



**LAUNDRY ROOM OPERATOR APPLICATION FORM**

**LAUNDRY ROOM INFORMATION**

Date: \_\_\_\_\_ Name of Development: \_\_\_\_\_

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

**ELEGIBILITY**

Eligibility for a commercial lease will be based on the following:

- Experience starting and operating a laundry facility
- Financial ability

**REQUIRED FORMS**

Below please find the list of forms that you need to submit. It is very important that all forms be completed **thoroughly** before submitting for review.

- A COMPLETED ROOM OPERATOR APPLICATION FORM (See pages 2 & 3)
- A COMPLETED DOING BUSINESS DATA FORM
- A COMPLETED MAYOR'S OFFICE OF CONTRACTS VENDOR QUESTIONNAIRES (ONLINE FORMS)
- A COMPLETED CONSENT FOR CREDIT CHECK

**REQUIRED DOCUMENTS**

Below please find a list of documents that you need to submit for review.

- COPIES OF BUSINESS FEDERAL INCOME TAX RETURNS FOR THE LAST THREE (3) YEARS (If Applicable)
- COPIES OF ANY LICENSES NEEDED TO OPERATE THE PROPOSED BUSINESS
- A BUSINESS CERTIFICATE OR CERTIFICATE OF INCORPORATION (If Applicable)
- ONE FORM OF GOVERNMENT ISSUED PHOTO IDENTIFICATION (Driver license, passport, alien registration card, etc.)
- THREE BUSINESS REFERENCES ON COMPANY LETTERHEAD

**INSURANCE INFORMATION**

At the time of lease signing Applicant must provide proof of the following insurance coverage:

- Commercial General Liability Insurance for a combined single limit for bodily injury and property damages of not less than \$1,000,000.00 per occurrence and \$2,000,000.00 in the aggregate
- Workers Compensation Insurance and/or Workers Compensation Waiver Form CE-200

**NOTE:** All insurance policies must be:

- Written with a company authorized and licensed to do business in New York State, with an "A.M. Best" rating of at least "B+"
- Paid for one year from the projected lease start date
- Written with NYCHA as an "additional named insured" in the policies
- Written on an occurrence basis, giving the Authority thirty days written notice prior to reduction or cancellation

**BACKGROUND INVESTIGATION**

During the application process you will be subject to a background investigation by the Office of the Inspector General, which include a tax search.

**OTHER**

At a minimum one washer and dryer must meet Americans with Disabilities Act requirements.

Please send the completed forms and all required documentation electronically to:

[realestateservices@nycha.nyc.gov](mailto:realestateservices@nycha.nyc.gov)

only by mail, if not sent electronically to:

New York City Housing Authority  
Department of Real Estate Services  
250 Broadway, 10<sup>th</sup> Floor  
New York, NY 10007  
ATTN: Anna Gatti

**NEW YORK CITY HOUSING AUTHORITY**

**LAUNDRY ROOM OPERATOR APPLICATION FORM** (CONT'D)

**LEASE TYPE:**

- NEW LEASE       RENEWAL LEASE       TRANSFER/ASSIGNMENT OF LEASE

**PERSONAL INFORMATION**

1. Name of Applicant/Principal(s): \_\_\_\_\_
2. Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
3. Mailing Address (If different from above): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
4. DOB: \_\_\_\_\_ 5. SSN#: \_\_\_\_\_ 6. TAX ID#: \_\_\_\_\_
7. Home Phone: \_\_\_\_\_ 8. Business Phone: \_\_\_\_\_
9. Mobile Phone: \_\_\_\_\_ 10. E-mail Address: \_\_\_\_\_

**BUSINESS INFORMATION**

11. Company Name (Enter full legal name): \_\_\_\_\_
12. Do you or have you ever leased space with the Housing Authority?  
 No  Yes (If yes, specify date and development name)  
\_\_\_\_\_
13. Type of Company:  
 Business Corporation  
 Partnership  
 Sole Proprietorship  
 Other (Specify) \_\_\_\_\_
14. Names, dates of births and titles of **ALL** partners/stockholders
- |                  |            |              |
|------------------|------------|--------------|
| Full Name: _____ | DOB: _____ | Title: _____ |
| Full Name: _____ | DOB: _____ | Title: _____ |
| Full Name: _____ | DOB: _____ | Title: _____ |
15. Proposed business: Describe principal products/commodities sold or services offered.  
\_\_\_\_\_  
\_\_\_\_\_
16. What is your experience in the field? If None, so state: \_\_\_\_\_  
\_\_\_\_\_
17. Is your company licensed/authorized to do business in New York State?  No  Yes
18. Is your company licensed/authorized to do business in other states?  No  Yes (Specify) \_\_\_\_\_
19. If licensing permits or certificates are required to operate the business, please identify:
- | <u>Type of License/Permit</u> | <u>Issued by</u> | <u>Issued Date</u> | <u>Expiration Date</u> |
|-------------------------------|------------------|--------------------|------------------------|
| _____                         | _____            | _____              | _____                  |
| _____                         | _____            | _____              | _____                  |
20. Have you ever had a business license revoked?  No  Yes (If yes, explain briefly)  
\_\_\_\_\_

**NEW YORK CITY HOUSING AUTHORITY**

**LAUNDRY ROOM OPERATOR APPLICATION FORM** (CONT'D)

**FINANCIAL INFORMATION**

21. **Gross Receipts/Sales** (Complete accordingly for **last three (3)** years):

Current Year 20 \_\_\_\_\_ \$ \_\_\_\_\_

Last Year 20 \_\_\_\_\_ \$ \_\_\_\_\_

Previous Year 20 \_\_\_\_\_ \$ \_\_\_\_\_

22. Identify bank(s) where applicant's/firm's accounts are maintained.

<u>Name of Bank</u>	<u>Bank Address</u>	<u>Account No.</u>	<u>Type of Account</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

23. Do you have a line of credit?  No  Yes (If yes, identify below)

<u>Source</u>	<u>Limit</u>	<u>Name of Guarantor</u>
_____	\$ _____	_____
_____	\$ _____	_____

24. List current creditor(s) and/or lender(s) and/or loan(s) in the firm.

<u>Name of Creditor/Lender</u>	<u>Type of Credit/Loan</u>	<u>Dollar Value</u>
_____	_____	\$ _____
_____	_____	\$ _____

**APPLICANT'S DECLARATION/SIGNATURE**

**I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND CORRECT AND THAT I HAVE NOT KNOWINGLY OR WILLFULLY MADE A FALSE STATEMENT, GIVEN FALSE INFORMATION OR OMITTED INFORMATION IN CONNECTION WITH THIS APPLICATION.**

Applicant's Signature (Print & Sign) \_\_\_\_\_

Date \_\_\_\_\_

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