



# CAPITAL AREA HOUSING PARTNERSHIP (CAHP)

600 W. Maple St. Ste. D Lansing, MI 48906

Phone: (517) 332-4663

Company Name: \_\_\_\_\_

Type of Contractor: \_\_\_\_\_ Federal EIN: \_\_\_\_\_ DUNS #: \_\_\_\_\_,

Submit a separate and completed application with all required documentation for each trade your company is licensed to perform (i.e. Residential Builder, Maintenance and Alteration Contractor, Plumbing, Electrical or Mechanical).

**Include copies of ALL licenses and certifications for owners and employees.** Copies must be readable, especially the ID numbers. Also include a **copy of Certificate of Insurance** with General Liability, Workers Compensation and Commercial Vehicle Insurance.

Company Address: \_\_\_\_\_  
Street Address (and/or PO Box) City, State, Zip code

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Year business started: \_\_\_\_\_

Corporation ☐ Partnership ☐ Sole Proprietor ☐ LLC ☐

**NOTE:** If a corporation or partnership, attach a copy of the incorporation, partnership or LLC documents. If "Doing Business As" a name other than the owner's name, provide a copy of the DBA registration. Provide information below for the owner(s):

| Name | % of Ownership | Title | Social Security Number |
|------|----------------|-------|------------------------|
|------|----------------|-------|------------------------|

|                                    |  |  |              |
|------------------------------------|--|--|--------------|
| Address (Street, City, State, Zip) |  |  | Phone Number |
|------------------------------------|--|--|--------------|

| Name | % of Ownership | Title | Social Security Number |
|------|----------------|-------|------------------------|
|------|----------------|-------|------------------------|

|                                    |  |  |              |
|------------------------------------|--|--|--------------|
| Address (Street, City, State, Zip) |  |  | Phone Number |
|------------------------------------|--|--|--------------|

| Name | % of Ownership | Title | Social Security Number |
|------|----------------|-------|------------------------|
|------|----------------|-------|------------------------|

|                                    |  |  |              |
|------------------------------------|--|--|--------------|
| Address (Street, City, State, Zip) |  |  | Phone Number |
|------------------------------------|--|--|--------------|

Authorized Signers:

| Name | Title |
|------|-------|
|------|-------|

|      |       |
|------|-------|
| Name | Title |
|------|-------|

- Yes ☐ No ☐ Is your company certified as a Minority Owned Business by the Michigan Minority Development Council? If yes, please provide certification.
- Yes ☐ No ☐ Is your company certified as a Women Owned Business by the Michigan Women Business Council? If yes, please provide certification.
- Yes ☐ No ☐ Does your company qualify as a Section 3 Business Concern? ([www.hud.gov/offices/fheo/section3/section3.cfm](http://www.hud.gov/offices/fheo/section3/section3.cfm)) If yes, attach your Certification for Business Concerns Seeking Section 3 Preference and other appropriate documents.
- Yes ☐ No ☐ Is this your primary occupation? If no, please explain: \_\_\_\_\_
- Yes ☐ No ☐ Have you ever filed for bankruptcy? If yes, please explain: \_\_\_\_\_
- Yes ☐ No ☐ What other businesses have you owned or operated in the past? List reasons for change: \_\_\_\_\_
- Yes ☐ No ☐ Do you have business, personal or family relationships with any CAHP staff or elected officials? If yes, please list: \_\_\_\_\_
- Yes ☐ No ☐ Are you interested in only doing a specific type or size of work? (Example: only small jobs, roofs, electrical, etc.) If yes, please specify: \_\_\_\_\_
- Yes ☐ No ☐ Will you warranty your work for up to two (2) years?
- Yes ☐ No ☐ Could you acquire a Performance Bond for contracts over the \$100,000 or Irrevocable Letter of Credit in the amount of \$10,000 or more?
- Yes ☐ No ☐ Is your firm Renovation, Repair and Painting certified with the Environmental Protection Agency? (This is a requirement for working in our program.) If yes, provide your EPA Certification, as well as certification for RRP trained workers. If no, you must become certified before beginning work in our program.
- Yes ☐ No ☐ Do you have any unresolved complaints pending against your license?

List other cities in which your firm or principals have operated: \_\_\_\_\_

What other finance, construction or real estate related businesses are your owners involved with?

\_\_\_\_\_

**Lead Certification:** List all employees and their lead paint certification level. Include a copy of their State of Michigan Certification or Safe Work Practices Certificate:

---

---

---

---

Is your company a Lead Abatement Contractor per the State of Michigan? Y ☐ N ☐  
If yes, provide a copy of the State of Michigan Certification.

Please check any category below that would reflect the status of the business owner. This is for statistical purposes; however, they are required for reports on projects using federal funds.

- |                                             |                                                                    |                                                                                 |
|---------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> White              | <input type="checkbox"/> Black or African American                 | <input type="checkbox"/> Amer. Indian or Alaskan Native                         |
| <input type="checkbox"/> Asian              | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Amer. Indian or Al. Native & White                     |
| <input type="checkbox"/> Asian & White      | <input type="checkbox"/> Black or African American & White         | <input type="checkbox"/> Amer. Indian or Al. Native & Black or African American |
| <input type="checkbox"/> Other Multi-Racial |                                                                    |                                                                                 |

Total Number of Employees? \_\_\_\_\_ # who are minority? \_\_\_\_\_ # who are women? \_\_\_\_\_

---

THE UNDERSIGNED CONTRACTOR CERTIFIES THAT THE INFORMATION GIVEN HEREIN IS SUBSTANTIALLY CORRECT AND FURTHER AGREES:

1. That ALL work will be performed in accordance with the technical specifications and completed with quality workmanship, subject to final inspection and approval by the Contracting Authority.
2. That if the work performed by the contractor is found to be unsatisfactory by the administering agency or if contract relations between the contractor, homeowner, or other parties are found to be unsatisfactory, the administering agency may remove the contractor's name from the approved list, with such accompanying publicity, as it deems necessary.
3. That proof of General Liability Insurance in the amount of \$1,000,000.00, Workers Compensation Insurance (when required by law) in the amount of \$1,000,000 and Vehicle Liability Insurance (when required by law) in the amount of \$1,000,000 listing CAHP as an additional insured, will be provided to this office at the time of application and throughout the term of work performance with CAHP.
4. That copies of all Contractors, Journeyman or Masters Licenses will be provided to this office at time of application and throughout the term of work performance with CAHP.
5. That you, the contractor, will abide by the regulations stated in 24 CFR 570.67, as follows:
  - Executive Order 11245 as amended, regarding non-discrimination in employment pertaining to all parts including Equal Employment and Contracting Opportunities.
  - Executive Order 13279 (67 FR 77141, 3 CFR 2002) regarding Equal Protection of the Laws for Faith-Based and Community Organizations
  - Contractor agrees to implement these regulations, including furnishing all information and reports as required by the Executive Order 11246 of Sept, 24, 1965, and by the rules, regulations, and orders of the Secretary of Labor, or pursuant there to, per 41 CFR Chapter 60.
  - Contractors shall comply with Section 3 Requirements of the Housing and Urban Development Act of 1968, per 24 CFR Part 135.
6. That all work performed under this program will be done in conformance with all applicable codes and zoning regulations.

**Conflict of Interest:** I certify that I have no relationships with elected officials, board members or staff of Capital Area Housing Partnership (CAHP), or the City of East Lansing.

Penalty for false or fraudulent statements: U.S.C. Title 18, Sec. 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United State knowingly falsifies . . . or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statements or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both."

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

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