



Contractor Application

Thank you for your interest in becoming an approved contractor for housing rehabilitation programs administered through the HomeOwnershipCenter (HOC). Together we can revitalize our local neighborhoods through a safe and healthy housing stock.

Why work with us?

- Approximately \$1.2 million paid out last year to local contractors
- Residential project budgets range from \$15,000 to \$80,000
- Properties located throughout the Mohawk Valley
- Fast payments

How to Apply:

1. Review the General Construction Information Guide
2. Complete the Contractor Application
3. Submit any/ all EPA certifications
4. Submit insurances
5. Submit W-9

If you have any questions, please contact Anthony Hildenbrandt at 315-724-4197 or AHildenbrandt@unhs.org.





Contractor Application

IN ORDER TO QUALIFY AS A CONTRACTOR, EACH QUESTION MUST BE ANSWERED ACCURATELY. THIS INFORMATION WILL REMAIN IN OUR FILES AND WILL BE KEPT CONFIDENTIAL.

UPON APPROVAL OF YOUR APPLICATION AND VERIFICATION OF YOUR REFERENCES, YOU WILL BE PLACED ON OUR CONTRACTOR BIDDERS LIST.

NAME OF COMPANY _____

BUSINESS ADDRESS _____

CONTACT PERSON _____

BUSINESS TELEPHONE _____ **OTHER TELEPHONE** _____

E-MAIL ADDRESS _____

BUSINESS ORGANIZATION: CHECK ONE

CORPORATION

PARTNERSHIP

SOLE PROPRIETOR

NUMBER OF YEARS IN BUSINESS _____

DO YOU HAVE WORKERS OTHER THAN PARTNERS OR CORPORATE MEMBERS?

YES

NO

DO YOU SUBCONTRACT WORK? YES NO SOMETIMES

CHECK ALL TRADES YOUR FIRM IS COMPETENT AT:

CARPENTRY

EXTERIOR PAINTING

STORM WINDOWS

DRYWALLING

INTERIOR PAINTING

SIDING

PLASTERING

SANDBLASTING

INSULATION

TILING

GLAZING

ROOFING

MASONRY

HEATING

PLUMBING

ELECTRICAL

OTHER

WHICH OF THE ABOVE DO YOU SPECIALIZE IN? _____

ARE YOU LICENSED? YES NO NOT APPLICABLE

DO YOU PREFER NEW CONSTRUCTION? YES NO

ARE YOU WILLING TO PERFORM WORK ON OLD CONSTRUCTION? YES NO

WHAT IS THE SMALLEST JOB YOU WILL PERFORM? DOLLAR AMOUNT \$ _____

WHAT IS THE LARGEST JOB YOU WILL PERFORM? DOLLAR AMOUNT \$ _____

LIST YOUR LAST THREE JOBS FOR REFERENCE CHECK:

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE #:</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

WOULD YOU BE AVAILABLE FOR EMERGENCY WORK?

YES NO NOT APPLICABLE

LIST YOUR MATERIAL SUPPLIERS:

<u>NAME</u>	<u>PHONE #</u>
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_____	_____
_____	_____
_____	_____
_____	_____

DO YOU HAVE A CREDIT LINE WITH YOUR SUPPLIERS? YES NO

HAVE YOU PERFORMED WORK THROUGH ANY SIMILAR COMMUNITY HOUSING ORGANIZATIONS?

YES NO

IS YOUR CONTRACTOR'S LIABILITY INSURANCE UP-TO-DATE? YES NO

IF YES, SUBMIT A COPY OR COMPLETE THE FOLLOWING:

NAME OF INSURANCE CO. _____

POLICY NUMBER _____

EXPIRATION DATE _____

AGENT'S NAME _____

AGENT'S PHONE NUMBER _____

IS YOUR WORKMAN'S COMPENSATION POLICY UP-TO-DATE?

___ YES ___ NO

IF YES, SUBMIT A COPY OR COMPLETE THE FOLLOWING:

NAME OF INSURANCE CO. _____

POLICY NUMBER _____

EXPIRATION DATE _____

AGENT'S NAME _____

AGENT'S PHONE NUMBER _____

EMPLOYER IDENTIFICATION NUMBER (EIN) _____

IS YOUR COMPANY EPA CERTIFIED LEAD RENOVATION, REPAIR, AND PAINTING (RRP)?

YES ___ NO ___

IS YOUR COMPANY EPA CERTIFIED? YES ___ NO ___

IS YOUR COMPANY EPA CERTIFIED TO COMPLETE LEAD ABATEMENT? YES ___ NO ___

IF YOUR COMPANY IS LEAD ABATEMENT CERTIFIED PLEASE FILL OUT THE INFORMATION BELOW.

COMMERCIAL AND GOVERNMENT ENTITY (CAGE) _____

DATA UNIVERSAL NUMBERING SYSTEM (DUNS) _____

HAVE YOU OR YOUR COMPANY EVER BEEN EXCLUDED FROM RECEIVING FEDERAL CONTRACTS, CERTAIN SUBCONTRACTS, AND CERTAIN TYPES OF FEDERAL FINANCIAL AND NON-FINANCIAL ASSISTANCE AND BENEFITS? (EXCLUSIONS ARE ALSO REFERRED TO AS SUSPENSIONS AND DEBARMENTS).

YES ___ NO ___

- ❖ PLEASE SUBMIT:
 - ALL EPA CERTIFICATIONS: FIRM CERTIFICATION, RRP, LEAD WORKER, AND LEAD SUPERVISOR
- ❖ PLEASE SUBMIT LIABILITY INSURANCE AND WORKERS COMPENSATION
- ❖ PLEASE SUBMIT W-9

I HEREBY CERTIFY THAT THE STATEMENTS ABOVE AND ATTACHED ARE TRUE.

Owner's or Responsible Representative's Signature

DATE

PLEASE SUBMIT ORIGINAL APPLICATION TO:

UNHS NeighborWorks® HomeOwnershipCenter
1611 Genesee Street
Utica, New York 13501
Attention: Anthony Hildenbrandt

IF YOU HAVE ANY QUESTIONS PLEASE CALL (315) 724-4197



1611 Genesee Street, Utica, New York 13501

TEL 315.724.4197 | FAX 315.724.1415 | NYS TDD RELAY 800.622.1220 | www.theHomeOwnershipCenter.org