

City of Gainesville ~ Housing Division  
 Contractor Application Form  
 PO Box 490, Station 22, Gainesville, FL 32602-0490  
 Office (352) 334-5026 / Fax (352) 334-3166

**The following documents must be completed and accompany your application.  
 Applications must be hand delivered to 306 NE 6th Ave., Room 245  
 or mailed to: Station 22, PO Box 490, Gainesville, FL 32627**

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|--|--|
| <input checked="" type="checkbox"/> Authorization to Release Information<br><input checked="" type="checkbox"/> Copy of Previous 2 Years Tax Returns/P&L Statement<br><input checked="" type="checkbox"/> Copy of Current Insurance and Bond Certificates<br><input checked="" type="checkbox"/> Copy of MBE/SBE/WBE/DBE certification(s), if applicable<br><input checked="" type="checkbox"/> Other: _____ | <input checked="" type="checkbox"/> Completed W-9 Form<br><input checked="" type="checkbox"/> Copy of State License<br><input checked="" type="checkbox"/> List of References<br><input checked="" type="checkbox"/> Copy of EPA RRP Certification<br><input checked="" type="checkbox"/> HUD/EPA/OSHA Lead Supervisor or Contractor Certification |
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**Please type or legibly print all information requested.**

**Business Name and Classification:**

Legal Name of Owner: \_\_\_\_\_

Legal Name of Co-Owner: \_\_\_\_\_

Company Name/DBA: \_\_\_\_\_

Web Address (if applicable): \_\_\_\_\_

Taxpayer ID Number (TIN): \_\_\_\_\_

- |                    |   |   |
|--------------------|---|---|
| Taxpayer ID Type:  | <input type="checkbox"/> EIN                          | <input type="checkbox"/> SSN/ITIN/ATIN  |
| Organization Type: | <input type="checkbox"/> Individual                   | <input type="checkbox"/> Company  |
| Classification:    | <input type="checkbox"/> Individual                   | <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership |
| Business Type:     | <input type="checkbox"/> Incorporated                 | <input type="checkbox"/> LLC  |
|                    | <input type="checkbox"/> Roofing Contractor           | <input type="checkbox"/> Certified General Contractor                             |
|                    | <input type="checkbox"/> Other (please specify) _____ |   |

**Remittance (Payment) / Purchase Order Address Information:**

Number and Street: \_\_\_\_\_ Apt/Suite#: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell / Beeper: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Address (if different from above) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Number of years in business under this business name: \_\_\_\_\_. List the construction experience of each of the principles: Where: \_\_\_\_\_

Have you ever participated in a rehabilitation/new construction program before? Yes  No

If yes, where? \_\_\_\_\_. Who may we contact for a reference (including telephone number)? \_\_\_\_\_

Have you or your partners filed bankruptcy within the last 5 years? Yes  No . If yes, explain. \_\_\_\_\_

Have there ever been complaints made to the Florida Department of Business and Professional Regulation or any other federal, state or local regulatory agency about you or your company or partners? Yes  No  If yes, please explain: \_\_\_\_\_

Please list the names, addresses and phone numbers of at least three (3) recent customers who have had home improvement work done by your firm (give a brief description of work done):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Have you been the owner of any other company within the last 10 years? Yes  No . If yes, please list the name of the company and partners names, where the company was located and why it was dissolved.

Have you ever had a claim made against your surety bond or performance bond under this company or another company name? Yes  No . If yes, explain and include the name of the bonding company.

By signing and submitting this application, I acknowledge individually and on behalf of the applicant's business that the applicant and I understand that:

- The applicant has the burden of establishing entitlement of qualification
- All information and documents submitted along with the City of Gainesville Housing Division Contractor Application or Affidavit for Re-Certification becomes an official public record. As such, the qualifying entity bears no obligation to return to the applicant any items of original production or any copies of file documents.
- Violators of the City's Housing Division Program(s) may be subject to, on an individual and/or entity basis, the debarment or suspension from participating in the City's contracts in accordance with the City of Gainesville's Debarment and Suspension Policy.
- You will be required to provide Builder's Risk Insurance for each contract.
- Applicant declares and affirms that ownership and management of this firm has not changed, except as indicated in the applicant/affidavit, during the past year since qualification was granted.
- Applicant certifies that all information in the application, and all information furnished in support of this application, is given for the purpose of being qualified to bid with the City of Gainesville's Comprehensive Housing Program and is true and complete to the best of the applicant's knowledge and belief. I/We ( \_\_\_\_\_ ) understand that verifications of this information will be obtained from any source supplied by the applicant in support of this application. Below I am/We are providing signatures of each and every owner of this company or corporation principles.

Company Name (Please Print) \_\_\_\_\_

Authorized Owner (Please Print) \_\_\_\_\_

Authorized Co-Owner (Please Print) \_\_\_\_\_

Authorized Owner Signature \_\_\_\_\_

Authorized Co-Owner Signature \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

County of Alachua  
State of Florida

I do so solemnly declare and affirm under penalty of applicable state and federal laws of perjury that the statement(s) furnished herein and the documents herewith are true and correct and that I am authorized, on behalf of the firm to make this affidavit.

Signature \_\_\_\_\_

Title \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ 2010, before me appeared \_\_\_\_\_ personally known to me or who has produced \_\_\_\_\_ as identification, who being duly sworn, did execute the foregoing affidavit and did so as a free act and deed.

Notary Public \_\_\_\_\_

My Commission Expires \_\_\_\_\_

**OFFICE USE ONLY**

Date application received: \_\_\_\_\_

Received by: \_\_\_\_\_

Reviewed by (RHS): \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

Reviewed by (HFC): \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

Approved: \_\_\_\_\_ Rejected: \_\_\_\_\_ HM Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Department of Neighborhood Improvement  
Housing & Community Development Division**  
P.O. Box 490, Mail Station 22, Gainesville, FL 32627-0490  
Phone: 352.334.5026 – Fax: 352.334.3166



**AUTHORIZATION FOR RELEASE OF INFORMATION  
AND QUALITY CONTROL RELEASE FORM**

**(ALL NAMES MUST BE WRITTEN AS THEY APPEAR ON SOCIAL SECURITY CARDS)**

The undersigned, in connection with an application for housing assistance, hereby agrees and authorize the City of Gainesville, its agents, successors or assigns, as follows;

To verify information, whether past or present, relating to employment, earnings, bank accounts, stock or bond holdings, or other financial assets, or any information or materials that might relate to my/our employment, income, assets or credit history which are deemed necessary to complete my/our application, participation and/or maintain my/our continued eligibility in the City of Gainesville Comprehensive Housing Program.

This document specifically authorizes obtaining of a credit report or other information, which may be used to evaluate my/our credit experience.

In addition, I/We understand and authorize that my/our application and/or closed loan file may be selected by the City of Gainesville, its agents, successors or assigns for a Quality Control review. Should such a review be conducted, it may involve the re-verification of employment, income, credit, debt, or other information obtained during the processing of my loan application and the re-evaluation of the property, the appraisal, or value of the property.

I/We agree to hold harmless the City of Gainesville, its agents, successors or assigns and/or any agency office, group, organization or individual releasing information.

I/We further agree and understand that a photocopy of this Authorization and Release Form may be used as if it were an original.

This authorization shall continue from the date of signature and until such time the City of Gainesville, its agents, successors or assigns is notified in writing that the authorization is cancelled.

PRINT NAME: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

SSN#: \_\_\_\_\_

SSN#: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_