

MEMO TO: Contractor
FROM: Sheen Housing
SUBJECT: Contractor Application
DATE:

Please complete and return the enclosed "Contractor Application" for review.

Also include:

1. Proof of Comprehensive Liability Insurance; and
2. Evidence of Workman's Compensation Insurance for employees.
3. Lead Paint Certified - send a copy of any certificates.
4. If you are certified for Mobile Home Repair - send a copy of any certificates.
5. If you are MBE or WBE or SDVOB certified please send a copy of your certification.
6. Current W-9 Form

All contractors working for Sheen Housing must be lead certified as it is a requirement for State and Federal grant programs.

MOBILE HOME CERTIFICATION- We work with several homeowners that live in Mobile Homes, this certification is not required but it is encouraged.

Your name may be referred to clients who cannot get an estimate.

If you have any questions, please call at 585-657-4114



Date Submitted: _____

APPLICATION FOR APPROVED CONTRACTOR STATUS

Business Name: _____

Business Address: _____
[Street/PO Box]

Phone Number: _____ FAX Number: _____
[Include Area Codes for all phone numbers]

Mobile Number: _____ Email: _____
Website: _____

Type of Company: Sole Owner: _____ Corporate Partnership: _____

Principal Owner: _____

Number of Years in Business: _____ Number of Employees: _____

Employer Identification Number: _____ **OR** Social Security Number ____ - ____ - _____

Please check if applicable: MBE: _____ WBE: _____ Registration #: _____

SDVOB: _____ Registration #: _____
(Please send your MBE or WBE or SDVOB certificate with this application)

Please check for Lead Certification: _____ Number of Persons/Employees Certified: _____

Please check for Mobile Home Certification: _____ Number of Persons/Employees Certified: _____

Sheen Housing's service area includes 13 counties. Check counties you are willing to work in:

Allegany _____ Cayuga _____ Chemung _____ Livingston _____ Monroe _____

Ontario _____ Schuyler _____ Seneca _____ Steuben _____ Tioga _____

Tompkins _____ Wayne _____ Yates _____

As a Contractor would you prefer to bid as a General Contractor bidding the complete job?
YES: _____ NO: _____

As a Contractor would you prefer to bid all specifications with the exception of:

YES: _____ NO: _____ Please Specify: _____

As a contractor would you bid on jobs less than \$5,000.00 YES: _____ NO: _____

TYPE OF WORK YOU DO

Please check all work that you are qualified to do:

Carpentry _____ Roofing _____ Siding _____ Windows _____ Masonry _____
Plumbing _____ Heating _____ Drywall _____ Flooring _____ Electric _____
Insulation _____ Excavating _____ Wells _____ Septic Systems _____
EPDM Roofing _____ Water Connections _____ Water Purification _____ Mobile Homes _____
Exterior Painting _____ Interior Painting _____ Other: _____

BUSINESS REFERENCES

Bank: _____ Account Number: _____

Address: _____
Street/PO Box _____ City _____ State _____ Zip _____

Phone Number: _____
[Area Code and Number]

Vendor/Supplier: _____ Account Number: _____

Address: _____
Street/PO Box _____ City _____ State _____ Zip _____

Phone Number: _____
[Area Code and Number]

Vendor/Supplier: _____ Account Number: _____

Address: _____
Street/PO Box _____ City _____ State _____ Zip _____

Phone Number: _____
[Area Code and Number]

WORK REFERENCES

List work references within the past 12 months with dates completed. If you are a sub-contractor, include General Contractors name and phone number. **Minimum of 3 work references** (attach additional sheets if necessary).

1. Name: _____
Address: _____
[Street/PO Box]

[City/State/Zip]
Phone #: _____ Contract Amount: _____
[Area Code and number]
2. Name: _____
Address: _____
[Street/PO Box]

[City/State/Zip]
Phone #: _____ Contract Amount: _____
[Area Code and number]
3. Name: _____
Address: _____
[Street/PO Box]

[City/State/Zip]
Phone #: _____ Contract Amount: _____
[Area Code and number]

I give permission to Sheen Housing to check with references listed above. YES: _____ NO: _____

BANKRUPTCY & LIENS

1. Have you ever filed **bankruptcy** personal or business in the past 12 months, or have a pending bankruptcy?
YES: _____ NO: _____ If YES, give date ____ / ____ / ____
2. Have you had any type of **liens**, or judgments in the past 12 months?
YES: _____ NO: _____ If YES, give date ____ / ____ / ____

SUB-CONTRACTORS

1. Do you use Sub-Contractors: YES: _____ NO: _____
If YES, what type of work do you sub-contract out? Please list:
1. _____ 2. _____
3. _____ 4. _____

SECTION 3 BUSINESSES

Sheen Housing is a not-for-profit corporation that serves lower income homeowners by making health and safety repairs to their homes.

We do this in a number of ways, and as you can imagine there is quite a bit of paperwork involved. The State of New York has requested that we utilize contractors that qualify as Section 3 businesses as often as possible. Section 3 is a program in which recipients of state funds utilize lower- income contractors, subcontractors, employees, suppliers and agencies. By complying with New York State mandate of Section 3, Sheen Housing will stay on the competitive edge, which will be necessary given the decrease in funding and increase in demand.

Section 3 is a self –certification program and can be done by simply reviewing pages 5 and 6 of this application. You must complete this information and return to us with this application.

Thank you for your assistance with this issue. We appreciate your cooperation and please do not hesitate to contact us should you have any questions or concerns.

AGREEMENTS

I agree to work toward equal opportunity employment in my choice of sub-contractors and suppliers.

I agree to sign an Affirmative Action Agreement when FEDERAL FUNDS are used.

I agree to provide Sheen Housing proof of:

- a. Comprehensive liability insurance protecting the owner for not less than **\$1,000,000** in the event of bodily injury. This includes death and property damage arising out of work performance by my employees of any sub-contractor hired by me, or my company.
- b. Workman’s compensation insurance for persons hired by me or my company as my employees.

Workers’ Compensation is required if I have employees completing work under a Sheen Housing Contract.

I agree that I will supply a Workmen’s’ Compensation Insurance Policy or certificate of.

I agree that I or a minimum of one employee working on the job will be lead certified.

I HEREBY AGREE TO THE ABOVE PROGRAM REQUIREMENTS, AND I GRANT SHEEN HOUSING TO RESEARCH THE ABOVE INFORMATION.

BUSINESS NAME: _____

OWNER’S WRITTEN SIGNATURE: _____

OWNER’S PRINTED SIGNATURE: _____

DATE: ____ / ____ / ____

2022 Income Limits

House hold size		1	2	3	4	5	6	7	8
Allegany		42,950	49,100	55,520	61,350	66,300	71,200	76,100	81,000
Ontario, Wayne, Livingston, Monroe		50,250	57,400	64,600	71,750	77,500	83,250	89,000	94,750
Cayuga		46,700	53,400	60,050	66,700	72,050	77,400	82,750	88,050
Chemung		43,650	49,850	56,100	62,300	67,300	72,300	77,300	82,250
Schuyler		44,150	50,450	56,750	63,050	68,100	73,150	78,200	83,250
Seneca		43,900	50,200	56,450	62,700	67,750	72,750	77,750	82,800
Steuben		44,150	50,450	56,750	63,050	68,100	73,150	78,200	83,250
Tioga		42,950	49,100	55,250	61,350	66,300	71,200	76,100	81,000
Tompkins		56,150	64,150	72,150	80,150	86,600	93,000	99,400	105,800
Yates		45,950	52,500	59,050	65,600	70,850	76,100	81,350	86,600

To certify for Section 3 Eligibility:

1. Find the county in which you reside
2. Find the number of household members which reside in your home from the top row of graph
3. If your income (taxable income found on your income tax return) is below the number listed, you qualify as a section 3 recipient.
4. Please complete the "Self-Certification Sheet "indicating wither or not you qualify

Your assistance in this matter is appreciated. This information will not affect your working for Sheen Housing. The collection of this information is used for reports that we are required to submit to New York State.

SELF CERTIFICATION SECTION 3 PROGRAM

I _____, owner of _____
(Print full name) (Print name of business)

_____ certify that my annual gross income **qualifies** me/my business under the New York State section 3 program

_____ certify that my annual gross income **does not qualify** me/my business under the New York State Section 3 Program

(PLEASE CHECK ONE)

Signature

Date _____

Please return to:
Sheen Housing
PO Box 460
Bloomfield, NY 14469