

**HOUSING AUTHORITY OF THE CITY OF LOS ANGELES
VENDOR APPLICATION INSTRUCTIONS (FOR FILMING ONLY)**

Thank you for applying to do business with the Housing Authority of the City of Los Angeles. Before you send your application, please make sure you include the following items:

- **HACLA Vendor Application Form**
 - Must be completely filled
 - Must be signed by business owner on page 2

- **Automatic Direct Deposit Authorization**
 - Must be completely filled
 - Must be signed by the business owner(s)
 - Include and verify the routing number and the account number
 - Must include a voided check if providing a checking account
 - Must include a letter from the financial institution verifying the routing and account numbers in absence of a voided check

Mail, hand-deliver or email all the above documents to the address at the end of your application form.

Please be advised that this process will take approximately three (3) business days, from the date we receive it, to complete before you are able to start doing business with HACLA.



VENDOR APPLICATION FORM

Housing Authority of the City of Los Angeles

General Services Department

(Filing)

A: COMPANY OVERVIEW

NEW APPLICANT ADD / UPDATE

COMPANY NAME/ OWNER NAME IF SOLE PROPRIETOR	DOING BUSINESS AS (if applicable)
DIVISION OF: SUBSIDIARY OF:	
FEDERAL TAX-ID NUMBER	SOCIAL SEC. NO. (SOLE PROPRIETORS ONLY)

B: PRIMARY CONTACT INFORMATION

CONTACT PERSON - FULL NAME	TITLE	OFFICE PHONE NUMBER	
E-MAIL ADDRESS	CELL PHONE NUMBER	FAX NUMBER	
PHYSICAL ADDRESS <small>This is where the business is located; A physical address must be provided</small>	STREET ADDRESS		WEBSITE
	CITY	STATE	ZIP
REMITTANCE ADDRESS <small>Same as physical address For back-up use only, vendors will be primarily paid via direct deposit</small>	STREET ADDRESS		
	CITY	STATE	ZIP

All HACLA vendors will be paid via direct deposit.
 To be eligible to become a HACLA vendor, you must complete the attached "Authorization for Automatic Deposit" form.

G : CERTIFICATIONS / DECLARATIONS

The undersigned hereby certifies that neither the applicant, a principal nor any person (or concern) in any connection with the applicant officer or business entity is now debarred, or currently in debarment proceedings, or otherwise declared ineligible by any local, state or federal government agency from making offers or furnishing materials, supplies or services to any government agency.

The undersigned hereby certifies that neither a real nor apparent conflict of interest exists. Specifically, the undersigned certifies that no employee, officer or agent of the Housing Authority has participated in the selection, award or administration of any Housing Authority contract. A conflict of interest, real or apparent, would be involved where the employee, officer or agent of the Housing Authority, is a member of the Vendor's family; or an organization which employs, or is about to employ either a Housing Authority employee, or a family member of the Housing Authority's employee. A family member includes: father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother, half-sister, and domestic partners.

The undersigned hereby certifies that the information contained herein (including all attachments) is true and correct. Misrepresentation may be cause for removal from the Housing Authority's vendor list and will be subject to any other penalties allowed by law. The undersigned or an authorized representative of the firm must notify the Housing Authority of any changes to the information contained herein. Failure to do so may result in lost opportunities of receiving bids or removal from the vendor list.

The undersigned hereby acknowledges a three-year records retention requirement and the Housing Authority's right to access and examine vendor records related to HACLA matters on-site.

I declare under penalty of perjury of the laws of the State of California that the foregoing is true and correct. I further declare under penalty of perjury of the laws of the State of California that I have the authority to provide this information and certifications for the business entity, principals and officer holders, described herein.

_____	_____
Print Name (Authorized Signatory)	Title
_____	_____
Signature	Date

Mail or hand-deliver original application to:
Housing Authority of the City of Los Angeles
General Services Department
ATTN: Vendor Applications Processing
2600 Wilshire Blvd
Los Angeles CA 90057

or email to:
Hacla.iSupplier@hacla.org

