



**HOME SWEET HOME COMMUNITY REDEVELOPMENT CORPORATION**

*“Rebuilding our community one day at a time”*

**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

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? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have 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 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 \_\_\_\_\_

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 \_\_\_\_\_

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 \_\_\_\_\_

How many jobs have you done for the City of Houston or Harris County? \_\_\_ Single Family  
\_\_\_ Multi-family \_\_\_ Rehab \_\_\_ Commercial Real Estate.

**BANK INFORMATION**

<b>Name of Bank /Officer</b>	<b>Telephone Number</b>	<b>Account Numbers</b>	<b>Type of Account/Loan</b>

**TYPE AND LIMITS OF INSURANCE**

**COMPREHENSIVE GENERAL LIABILITY**

Min \$1,000,000

**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** \_\_\_\_\_

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**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 pay 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 to pull 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 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

## 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 furnish 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 name of vendor number of all areas and date of certification.**

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**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 complete any Windstorm Projects? \_\_\_\_\_ Yes \_\_\_\_ No**

**Have you ever report 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.**

_____ <b>Signature</b>	_____ <b>Title</b>	_____ <b>Date</b>
_____ <b>Signature</b>	_____ <b>Title</b>	_____ <b>Date</b>
_____ <b>Signature</b>	_____ <b>Title</b>	_____ <b>Date</b>

Application ID: \_\_\_\_\_

**INDEMINITY AGREEMENT**

**HOME SWEET HOME COMMUNITY REDEVELOPMENT COMPANY  
9001 Airport Blvd Suite 703  
Houston Texas 77061  
Office: 832-804-6366**

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 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 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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Approved for the follow Jobs:**

\_\_\_\_\_ Commercial \_\_\_\_\_ Rehab \_\_\_\_\_ Rebuild \_\_\_\_\_ Multifamily \_\_\_\_\_ New  
Construction Single Family \_\_\_\_\_ All project \_\_\_\_\_ Energy Efficient Projects