



# SOUTHAMPTON HOUSING AUTHORITY CONTRACTOR APPLICATION

**By submitting the application below, you agree to the rules and regulations governing the Southampton Affordable Housing and Home Improvement Program**

### Rules & Regulations

As each project becomes available, the next three eligible contractors, from our contractor list, will be given the information necessary to bid on the project. The project will be awarded to the person or persons submitting the lowest responsible bid for each particular job. At that point, the contractor will be contacted as to whether or not they have been selected for the job. All three contractor names will then go to the bottom of the contractor list.

Once the lowest responsible bidder for a project has been determined, a contract will be drawn up between the contractor and the appropriate party(ies), and submitted to the Southampton Housing Authority. Work in progress will be inspected by our Field Inspector and no job is considered complete until the original bid specifications have been met and the project is signed off by the field inspector and the appropriate party(ies).

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

COMPANY NAME: \_\_\_\_\_ PHONE \_\_\_\_\_

OWNER/CONTACT PERSON \_\_\_\_\_

MAILING ADDRESS (if PO Box, please also include street address): \_\_\_\_\_

TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ FAX #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

How many years has your current organization been in the construction business: \_\_\_\_\_

Please list any other name(s) that your business has used other than the current name:  
\_\_\_\_\_

**If you are a CORPORATION, please answer the following** (If not, leave blank and continue on to the next section):

Date of Incorporation: \_\_\_\_\_ Federal Tax ID #: \_\_\_\_\_ In what State: \_\_\_\_\_

President: \_\_\_\_\_ VP: \_\_\_\_\_

Secretary: \_\_\_\_\_ Treasurer: \_\_\_\_\_

**If you are a PARTNERSHIP or SOLE PROPRIETORSHIP, please answer the following:**

Social Security # ('s) of contractor (s): \_\_\_\_\_

Federal Tax ID # ('s): \_\_\_\_\_

Year Organization started: \_\_\_\_\_

**LIST OUR COMPANY AS:** (check all that apply):

\_\_\_\_\_ General Contractor \_\_\_\_\_ Painting \_\_\_\_\_ Electrician \_\_\_\_\_ Plumbing \_\_\_\_\_ Carpentry \_\_\_\_\_ Roofing

\_\_\_\_\_ HVAC \_\_\_\_\_ Masonry \_\_\_\_\_ Other (specify \_\_\_\_\_)

**Current Southampton Home Improvement Contractors License number:** \_\_\_\_\_

*(Please submit a copy of your license with application)*

**Additional TOWN OF SOUTHAMPTON LICENSES (please list # and expiration):**

\_\_\_\_\_  
*(Please submit a copy of your license with application)*

**Current SUFFOLK COUNTY LIC #** \_\_\_\_\_ **EXPIRES:** \_\_\_\_\_

**(plumbing & electric only)** *(Please submit a copy of your license with application)*

**Current General Liability Insurance:** Yes \_\_\_\_\_ No \_\_\_\_\_

*(Please submit a copy of your current insurance policy with the application)*

**As Applicable by Law, Worker's Compensation Insurance:** Yes \_\_\_\_\_ No \_\_\_\_\_

**If No, please explain:** \_\_\_\_\_

**Note:** If subletting any part of your work, sub-contractors are to have insurances in place according to law. Please have copies of their current insurance certificates.

**Please answer the following:**

1. Have you, in the previous five years, been denied a contract award on which you submitted the low bid in competitive bidding, or been refused pre-qualifications? \_\_\_\_\_ If so, please describe \_\_\_\_\_

2. Within the previous five fiscal years, has your organization (or predecessor organizations) ever failed to complete a project? \_\_\_\_\_ If so, please explain and list current status \_\_\_\_\_

3. Within the previous three fiscal years, has your organization been involved in any litigation with New York State? \_\_\_\_\_ If so, please explain and list current status \_\_\_\_\_

Please list the most recent jobs (or Town contracts) completed by your organization in the previous three fiscal years (list at least 3 or more jobs completed).

Name (Project or Client) \_\_\_\_\_  
Address/ Location \_\_\_\_\_  
Description of Job \_\_\_\_\_  
Type of Work Done \_\_\_\_\_  
Contact Person (client) and Tel. # \_\_\_\_\_  
Contract Price \$ \_\_\_\_\_ Original \$ \_\_\_\_\_ Final \$ \_\_\_\_\_  
Completion Dates: Original Date \_\_\_\_\_ Revised Date \_\_\_\_\_  
Actual Job Completion Time (days/weeks) \_\_\_\_\_

Name (Project or Client) \_\_\_\_\_  
Address/ Location \_\_\_\_\_  
Description of Job \_\_\_\_\_  
Type of Work Done \_\_\_\_\_  
Contact Person (client) and Tel. # \_\_\_\_\_  
Contract Price \$ \_\_\_\_\_ Original \$ \_\_\_\_\_ Final \$ \_\_\_\_\_  
Completion Dates: Original Date \_\_\_\_\_ Revised Date \_\_\_\_\_  
Actual Job Completion Time (days/weeks) \_\_\_\_\_

Name (Project or Client) \_\_\_\_\_  
Address/ Location \_\_\_\_\_  
Description of Job \_\_\_\_\_  
Type of Work Done \_\_\_\_\_  
Contact Person (client) and Tel. # \_\_\_\_\_  
Contract Price \$ \_\_\_\_\_ Original \$ \_\_\_\_\_ Final \$ \_\_\_\_\_  
Completion Dates: Original Date \_\_\_\_\_ Revised Date \_\_\_\_\_  
Actual Job Completion Time (days/weeks) \_\_\_\_\_

**Mail completed application and copies of licenses to:  
SOUTHAMPTON HOUSING AUTHORITY, PO BOX 799, HAMPTON BAYS, NY 11946**

I hereby certify that all information provided herein is true and accurate to the best of my knowledge and authorize the Southampton Housing Authority to verify my credit of worthiness at its discretion.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date