



HOME SWEET HOME COMMUNITY REDEVELOPMENT CORPORATION

“Rebuilding our community one day at a time to provide True Affordable Housing & Disaster Recovery Services too low to moderate income communities.”

APPLICATION FOR CONTRACTOR CERTIFICATION

Name of Company (DBA) _____

Name of Owner's: _____

Address of Company: _____

Federal I.D. Number: _____ Social Security Number: _____

Type of Business (Place a mark next to all that apply)

____ Corporation ____ Partnership ____ Sole Partnership ____ LLC

Telephone Number(s)

Office Number _____

Fax Number _____

Home Number _____

Has the Contractor ever operated under any other Names? ____ Yes ____ No

If yes, Explain why change? _____

Has your company ever been reported to the BBB)?

Yes _____ No _____

If yes, explain _____

GENERAL INFORMATION

Are you a General Contractor? (All Phases of work) Yes _____ No _____

When were you established as a General Contractor? _____

How Many full-time tradesmen (employees) do you employ other than subcontractors?

We have the right to alter any bid that we feel is too high for the area of work.

All Contractors must be registered with the State of Texas? License must be turn in with application if you are working in State of Louisina.

What are your specialties?

New Construction of:

Single Family yes _____ no _____
Multi-Family yes _____ no _____
Rehabilitation yes _____ no _____
Single Family yes _____ no _____
Multi-Family yes _____ no _____

Place an "X" next to the yearly volume of contracted work:

\$0 to \$49,999.00 _____ \$50, 0,000 to \$99,999 _____
\$1000, 000 to 249,999 _____ over \$250,000 _____

Does your company own any personal property in Texas? Yes, or No?

If yes, Where _____

Has your company ever volunteered to help build any homes or did any charity work for anyone? Yes, or no?

If yes, please list at lease 3. Name address Phone number or attach letter of reference.

Do you guarantee your work for one (1) year? Yes _____ No _____

How many jobs have you done for the City of Houston, State, Insurance Co or Harris County?
___ Single Family ___ Multi-family ___ Rehab ___ Commercial Real Estate.

BANK INFORMATION

Name of Bank /Officer	Telephone Number	Account Numbers	Type of Account/Loan

**TYPE AND LIMITS OF INSURANCE
COMPREHENSIVE GENERAL LIABILITY**

Min \$1,000,000

(Your insurance company must send us a copy of your policy by mail with Home Sweet Home CRC as the Certificate Holder).

COMPANY: _____

Limits of Coverage: _____ **Expiration Date:** _____

Policy Number: _____

COMPANY: _____

Limits of Coverage: _____ **Expiration Date:** _____

Policy Number: _____

COMPANY: _____

Limits of Coverage: _____ **Expiration Date:** _____

Policy Number: _____

COMPANY: _____

Limits of Coverage: _____ **Expiration Date:** _____

Policy Number: _____

We check your insurance monthly, and you must also make Home Sweet Home CRC a certificate hold on your insurance.

**ATTACH "CERTIFICATE OF INSURANCE FOR EACH OF THE ABOVE CITED
INSURANCE COVERAGES**

**REFERENCES
ATTACH ADDITION SHEET IF REQUIRED**

SUPPLIER _____

Type of materials _____

Telephone Numbers _____

Person to Contact _____

SUPPLIER _____

Type of materials _____

Telephone Numbers _____

Person to Contact _____

SUPPLIER _____

Type of materials _____

Telephone Numbers _____

Person to Contact _____

SUPPLIER _____

Type of materials _____

Telephone Numbers _____

Person to Contact _____

SUPPLIER _____

Type of materials _____

Telephone Numbers _____

Person to Contact _____

SUB-CONTRACTORS

You must show pay receipts for all employees and Sub-constructors before you complete another draw or start another job. All receipts are due within 3 days of after you have received payment.

Sub-Contractor (Residential) _____

Type of materials _____

Telephone Numbers _____

Person to Contact _____

Sub-Contractor (Residential) _____

Type of materials _____

Telephone Numbers _____

Person to Contact _____

Sub-Contractor (Residential) _____

Type of materials _____

Telephone Numbers _____

Person to Contact _____

Sub-Contractor (Residential) _____

Type of materials _____

Telephone Numbers _____

Person to Contact _____

Sub-Contractor (Residential) _____

Type of materials _____

Telephone Numbers _____

Person to Contact _____

You will be responsible for pulling background checks on all sub-contractors and employees that will be working on this project.

**CUSTOMER THAT YOU HAVE COMPLETED SIMILAR WORK FOR DURING
THE PAST 6 MONTHS**

Name: _____

Address: _____

City, State, and Zip: _____

Telephone Number: _____

Contract Price \$: _____

Date Completed: _____

Name: _____

Address: _____

City, State, and Zip: _____

Telephone Number: _____

Contract Price \$: _____

Date Completed: _____

Name: _____

Address: _____

City, State, and Zip: _____

Telephone Number: _____

Contract Price \$: _____

Date Completed: _____

You may also show pictures with a letter of reference.

Corporations

The following documents must be submitted along with this application and shall be incorporated and become a part of this Application for contractor Certification.

- A recent profit and Lost statement and Balance Sheet, not to exceed months old.
- Copy of Articles of incorporation, Assumed Name Certificate (DBA), Partnership Agreement or Joint Venture Agreement, as possible.
- Executed indemnity agreement (see Attachment)
- Executed Contractor's Conflict of interest agreement (See Attachment)
- Executed Supplemental Side Agreement policy (See Attachment)

The undersigned specifically acknowledge(s) that: (1) verification or reverification of any information contained in the application may be made at any time by HOME SWEET HOME COMMUNITY REDEVELOPMENT CORPORATION. Its agents, successors and assigned, either directly or through a credit reporting agency, from any source named in this application, and the original copy of this application will be retained HOME SWEET HOME COMMUNITY REDEVELOPMENT CORPORATION, even if the application for contractor and I / we have a continuing obligation to amend and/or supplement the information provided in this application if any of the material facts which I / we have represented herein should change.

Certification: I / we certify that we the information provided in this application is true and correct as of date set forth opposite my/our signature(s) on this application and acknowledge(s) my/our understand that any intentional or negligent misrepresentation(s) of the information contained in this application may result in disqualification and/or suspension form the Safe Environment for our Elderly and Disable Families Program (S.E.E.D Program).

_____ Signature	_____ Title	_____ Date
_____ Signature	_____ Title	_____ Date
_____ Signature	_____ Title	_____ Date

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal government for certain types of reporting related to certain procurement procedure in order to monitor HOME SWEET HOME COMMUNITY REDEVELOPMENT CORPORATION compliance with Executive Order 11246 equal employment Laws. You are not required to provide this information but are encouraged to do so. The law provides that HOME SWEET HOME COMMUNITY REDEVELOPMENT CORPORATION may not either discriminate on this basis of this information, nor on whether you chose to furnish it. However, if you choose not to furnish it HOME SWEET HOME COMMUNITY REDEVELOPMENT CORPORATION is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the box below.

Applicant Race/ National Origin:

I do not wish to furnish this information _____
American Indian or Alaskan Native _____
Asian or Pacific Islander _____
Black, not of Hispanic Origin _____
White, not of Hispanic Origin _____
Hispanic _____
Other _____
Sex: Male _____ Female _____

Co-Applicant 1 Race/ National Origin:

I do not wish to furnish this information _____
American Indian or Alaskan Native _____
Asian or Pacific Islander _____
Black, not of Hispanic Origin _____
White, not of Hispanic Origin _____
Hispanic _____
Other _____
Sex: Male _____ Female _____

Co-Applicant 2 Race/ National Origin:

I do not wish to furnish this information _____
American Indian or Alaskan Native _____
Asian or Pacific Islander _____
Black, not of Hispanic Origin _____
White, not of Hispanic Origin _____
Hispanic _____
Other _____
Sex: Male _____ Female _____

PLEASE ANSWER THE FOLLOWING QUESTIONS AND SUBMIT WITH APPLICATION WITH APPLICAITON

Is the APPLICANT or Co-Applicant's certified as a Contractor with the City of Houston or anywhere in the state of Texas? Yes _____ No _____ attach copies.

If yes, supply the name of vendor number of all areas and date of certification.

Attach all copies as Exhibit 1-20.

**Does the APPLICANT or Co-Applicant's have a parent, subsidiary and/or affiliate?
Yes _____ No _____**

**Has Applicant or Co-Applicant's or any officers of the applicant even been involved in bankruptcy or insolvency proceedings or have liability for outstanding judgments?
Yes _____ no _____**

If yes, please attach copies.

**Does the applicant or Co-Applicant's, or any member of the applicant's household, or anyone who owns, manage or direct applicant business or member of their household work for Home Sweet Home Community Redevelopment Corporation
Yes _____ No _____**

**Are you an Energy Star Contractor or Solar Contractor? _____ Yes _____ No
Have you ever completed any Windstorm Projects? _____ Yes _____ No**

Have you ever reported to the Department of Labor or Department of Housing and Urban Development for payroll? _____ Yes _____ No

Is Applicant or Co-Applicant's listed on the Department of labor (DOL) and /or Department of Housing and Urban Development (HUD) debarred contractor's list? Yes _____ No _____

If yes, provide details. Please list or attach copies.

Signature

Title

Date

Signature

Title

Date

Signature

Title

Date

Application ID: _____

INDEMINITY AGREEMENT

HOME SWEET HOME COMMUNITY REDEVELOPMENT COMPANY
9602 Dulcimer
Houston Texas 77051
info@homesweethomecrc.org

Filed _____ (The “Applicant) has or is concurrently filing with HOME SWEET HOME COMMUNITY REDEVELOPMENT CORPORATION an applicant for Contractor Certification. For the purpose of inducing HSHCRC Homes and representatives against all costs, losses, damages, expenses, and liabilities of any kind arising from or in connection with HOME SWEET HOME COMMUNITY REDEVELOPMENT CORPORATION acceptance, review, approval, or disapproval of such application for certification or failure to issue any such certification.

This Indemnity agreement shall be effective upon its execution by the applicant this _____, day of _____, 20 _____, and its acceptance by HOME SWEET HOME COMMUNITY REDEVELOPMENT CORPORATION as indicated by its execution below.

(Name of Applicant)

By

Title

ACCEPTED THIS _____ DAY OF _____, 20 _____

BY _____

TITLE _____

SUPPLEMENTAL SIDE AGREEMENTS POLICY

Contractors must be made aware of SUPPLEMENTAL SIDE AGREEMENTS as made during the course of their relationship with the Homeowner and/or Property Owner and the Emergency Home repair Program. A side deal is an agreement written or verbal between a Homeowner and property Owner made prior to or during the course of rehabilitation contract funded through the program that is not within the scope of the agreed upon specification.

The policy of EHRP is that under no circumstances should a contractor consummate a side deal. An agreement of this nature can place the contractor in a situation resulting in temporary or permanent debarment from participation in the program.

Under no circumstances should the contractor agree with the Homeowner or property owner to perform work outside the scope of approved work specifications. The contractor is to notify the program staff of any side deal request by a Homeowner or Property Owner.

I certify that on behalf of _____
And having carefully read the statement on side deals, we are aware of it and will refrain from participation and will notify the program should there be a request from the Homeowner or property of the nature described above.

_____ Signature	_____ Title	_____ Date
_____ Signature	_____ Title	_____ Date
_____ Signature	_____ Title	_____ Date

Sworn to and subscribed before me this _____ day of _____, 20_____

Notary Public, Harris County, Texas

CONTRACTOR'S STATEMENT OF CERTIFICATION ON CONFLICT OF INTEREST

Federal regulation specifies that no employee of the repair Agency and/ or the Department of HOME SWEET HOME COMMUNITY REDEVELOPMENT COMPANY or immediate relate of such employee shall accrue any monetary or other benefits, either direct or indirect, from activities undertaken in connection with emergency Home Repair Program (EHRP).

As such, should your firm or any principle of your firm hold an association, which would result in a consult of interest or the principle of your firm hold an association, which would result in a conflict of interest or the appearance of a conflict of interest, then your application for certification, cannot be accepted.

I certify on behalf of _____, that there is neither conflict of interest nor will there be any during my participation in the EHRP. Further, I understand that should conflict of interest be proven, prosecution under local and Federal laws would result.

Authorized Signature

Authorized Signature

Sworn to and subscribed before me this _____ day of _____, 20 _____.

Notary Public, Harris County, Texas

If you are asking for work in the Louisiana Region. You must submit a copy of General Liability and Contractors License before any job can be approved. You must also be registered with the State and have (1) years' experience in the field you are asking us to approve your company for work.

Do not write on this page:

TO BE COMPLETED BY INTERVIEWER

FACE-TO-FACE _____ BY MAIL _____ BY TELEPHONE _____

INTERVIEW'S NAME (PRINT)

DATE

INTERVIEW'S SIGNATURE

Interview's Phone Number (Including area code)

(BBB Report)

(Background Check)

Approved for the follow Jobs:

_____ Commercial _____ Rehab _____ Rebuild _____ Multifamily _____ New
Construction Single Family _____ All project _____ Energy Efficient Projects _____ Hurricane
IKE _____ Hurricane Harvey _____ Hurricane Barry