained herein, and to the best of my knowledge and belief, they are true, correct and complete.

Affiant Name _____ Title _____ Phone _____

Business Name _____ Email _____

FEIN/EIN/TIN # _____ Mailing Address _____

Affiant Signature _____ Date _____

Any person who commits workers' compensation fraud, upon conviction, shall be guilty of a felony punishable by imprisonment, a fine or both.

It is a crime to falsify the information on this form.

Effective 1/2/19

EXEMPT STATUS FACT SHEET

Pursuant to 85A O.S., §36, any individual or business entity that is not required to secure compensation under the requirements of the Administrative Workers' Compensation Act (AWCA) may execute an Affidavit of Exempt Status. Those who are unsure as to whether they may lawfully submit an Affidavit of Exempt Status should seek competent legal advice.

Employee: 85A O.S., §2(18): The definition of "employee" includes any person, including minors, in the service of an employer under any contract of hire or apprenticeship, written or oral, expressed or implied. It excludes those whose employment is casual and not in the course of the trade, business, profession, or occupation of his or her employer. Additional, specific exceptions may be found in 85A O.S. §2(18)(b).

Independent Contractor: The AWCA does not define "independent contractor." Oklahoma law considers an independent contractor to be one who engages to perform certain services for another, according to his or her own manner and method, free from control and direction of his or her contractor in all matters connected with the performance of the service, except as to the result or product of the work. Independent Contractors are not "employees" for purposes of the AWCA.

Below are statements to help you decide if you are an independent contractor. **No one statement is controlling, and your status is based on all the facts in your situation.**

1. The nature of the contract between you and the contractor. For example: Is there a written contract where you agree that you are an independent contractor? Are you a corporation or limited liability company? Do you maintain commercial general liability insurance or other business insurance?
2. The contractor exercises very little control over your work. For example: By the agreement, can the contractor exercise control on the details of the work or your independence? Do you exercise control over most of the details of the work? Do you create plans or specifications for the job? Do you set your own work hours?
3. You are engaged in a distinct occupation or business for others. For example: Do you work for companies or individuals other than the Contractor? Do you work for competitors of the Contractor? Does your business have a logo or uniform?
4. Your job is the kind of occupation where the work is usually performed by a specialist without supervision, and not under the direction of the contractor. For example: Does the Contractor supervise your work?
5. Your occupation requires special skills, license, education or training.
6. The contractor does not supply the things needed to perform your job such as the tools and the place of work. For example: Do you supply any of the materials or tools for the work? Do you operate a vehicle owned by the contractor? Do you perform the work at your business or the contractor's business location or jobsite? Do you wear a uniform supplied by the contractor?
7. The length and duration of the job does not show that you are really an employee. For example: Is this a one-time job, or will you be doing this for the contractor regularly?
8. You are paid as a separate contractor, not as an employee. For example: Do you invoice the Contractor for your services? Are you paid by the job? Do you file a federal income tax return for your business? Do you expect to receive an IRS Form 1099 from the Contractor? Does the Contractor pay your expenses?
9. Your work is not the regular business of the employer. For example: Is your work customarily done in the Contractor's line of business or as part of the Contractor's daily work? Have you ever been an employee of the Contractor? Do you work with other people hired by the Contractor on the work you perform?
10. You do not consider yourself an employee of the contractor. For example: Will the Contractor withhold taxes or monies from your payment? Have you ever been an employee of the Contractor? Have you or your employees ever filed an insurance claim against the Contractor?
11. You do not have the right to terminate the relationship without liability. For example: If you quit before the job is finished, is there a penalty?

It is a crime to falsify the information on this form.

Effective 1/2/19



Choctaw Nation of Oklahoma

Housing Authority

PO Box G • 207 Jim Monroe Rd.
Hugo, OK 74743
(580) 326-7521 • Fax (580) 326-7641

Gary Batton
Chief

Jack Austin, Jr.
Assistant Chief

Indian Preference Declaration of Ownership

In order to apply for "Indian Preference" in the awarding of contracts, Indian ownership must constitute not less than 51% of the business, per Section 3 of the Indian Financing Act of 1974.

Company Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

To be considered for Indian Preference with the Choctaw Housing Authority, please supply the following schedule of member(s) information:

CDIB: Yes _____ No _____

CDIB: Yes _____ No _____

% of Ownership: _____

% of Ownership: _____

Printed Name: _____

Printed Name: _____

Signature: _____

Signature: _____

CDIB: Yes _____ No _____

CDIB: Yes _____ No _____

% of Ownership: _____

% of Ownership: _____

Printed Name: _____

Printed Name: _____

Signature: _____

Signature: _____

By signing, I certify this information is true and correct to the best of my knowledge.