



# Community Housing Partnership Program Fresno Housing Authority RDA



P.O.Box 11985 Fresno CA. 93776-1985 (559) 445-8905 FAX: (559) 443-8422

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Dear Contractor:

The Housing Authorities of the City and County of Fresno are requesting licensed contractors who are interested in participating in the Community Housing Partnership Programs to submit qualifications for placement on an approved contractors list. The program is outlined to assist low and moderately low income home owners rehabilitate their homes. The department will also act as developer in having new houses built on scattered lots in the City of Fresno. Contractors will work on rehabilitation of homes and/or the construction of these new In-Fill Homes. The work will include, but, not be limited to the following: roof repair/replacement, painting of exterior/interior of the home, removal of trash/debris from yard, trimming of trees/shrubbery, removal of inoperable vehicles, repair/replacement of deteriorated fencing, repair/replacement of windows, upgrading of electrical services, upgrading of plumbing fixtures and structural repairs as required.

Qualified contractors who wish to participate in bid tours and submit bids for this program must complete the enclosed application and return the completed form to the Agency along with copies of documentation verifying insurances and workman's compensation coverage. Additional information may be obtained by calling (559) 445-8905 or in person at our office located at 1401 Fulton Ste. 600, Fresno, California.

Sincerely,

Timothy Linton  
Community Development Manager

**NOTICE:**

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Protection Act.

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Housing Authority (CHPP)  
Contractor Application

Company: \_\_\_\_\_ License # \_\_\_\_\_

Address: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Contact Number \_\_\_\_\_ Email Address \_\_\_\_\_

Owner: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Owner's Fax Number \_\_\_\_\_ Owner's Email Address \_\_\_\_\_

Please list below 3 recently completed projects with similar scopes of work:

Type of Project \_\_\_\_\_ Customer Reference w/Phone \_\_\_\_\_ Address of Project \_\_\_\_\_

Type of Project \_\_\_\_\_ Customer Reference w/Phone \_\_\_\_\_ Address of Project \_\_\_\_\_

Type of Project \_\_\_\_\_ Customer Reference w/Phone \_\_\_\_\_ Address of Project \_\_\_\_\_

Insurance Carrier:

\_\_\_\_\_ Company \_\_\_\_\_ Policy Number \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Email Address \_\_\_\_\_

**Minimum Amount of Coverage Required**  
**Please provide evidence of the insurance listed below.**

1. Bodily Injury Liability:  
Each Person/Each Occurrence: \$1,000,000  
\$1,000,000
2. Single Limit Bodily Injury Liability & Property Damage Liability:  
Each Occurrence Aggregate: \$1,000,000  
\$1,000,000
3. Commercial Vehicle C.S.L. Coverage:  
Each Person/Each Occurrence: \$1,000,000  
\$1,000,000
4. Verification of Workman's Comp Insurance, if subcontractors are utilized, submit names, phone numbers and sub contractor's license number.
5. Additionally Insured Page (CG 20 26 07 04)  
"The Housing Authorities of the City and County of Fresno and its Employees, The City of Fresno, and the Redevelopment Agency of the City of Fresno."

# CONTRACTOR CHECKLIST

Contractor: \_\_\_\_\_  
Point of Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
License #: \_\_\_\_\_ Type: \_\_\_\_\_

	Sub Contractor	Contact	Phone	License #	Trade	MBE/ WBE
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

**Form W-9**(Rev. October 2007)  
Department of the Treasury  
Internal Revenue Service**Request for Taxpayer  
Identification Number and Certification**Give form to the  
requester. Do not  
send to the IRS.

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box:  Individual/Sole proprietor  Corporation  Partnership  
 Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... Exempt  
payee Other (see instructions) ▶

Address (number, street, and apt. or suite no.) Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

**Part I Taxpayer Identification Number (TIN)**Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

OR

Employer identification number

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.Sign  
HereSignature of  
U.S. person ▶

Date ▶

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
  2. Certify that you are not subject to backup withholding, or
  3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.
- Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,