



HOME SWEET HOME COMMUNITY REDEVELOPMENT

APPLICATION FOR CONTRACTOR CERTIFICATION

*Attention Contractors: No funding will be paid until job is completed.
Supplies may be furnished by the company up front.*

Name of Company (DBA) _____

Name of Owner's: _____

Address of Company: _____

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

City of Houston ID: _____

Builders License Number: _____

Are you a new home builder: Yes or No

How many new homes have your company built in last year: _____

Are your homes registered with TRCC: Yes or No or City/County Yes or No

Please list all counties where you are able to work? _____

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 _____

Website: _____

Email: _____

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

If yes, Explain why change? _____

Have your company ever been reported to the BBB)?

Yes _____ No _____

If yes, explain _____

MAIL TO: Home Sweet Home Community Redevelopment Corporation

P O Box 330217 Houston, Texas 77233

GENERAL INFORMATION

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

Please attach copies of all documents.

When were you established as a General Contractor? _____

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

All Contractors must be registered with the State of Texas? License must be turn in with application.

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 _____ |
| Commercial | 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 | _____ |

Have your company ever volunteer 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 refers.

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

Explain: _____

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BANK INFORMATION (Do not list account number)

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

Please attach a voided check for deposit. (Do not send until you start your first job)

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

Please make sure that your Insurance Company sends our organization a copy of your Insurance Card with our Name on it as: Home Sweet Home Community Redevelopment. **No contractor will be able to start working without this information completed.**

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: _____

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**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 _____

If you add any new sub-contractors, you must add them to your application before sending them on site.

SUB-CONTRACTORS

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 _____

Home Sweet Home Community Redevelopment and Clients will not be held responsible for any accidents or injuries on the site.

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**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: _____

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 HSHCRC Homes Inc. 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 HSHCRC Homes Inc, 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 herin 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 |

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

Notary Public, Harris County, Texas

MAIL TO: Home Sweet Home Community Redevelopment Corporation
P O Box 330217 Houston, Texas 77233

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 HSHCRC Homes Inc. compliance with Executive Order 11246 equal employment Laws. You are not required to furnish this information, but are encouraged to do so. The law provides that HSHCRC HOMES INC. 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 HSHCRC Homes Inc 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 ALL COPIES WITH APPLICATION.

MAIL TO: Home Sweet Home Community Redevelopment Corporation
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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 _____

If yes, supply 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 HSHCRC Homes Yes ____ No ____

Are you HUB Zone Certificated? _____ Yes ____ No

Have you ever work with a nonprofit organization before? ____ Yes ____ No

If yes, please list nonprofit groups Name Address Phone _____

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.

Are you a Veteran? ____ Yes ____ No if yes, what branch of service are you? _____
Attach your DD214.

Signature Title Date

Signature Title Date

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

Notary Public, Harris County, Texas

Application ID: _____

INDEMINITY AGREEMENT

**HOME SWEET HOME COMMUNITY REDEVELOPMENT COMPANY
C/O HSHCRC HOMES INC
P O BOX 330217
HOUSTON, TEXAS 77223**

Filed _____ (The "Applicant) has or is concurrently filing with HOME SWEET HOME COMMUNITY REDEVELOPMENT COMPANY c/o HSHCRC HOMES INC 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 HSHCRC Homes 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 HSHCRC Homes 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 describe 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 specify that no employee of the repair Agency and/ or the Department of HSHCRC Homes and 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, the 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

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)

