BUILDER PACKAGE COVER SHEET

The information below is required and automatically populates throughout the included documents for your convenience. Please review all documents and complete any missing information.

1. **BUILDER COMPANY NAME**:
2. **BUILDER NAME**:
3. **BUILDER COMPANY ADDRESS**
    - **STREET ADDRESS**:
    - **CITY:**
    - **STATE**: **ZIP**:
4. **COMPANY CONTACT INFORMATION**
    - **PHONE NUMBER**:
    - **MOBILE NUMBER**:
    - **FAX NUMBER**:
    - **EMAIL ADDRESS**:
5. **BUILDER LICENSE NUMBER**:
6. **BORROWER NAME**:
7. **CO-BORROWER NAME**:
8. **JOB PROPERTY ADDRESS**:

We also require the following information about your project:

9. **ESTIMATED DAYS TO OBTAIN PERMITS AND COMPLETE ALL WORK**:
10. **REQUESTED NUMBER OF DRAWS**:

PLEASE PROVIDE A COPY OF THE FOLLOWING BUILDER DOCUMENTS:

- Builder's License(s)
- General Liability Insurance
- Workman's Comp
- W-9
- Government Issued Photo ID.
- VA Builder Registration (if applicable)

If you have any questions or need any assistance, please contact the Construction Department at **1-844-751-8150**

Contractor/Builder Questionnaire

This form is to be used as a pre-close contractor or home builder questionnaire

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Supporting Documentation

Please attach the following documents to this questionnaire to support the review process.

☐ Contractor License(s) ☐ IRS W-9

☐ General Liability Insurance ☐ Worker's Comp Insurance (if applicable)

Contractor Company Information

Company Name:

DBA - Doing Business As - (DBAs)

Parent Company Name

Street Address

City:

State:

Zip:

Principals/Owners

First Name:

Last Name:

Phone:

Email Address:

First Name:

Last Name:

Phone:

Email Address:

License Holder

Name:

License #:

Is the person completing this form an owner?

If No, was answered, complete the following:

☐ Yes ☐ No

First Name:

Last Name:

Authorized Signer: ☐ Yes ☐ No

Background Information

Is the company or any member, officer or partner currently involved in litigation?
If Yes, use extra space at bottom of page for explanation.

☐ Yes ☐ No

Does the company or any member, officer or partner have any judgments, liens, or garnishments?
If yes, use extra space at bottom of page for explanation.

☐ Yes ☐ No

Does the company carry Workman's Compensation insurance? ☐ Yes ☐ No

If no, please complete questions below.

☐ The company has no employees. All work is subcontracted, and the Company is not required to be insured for worker's compensation.

☐ The Company has elected to be exempt and filed all required documents with the State.

☐ Worker's Compensation is included in my State's licensing.

☐ Other:

Construction Experience

Years in Business Under This Company Name

Years in Business

Type of Construction Projects: ☐ Multi-Family ☐ Factory Built ☐ Residential New Construction 1-4 Unit ☐ Commercial (CRE) ☐ Residential Renovation ☐ Other:

Residential Renovation History

Number of projects started in the last 12 months:

Number of projects completed in the last 24 months:

Number of projects in progress:

Average Project Size:

Average Project Cost:

Commercial Construction History

Number of projects started in the last 12 months:

Number of projects completed in the last 24 months:

Number of projects in progress:

Average Project Size:

Average Project Cost:

Residential New Construction History

Number of houses started in the last 12 months:

Number of houses completed:

Homes Currently Under Construction:

Average Project Size:

Average Project Cost:

Trade & Specialization

Please describe the trades your company performs

Authorization

All Business Information, Personal Information (in cases of a sole proprietor where a social security number is used), and other information provided by the undersigned may be used to verify, obtain copies of records, and confirm information related to you or your company's business performance, reputation score, criminal record, and financial screening (including, without limitation, bankruptcies, liens, claims, and civil judgments). The undersigned authorizes Land Gorilla to provide the Taxpayer Identification Number (which may be a social security number for sole proprietors) provided with the Company application, forms, and/or questionnaires, along with financial account numbers and other information, all of which constitute Business Information, to third-party information processing services selected by Land Gorilla. All information submitted also may be used in association with our evaluation and reporting services to clients and end-users. Land Gorilla will share Business Information and other information to carry out all the foregoing activities with the intention of making this information available in the form of a service delivered to our clients and end-users. Please refer to our privacy policy at www.LandGorilla.com/privacy-policy for more information.

Authorized Signature:

Date Signed:

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See ***Specific Instructions*** on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–		–				

or

Employer identification number

		–							

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**

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*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Renovation and Construction Wire Transfer Form

***PLEASE VERIFY WIRING INSTRUCTIONS WITH YOUR FINANCIAL INSTITUTION**

Customer Name- _____

Builder/Contractor Name- _____

Builder/Contractor email address- _____

Banking Information

Bank Name- _____

Bank Corporate Address- _____

_____

Account Holder Name- _____

Account Holder full address - _____

_____

ABA / Routing Number - _____

Account number - _____

*Please note; Provide incoming wire transfer routing number, not checking accounting routing number. Confirm correct information with bank. **If wire is returned for incorrect bank information NAF will not be responsible for reimbursing any return bank fees, if this is not a mistake of NAF.**

Signature & Date-_____

WORKERS COMPENSATION EXEMPTION FORM

COMPANY _____

NAME _____

ADDRESS _____

PHONE # _____

DATE _____

This Statement Of Exemption from Workers Compensation is made on the above mentioned Date for the above mentioned Company. The following statements marked apply:

☐ The company has no employees. All work is subcontracted, and the Company is not required to be insured for workers compensation.

☐ Workers compensation insurance is optional in the State of _____ ("State"). The Company has elected to be exempt and filed all required documents with the State.

☐ Worker's Compensation is included in my State's licensing fees.

☐ Other: _____

_____

_____

_____

By signing below I acknowledge that I am an authorized representative of the above mentioned company and the above applied statements are true and correct.

NAME OF AUTHORIZED SIGNER _____

TITLE _____

SIGNATURE _____