



**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

**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](mailto: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, 5<sup>th</sup> Floor  
New York, NY 10007  
ATTN: Andrew Faubel

**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.

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

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

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

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

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

**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 \_\_\_\_\_