CONTRACTOR APPLICATION



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

Business Name

Why work with us?

- Over \$2.5 million paid out to local contractors last year
- Residential projects range from \$15,000 to \$140,000
- Properties located throughout the Mohawk Valley
- Fast payments

If you have any questions, please contact HomeOwnershipCenter at 315-724-4197 or home@unhs.org.

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.

Business Address									
Contact Person					Title				
Office Phone			Mob	ile Ph	ione				
Email		Ye	ears in	Busir	ness				
Business Type:	□ CORPORATION	LLC	☐ PARTNERSHIP			□ SOLE PROPRIETOR			
Do you have workers	other than partners or	corporate membe	pers?			☐ YE	S	□ NO	
Do you subcontract w	vork?		☐ YE	YES NO SOMETIMES			ES		
Do you prefer new co					☐ YE	S	□ NO		
Are you willing to per	ruction?				□ YE	S	□ NO		
Check ☑ all trades yo	our firm is competent a	t:							
☐ CARPENTRY	☐ GLAZING	☐ MASONRY		☐ SANDBLASTING		G OTHER list below		ER list below	
☐ DRYWALLING	☐ HEATING	☐ PLASTERING	☐ SIDING						
□ ELECTRICAL	LECTRICAL ☐ INSULATION ☐ PLUMBING				☐ STORM WINDOWS				
☐ EXTERIOR PAINTING	XTERIOR PAINTING INTERIOR PAINTING ROOFING					☐ TILING			



Which of the selected trades do you s	pecialize in?			
Are you licensed?		☐ YES	□ NO	☐ NOT APPLICABLE
What is the smallest job you will perform	rm?		Budget \$	
What is the largest job you will perforn	n?		Budget \$	
Would you be available for emergency	/ work?		☐ YES	□NO
List your last three jobs for reference of	chacks:			
NAME & ADDRESS	DESCRIPTION (OF WORK PERF	FORMED	PHONE
	DEGGIAII TIGIT	51 W 51 W 1 E1 W	01111123	THORE
List your material suppliers:				
Name				Phone
				1

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Have you performed work through any similar community ho	☐ YES	□NO	
Is your contractor's liability insurance up to date?		☐ YES	□ NO
If yes, submit a copy and complete the following:			
Name of Insurance Company			
Policy Number	Expiration Date		
Agent's Name	Agent's Phone Number	,	
Is your workers' compensation policy up to date?		☐ YES	□ NO
If yes, submit a copy and complete the following:			
Name of Insurance Company			
Policy Number	Expiration Date		
Agent's Name	Agent's Phone Number		
Employer Identification Number (EIN)		·	
Is your company EPA certified lead renovation, repair and p	☐ YES	□ NO	
Is your company EPA certified to complete lead abatement?	☐ YES	□ NO	
If your company is lead abatement certified please fill out the infor			
SAMS UEI			
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).			□ NO
I have received and reviewed the General Construction Information Guide.			
I hereby certify that the statements above and attached are			
Owner's or Responsible Representative's Signature			

Please submit to following with your signed application:

	opies of	all EPA	Certifications:	Firm	Certification	, KKP	, Lead	vvorker	and Lead	ı Su	pervi	SOI
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☐ Copies of Liability Insurance and Workers' Compensation

□ W-9

Email to home@unhs.org OR Mail to:

HomeOwnershipCenter Contracts Management 1611 Genesee Street Utica, New York 13501

