Contractor Application

HomeOwnershipCenter
Invest. Renew. Grow.

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.

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 Name	
Business Address	
Contact Person	Title
Office Phone	Mobile Phone
Email	Years in Business

Business Type:	❑ CORPORATION	❑ LLC	❑ PARTNERSHIP	❑ SOLE PROPRIETOR
Do you have workers other than partners or corporate members?			❑ YES	❑ NO
Do you subcontract work?		❑ YES ❑ NO	❑ SOMETIMES	
Do you prefer new construction?			❑ YES	❑ NO
Are you willing to perform work on old construction?			❑ YES	❑ NO

Check ☑ all trades your firm is competent at:

❑ CARPENTRY	❑ GLAZING	❑ MASONRY	❑ SANDBLASTING	❑ OTHER list below
❑ DRYWALLING	❑ HEATING	❑ PLASTERING	❑ SIDING	
❑ ELECTRICAL	❑ INSULATION	❑ PLUMBING	❑ STORM WINDOWS	
❑ EXTERIOR PAINTING	❑ INTERIOR PAINTING	❑ ROOFING	❑ TILING	

Which of the selected trades do you specialize in?			
Are you licensed?	❑ YES	❑ NO	❑ NOT APPLICABLE
What is the smallest job you will perform?		Budget $	
What is the largest job you will perform?		Budget $	
Would you be available for emergency work?		❑ YES	❑ NO

List your last three jobs for reference checks:

NAME & ADDRESS	DESCRIPTION OF WORK PERFORMED	PHONE

List your material suppliers:

Name	Phone
Do you have a credit line with your suppliers?	❑ YES ❑ NO

CDF NeighborWorks® CHARTERED MEMBER

1611 Genesee Street, Utica, New York 13501
TEL 315.724.4197 | FAX 315.724.1415 | NYS TDD RELAY 800.622.1220 | www.theHomeOwnershipCenter.org

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 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 painting (RRP)?		❑ YES	❑ NO
Is your company EPA certified to complete lead abatement?		❑ YES	❑ NO
Is your company licensed and certified through NYS Department of Labor?		❑ YES	❑ NO
If your company is lead abatement certified, please fill out the information below:			
SAMS UEI			
If your company is asbestos certified, please fill out the information below:			
NYS License Number			
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
I have received and reviewed the General Construction Information Guide.		❑ YES	

The undersigned Contractor certifies that neither the Contractor, its owners, officers, employees, nor any subcontractors have any financial, personal, or organizational conflict of interest that would result in improper financial benefit from projects funded by the **New York State Office of Community Renewal (NYS OCR)**, **New York State Homes and Community Renewal (NYS HCR)**, **U.S. Department of Housing and Urban Development (HUD), City of Utica** or **HomeOwnershipCenter (HOC)**.

The Contractor further certifies that it has not participated, and will not participate, in any activity that creates an actual or apparent conflict of interest as prohibited by applicable federal, state, or local laws, regulations, or program requirements. The Contractor agrees to immediately disclose, in writing, any actual, potential, or perceived conflict of interest that may arise during the term of its participation in any program funded by NYS OCR, NYS HCR, HUD, City of Utica, or HOC.

The Contractor understands that failure to disclose a conflict of interest may result in disqualification from

participation, termination of contracts, repayment of funds, or other remedies permitted under applicable laws and program requirements.

By signing below, the Contractor certifies that the information provided in this certification is true and correct.

I hereby certify that the statements above and attached are true.

Owner's or Responsible Representative's Signature Date

Please submit to following with your signed application:

- ❑ Copies of all EPA Certifications: Firm Certification, RRP, Lead Worker and Lead Supervisor
- ❑ Copies of all Asbestos Certifications: Asbestos Handler License, Asbestos Supervisor License, and Corporate License
- ❑ 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