

## 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 HomeOwnershipCenter at 315-724-4197 or Home@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>
_____	_____	_____
_____	_____	_____
_____	_____	_____

WOULD YOU BE AVAILABLE FOR EMERGENCY WORK?

YES  NO  NOT APPLICABLE

LIST YOUR MATERIAL SUPPLIERS:

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

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: Contracts Management**

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



1611 Genesee Street, Utica, New York 13501