

Alameda County Health Care Services Agency (HCSA) Housing Assistance Fund – Business Vendor Update Form

Instructions. This form is for property owners and managers to complete on behalf of tenants or residents approved to receive one-time housing related financial assistance from Alameda County. Housing assistance funds can be used for security deposits and rental expenses only. Please complete this form along with an original invoice and original W-9 form both forms with signatures to ensure timely payment to you by the County. This vendor and W-9 forms are only required once to create a payment account within Alameda County. **E-mail, Fax, or Mail this Form to:**

Housing Services Office - ATTN: Martin Pacheco
1404 Franklin St., STE 200; Oakland, CA 94612
E-mail: HSO@acgov.org; Fax: (877) 341-5867; Phone: (510) 891-8930

Is an Alameda County Employee/Board Member/Commissioner affiliated with this business? Yes No

Full Legal Name of Business: _____

Doing Business As (DBA) Name (if applicable): _____

Type of Business Entity (Select ONE): Individual Sole Proprietor Partnership
 Corporation Tax-Exempted Government or Trust

Check the boxes that apply to Alameda County payments you may receive:

Rents/Leases Rents/Leases paid to you as the agent

Business Federal Tax ID Number (required): _____

Business Mailing Address - PO Box/Street Address: _____

City: _____ State: _____ Zip Code: _____

Is the business located in Alameda County? Yes No If yes, how long? _____ Yrs _____ Mos.

Business/Vendor Contact Name: _____

Business/Vendor Contact Phone #: _____ Fax #: _____

Business/Vendor E-mail Address: _____

Is this business a publicly traded entity, a public school, or government? Yes No

Is this business a non-profit or a faith-based organization? Yes No

If "Yes" to one of the above, please skip Ethnicity/Gender questions below. The collection of business ethnicity and gender data is for statistical and demographic purposes only. Please check the ONE most applicable in each category that describes the ethnic and gender makeup of your business.

Ethnicity:

- | | | |
|--|---|--|
| <input type="checkbox"/> African American or Black (> 50%) | <input type="checkbox"/> Hispanic or Latino (> 50%) | <input type="checkbox"/> Asian (> 50%) |
| <input type="checkbox"/> American Indian or Alaskan Native (> 50%) | <input type="checkbox"/> Native Hawaiian or other Pacific Islander (> 50%) | |
| <input type="checkbox"/> Multi-ethnic minority ownership (> 50%) | <input type="checkbox"/> Multi-ethnic ownership (50% Minority – 50% Non-Minority) | |
| <input type="checkbox"/> Caucasian / White (> 50%) | | |

Gender: Female (> 50% ownership) Male (> 50% ownership)