



Housing Authority of Florence

Post Office Drawer 969 / 2640 West Palmetto Street (29501)

Florence, South Carolina 29503

Phone (843) 669-4163 / TTY (800) 877-8339 / Fax (843) 679-2626

CONTRACTOR’S APPLICATION AND CERTIFICATION

The following information is submitted for consideration in determining the status of the firm named below as a contractor to do work for the Housing Authority of Florence, Cheraw, and/or Marlboro County.

This Application Must Be Complete.

Company name: _____

Principal individual: _____

Corporation: _____ Partnership: _____ Proprietorship: _____

Mailing Address: _____ City: _____

State: _____ Zip Code _____

Telephone Numbers: Business: _____ Cell: _____

Fax Number: _____ Home Number: _____

E-Mail: _____

Identify all individuals (owners and non-owners) who are responsible for the firm’s day-to-day management including, but not limited to, those with primary responsibilities for the following:

Financial Decisions: _____

Marketing and Sales: _____

Personnel: _____

Purchasing of supplies: _____

Supervision of Field Operations: _____

ATTACH A SUMMARY OF QUALIFICATIONS FOR ALL INDIVIDUALS LISTED ABOVE

Number of employees: _____

List most significant clients, projects or jobs within the past two years:

1. _____
2. _____
3. _____
4. _____
5. _____

Credit References:

Bank: _____

Building Supply: _____

Business References:

1. _____
2. _____
3. _____

Insurance:

Before commencing work, the Contractor and each subcontractor shall furnish the Housing Authority of Florence with certificates of insurance showing the following insurance is in force and will insure all operations under the contract.

1. Worker's Compensation, in accordance in the amount of \$250,000.
2. General Liability, with a combined single limit for bodily injury and property damage of not less than \$500,000 per occurrence, to protect the Contractor and each Sub-Contractor against claims for bodily injury or death and damage to the property of others.

For those firms in the construction trades:

Type of contractor: _____

License number: _____

Firm's maximum operating radius: _____ miles.

List major equipment in the firm's name. Indicate type and quantity.

List various jobs/duties that may be performed by you/your company:

Affidavit:

I/We do hereby certify that the information I/we have provided in the Contractor’s Application and Certification and in this Application and Certification and in this Affidavit may be used for the purpose of certifying the firm named in item one, page one. I/we agree to arrange for on-site inspections of our firm’s facilities in order to verify information provided in this document. I/we further agree that if, after completing this application, there are any significant changes in the information submitted, I/we notify the Housing Authority of Florence of those changes as soon as possible. The firm’s false representation of any information in order to receive public funds or other property may result in penalties imposed by the Housing Authority of Florence.

Signature _____ Date _____

Title _____ Name of Firm _____

Your application must be submitted with an [Request for Taxpayer Identification Number and Certification IRS W-9 form](#).

