



NEW YORK CITY HOUSING AUTHORITY
90 CHURCH STREET • NEW YORK, NY 10007

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

Department of Management and Planning

LAUNDRY ROOM OPERATOR APPLICATION FORM

LAUNDRY ROOM INFORMATION

Date: _____ Name of Development: _____

Address: _____

ELIGIBILITY

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 & A COMPLETED BID PROPOSAL FACE SHEET**

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**
- ☐ **BID PROPOSAL SUMMARY**

Applicants should provide an overview outlining their plans for the following:

- **Cost Proposal** (proposed total monthly license fee and utilities, plus the methodology supporting the projected amounts)
- **Qualifications, experience, and operational capacity** (including ability to meet operations repair and maintenance requirements, as well as financial stability)
- **Quality of Equipment** (new washers and dryers are required. Details on energy efficiency, use of technology, and other customer service considerations are appreciated)
- **Staffing Model** (including but not limited to a MWBE or Section 3 Utilization Plan)
- **Additional Info** (including, but not limited to, any recommendations for Permanent Improvements deemed necessary to make the laundry facility(ies) commercially viable and/or to protect the health and safety of NYCHA Residents, and other client experience recommendations)



INSURANCE INFORMATION

At the time of lease signing Applicant must provide proof of the following insurance coverage: [NYCHA Risk Management Portal \(01 - Standard\)](#)

Please click on the link above to review the relevant insurance information.

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:

laundry@nycha.nyc.gov

only by mail, if not sent electronically to:

New York City Housing Authority
Department of Management and Planning
90 Church Street, 5th Floor
New York, NY 10007
ATTN: Andrew Faubel

☐ 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>
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_____	_____	_____	_____
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20. Have you ever had a business license revoked? ☐ **No** ☐ **Yes** (If yes, explain briefly)

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

Name of Creditor/Lender

Type of Credit/Loan

Dollar Value

\$ _____

\$ _____

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

