



## NEW YORK CITY HOUSING AUTHORITY

90 Church Street • NEW YORK, NY 10007

TEL: (212) 306-3000 • <http://nyc.gov/nycha>

**LISA BOVA-HIATT**  
CHIEF EXECUTIVE OFFICER

### APPLICANT DESCRIPTION

All respondents to the Pre-Qualified Partners Request for Qualifications must complete this form and provide additional documentation as required in the form.

Name of Applicant: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Email Address: \_\_\_\_\_

Is the Applicant a certified Minority-owned or Woman-owned Business Enterprise (M/WBE)? (for informational purposes only) Yes [ ] No [ ] (Provide Proof of Certification).

### COMPOSITION OF APPLICANT ORGANIZATIONS:

1. Type of organization (i.e. partnership, corporation, limited liability company): \_\_\_\_\_
2. For corporations, provide the names of the officers and any shareholders owning 10% or more.

**NAME OF ENTITY:** \_\_\_\_\_ **Percent Interest in Proposed Project:** \_\_\_\_\_

| PRINCIPALS: Name/Position/Title | Home Address | Role* | % Interest in Entity |
|---------------------------------|--------------|-------|----------------------|
|                                 |              |       |                      |
|                                 |              |       |                      |
|                                 |              |       |                      |

\* Role: D = Developer; PM = Property Management Company; GC = General Contractor; SSP = Social Service Provider

3. Has any principal identified above, or any organization in which the principal is or was a general partner, corporate officer, or owned more than 10% of the shares of the corporation, been the subject of any of the following:

- (1) Arson conviction or pending case? Yes [ ] No [ ]
- (2) Harassment complaint filed by the New York State Division of Rent Control or the New York State Division of Housing and Community Renewal? Yes [ ] No [ ]
- (3) Had an ownership or management interest in a property that was taken *in rem* by the City or assigned by a judge of Landlord and Tenant Court to a 7A Administrator or receiver? Yes [ ] No [ ]



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- (4) NYCHA or City mortgage foreclosure or currently more than 90 days in arrears on any NYCHA or City loan? Yes [ ☐ ] No [ ☐ ]
- (5) Default on any contract obligation or agreement of any kind or nature entered into with NYCHA or the City of New York or one of its agencies? Yes [ ☐ ] No [ ☐ ]
- (6) In the past 5 years, failed to qualify as a responsible bidder, or refused to enter into a contract after an award has been made, privately or with any government agency? Yes [ ☐ ] No [ ☐ ]
- (7) In the last 7 years, filed a bankruptcy petition or been the subject of involuntary bankruptcy proceedings. Yes [ ☐ ] No [ ☐ ]
- (8) In the last 5 years, failed to file any required tax returns, or failed to pay any applicable Federal, State of New York, or City taxes or other charges? Yes [ ☐ ] No [ ☐ ]
- (9) Been convicted of fraud, bribery, or grand larceny? Yes [ ☐ ] No [ ☐ ]

If the answer to any question is yes, provide the following information about each instance: name of principal(s); principal's status in the organization or corporation (e.g. officer), the date of the action, and current status.

### **CERTIFICATION**

[This certification must be signed by one of the principals listed above.]

I certify that the information set forth in this application and all attachments and supporting documentation is true and correct. I understand that NYCHA will rely on the information in or attached to this document.

I understand that this statement is part of a continuing application and that until such time that the application is approved, I will report any changes in or additions to the information herein, and will furnish such further documentation or information as may be requested by NYCHA, the City of New York, or any agency thereof.

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Name of Organization

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Signature

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Date

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Print or Type Name and Title

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## **SUPPLEMENTAL QUESTIONS FOR ALL APPLICANTS**

Answer the following questions. Use additional sheets as necessary. The definitions of terms contained in the Entity and Individual Disclosure Statement applies to these questions.

1. Has the Applicant, any of its employees, or any Related Entity, or any of their respective Principals or Officers, ever been the subject of, or questioned relating to, an investigation by any Government Agency, including, but not limited to, Federal, State, and Municipal Authorities? If yes, provide details.
  
2. Has the Applicant, any of its employees, or any Related Entity, or any of their respective Principals or Officers, ever been subpoenaed by any Governmental Agency? If yes, provide details.
  
3. Has the Applicant, any of its employees, or any related Entity, or any of their respective Principals or Officers, ever paid any money, gratuity, or conferred any other benefit, for any purpose, on any public official or any City employee? If yes, provide details.
  
4. Have there ever been any notifications or findings against the Applicant or any of its contractors/subcontractors of underpayments relating to prevailing wage violations? If yes, provide details.
  
5. Has the Applicant, any of its employees, or any Related Entity, or any of their respective Principals or Officers, ever been the subject of a monitorship or certification on any public contract or imposed by any government agency, authority or instrumentality? If yes, provide details.
  
6. Has the Applicant or its principals received any information, or have any reason to believe, that the Applicant, its Principals, or any of its employees, have been associated, or suspected of being associated, with organized crime? If yes, provide details.

**CERTIFICATION**

I certify that the information set forth in or attached to this RFQ Supplemental Questionnaire form is true and correct to the best of my knowledge and belief.

I am aware that the NYCHA is relying upon all of the information set forth in or attached to this Supplemental Questionnaire and that this Supplemental Questionnaire is submitted to induce NYCHA to approve this application.

I am aware that this Supplemental Questionnaire is part of a continuing application, and until such time as the application is finally and unconditionally approved by NYCHA, I will report any changes in or additions to the information set forth herein, and furnish such further documentation or information as may be requested by NYCHA, the City of New York, or any agency thereof. The making of any false statement in this Supplemental Questionnaire may result in the revocation of any designation under the Pre-Qualified Partners Request for Qualifications.

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

\_\_\_\_\_  
PRINT NAME OF PERSON SIGNING ABOVE:

\_\_\_\_\_  
TITLE:

\_\_\_\_\_  
ENTITY (if any):

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