

NEW YORK CITY HOUSING AUTHORITY

BUSINESS ENTITY QUESTIONNAIRE

FOR THOSE APPLYING FOR CONSIDERATION AS PRIME OR SUBCONTRACTORS

FOR NYCHA USE ONLY. OFFERER, GO TO PAGE 2. DO NOT ENTER INFORMATION IN THIS SECTION.

Prime Contractor, # of Subcontractor Questionnaires included _____ Subcontractor

Name of contractor/firm _____ Filing Date ____/____/____

TIN _____ VNC # _____

Full Amended Questionnaire

Sub/Contract Amount \$ _____

NYCHA Contact _____ Telephone () _____

BUSINESS ENTITY QUESTIONNAIRE

We designed this Business Entity Questionnaire to collect information from vendors who wish to do business with NYCHA to help ensure that we select only responsible vendors. In this way, we better serve the people of the City of New York.

GENERAL INSTRUCTIONS

You are required to read these instructions, as they will assist you in the accurate completion of this form. We have provided significant definitions in italics, within brackets, throughout the Questionnaire and you are responsible for reading and understanding these definitions.

You may file this Questionnaire either as a prime contractor, a business entity submitting a bid or proposal for the purpose of entering into a contract to perform work for, or provide goods to, NYCHA, or as a subcontractor, a business entity or individual engaged by a prime contractor. In this Questionnaire, unless otherwise stated, "you," "your," or "the applicant contractor/firm," refers to the business entity seeking to perform as the prime contractor. Or, when the subcontractor completes the Questionnaire, these terms refer to the business entity seeking to perform as the subcontractor. The terms "NYCHA," "we," or "us" refers to the New York City Housing Authority.

Only an individual who is knowledgeable about the past and present operations and policies of your firm should complete this Questionnaire.

NYCHA will accept your Questionnaire only if you have answered EVERY question. We will not consider a "not applicable" notation to be a response. When a question relates to a span of years (e.g., "within the last ten years..."), part of which predates your organization, respond to the question for the years the organization has been active. NYCHA will notify you if you have not answered one or more questions. If this happens, you will have seven calendar days to answer the question(s) completely. If you fail to provide a complete Questionnaire, NYCHA may reject your bid or proposal as non-responsive, without further consideration for award.

We require that you type your responses, with all required signatures in place.

Wherever necessary to provide complete responses to the questions, it is your responsibility to duplicate the appropriate sections and attach them as integral parts of your response. Use letter-size paper, marking each photocopy or page with the firm's name and Tax Identification Number ("TIN"), the same number you provide in response to Question 1c. Indicate on each page the number of the question and the specific matter, as stated in the Questionnaire, for which you are providing information.

Once you have completed this Questionnaire, all current "Key People," "Consultants," and "Expeditors" of the applicant contractor/firm (identified in Question 5) and those of each affiliate firm (identified in Question 4) are responsible for reading this Questionnaire, correcting errors or omissions, if any, and each must file a certification on the form provided at the end of this Questionnaire. If any "Key Person," "Consultant," "Expeditor," or affiliate firm fails to file a certification, we will consider your submission incomplete.

If you have questions related to the proper completion of this form, or the terms used, we encourage you to telephone 212- 306-7053 or fax to 212 – 306-3408 during normal business hours for assistance.

I have read and understand these instructions. YES NO _____

(Signature of Preparer)

TYPE OF FILING

You are filing a (check one) fully completed questionnaire filed on ___/___/___
 an amended questionnaire; the original was filed on ___/___/___

You are filing as (check one) a prime contractor a subcontractor

GENERAL INFORMATION ABOUT THE APPLICANT CONTRACTOR/FIRM

1a. Name of applicant firm: _____

1b. Does the firm currently do business by any other name(s)? YES NO

If Yes, list them here:

1c. Provide the applicant firm's Tax Identification Number ("TIN"): _____

This number is the Employee Identification Number, or Social Security Number

1d. Applicant firm's New York Metropolitan area (local) address:

Name: _____

Street: _____

City/State/Zip: _____

1e. Applicant firm's primary/principal address (if different):

Name: _____

Street: _____

City/State/Zip: _____

1f. Local telephone No.: () _____ Fax No.: () _____

Contact Person: _____ Title: _____

1g. Dun and Bradstreet Number: None

Other credit service name and number: None

1h. Number of employees now working in New York City?

None 1 – 9 10 – 19 20 – 49 50 – 99 100 – 449 499 or more

1i. Number of employees now working at all locations outside New York City?

None 1 – 49 50 – 99 100 – 249 250 – 499 500 – 999 1,000 or more

1j. Gross revenue for the most recent completed year, to the nearest thousand: \$ _____

2. Based upon the information you provided in Question 1, in the past five years:

2a. Has the applicant firm's New York metropolitan area address changed? YES NO

2b. Has the applicant firm operated under any other name(s) or trade name(s), or abbreviation(s), not given above? YES NO

2c. Has the applicant firm used another TIN (EIN or SSN)? YES NO

2d. Has the applicant firm become the successor of a "predecessor firm"? (A "predecessor firm" is a defunct business whose assets or employees, or both, were acquired by the applicant firm.)

If Yes to Questions 2a, b, c, or d, give details below.

NAME	ADDRESS/TELEPHONE	TIN	FROM/TO (MO/YR)

BUSINESS ORGANIZATION AND HISTORY

3a. Date the applicant contractor/firm was formed ____/____/____

3b. Type of organization (check one and answer all related questions)

Sole Proprietorship Joint Venture

Corporation

Incorporated in the State of: _____

Number of shares authorized to the corporation: _____

Number of shares issued to individuals or entities: _____

General Partnership Limited Partnership

The State and County where the partnership agreement was filed:

Other (Explain)

3c. Was the applicant contractor/firm purchased as an existing business by its present owner(s)? Yes No

If Yes, provide the date of purchase ____/____/____ and name of the previous owner: _____

3d. Are there any counties in New York State, other than the county listed above, in which the applicant contractor/firm has filed a Certificate of Incorporation, a Certificate of Doing Business, or the equivalent?
 Yes No

If Yes, list all such New York counties here, and provide dates:

3e. Does the applicant contractor/firm own rent lease rent/lease with an option to buy its office facilities?

If leased or rented, provide:

Owner's name: _____

Owner's address and telephone number: _____

3f. Does the applicant contractor/firm share office space, expenses, or equipment (including telephone exchanges) with any other business or organization? Yes No

3g. Will the applicant contractor/firm use or occupy any real property, other than those listed above, to carry out the terms of this contract? Yes No

3h. Does any "Key Person," "Consultant," or "Expeditor" (as identified in Question 5), or any member of Key Person's, Consultant's, or Expeditor's immediate family have an ownership interest in any business that holds the title or lease to any real property used, or intended for use under the proposed contract by the applicant contractor/firm in the New York Metropolitan area? ["Immediate family" is a current or former spouse and natural or adopted children, of any age.]

If Yes to Questions 3f, g, or h, provide the information below. Yes No

NAME AND ADDRESS OF BUSINESS AND/OR NAME OF PROPERTY OWNER/LESSOR	TIN OF OWNER OR LESSOR	TYPE OF SHARING, OR INDICATE IF OWNER OR LESSOR

AFFILIATE FIRMS

[Affiliate Firms are all firms that you list in response to Question 4.]

4. At present, or during the past five years:

4a. Has the applicant contractor/firm been a subsidiary of any other firm? [A “subsidiary” is a business or company whose majority of voting stock is owned by another business or company.] YES NO

4b. Has the applicant contractor/firm consisted of a partnership or joint venture in which one or more partners are other firms? YES NO

4c. Has any other firm owned ten percent or more of the applicant contractor/firm? YES NO

4d. Has any shareholder or partner of the applicant contractor/firm owned ten percent or more of another firm? YES NO

4e. Does another business direct or have the right to direct daily operations of the applicant contractor/firm? YES NO

If Yes to Question 4, list the other firms below and provide all information.

	FIRM #1	FIRM # 2
TIN		
FIRM'S NAME AND ADDRESS		
RELATION TO APPLICANT CONTRACTOR/FIRM (partner, co-owner, etc.)		
% OF APPLICANT CONTRACTOR/FIRM OWNED		
FROM/TO (dates)		
NAME/TITLE OF REPRESENTATIVE*		

*** IMPORTANT: A representative of each firm listed above whose affiliation continues to the present must file the attached certification and have it notarized.**

4f. At present, or in the past five years, has the applicant contractor/firm had any subsidiaries? (A “subsidiary” is defined in Question 4a, above.) YES NO

4g. At present, or in the past five years, has the applicant contractor/firm owned ten percent or more of any other firm? YES NO

4h. At present or in the past five years, has the applicant contractor/firm directed or does it have the right to direct daily operations of any other business? YES NO

4i. Does any individual or firm have the right to acquire ownership of an amount of stock of the applicant contractor/firm’s stock, pursuant to any stock option, arrangement, warrant, right, or otherwise which if combined with such individual’s or firm’s current holding, would constitute ten percent or more of the outstanding stock? YES NO

If Yes to Questions 4f, g, h, or i, list such firms below and provide the required information.

FIRM'S NAME AND ADDRESS	FIRM'S TIN	% APPLICANT FIRM OWNS

*** IMPORTANT: A representative of each firm listed above whose affiliation continues to the present must file the attached certification and have it notarized.**

KEY PEOPLE

[“Key People” include: proprietors, owners, partners, directors, officers; shareholders of ten percent or more of the applicant firm’s issued stock, including owners of other securities (e.g., stock options, secured or unsecured bonds, warrants and rights, etc.) that can be converted to stock that, if exercised, would constitute ten percent of the firm’s issued stock; each manager or individual who participates in overall policy-making or financial decisions for the firm; and each person in a position to control and direct the firm’s overall operations. Applicant firms that are publicly held corporations should list the president, treasurer, shareholders of ten percent or more of the firm’s issued stock, and only those officers and managers who will have direct responsibility for the contract, if awarded. Partnerships should list only the partners who will have direct responsibility for the contract. Key People include, without limitation, any individuals who have the right to acquire ownership of an amount of the applicant contractor/firm’s stock, pursuant to any stock option, arrangement, warrant, right, or otherwise, which if combined with such individual’s current holdings, would constitute ten percent or more of the outstanding stock]

5a. Provide the required information on all current Key People and those who have served as Key People in the past five years. Copy/duplicate the table below if more space is required. Complete all areas.

	NAME, TITLE & HOME ADDRESS (BUSINESS NAME IF APPLICABLE & ADDRESS)	BIRTH DATE & SOCIAL SECURITY #	% OF OWNERSHIP	# OF SHARES OWNED AND HOW ACQUIRED *	FROM/TO (dates)
Person 1		DOB SSN			
Person 2		DOB SSN			
Person 3		DOB SSN			
Person 4		DOB SSN			
Person 5		DOB SSN			

Person 6		DOB			
		SSN			
Person 7		DOB			
		SSN			
Person 8		DOB			
		SSN			
Person 9		DOB			
		SSN			
Person 10		DOB			
		SSN			

IMPORTANT: Each current “Key Person” must file a NOTARIZED certification on the form attached at the end of the Questionnaire.

* Include information regarding the right to acquire ownership of shares.

CONSULTANTS AND EXPEDITORS

“Consultants and Expeditors” includes any individual who represents the applicant contractor/firm by completing and filing the applicant firm’s paperwork.

5b. Provide the required information on all current “Expeditors and Consultants” and those “Expeditors and Consultants” who have served as such in the past five years. Copy/duplicate the table below if more space is required. Complete all areas.

	NAME & TITLE	BIRTH DATE & SSN	HOME ADDRESS & PHONE #	BUSINESS ADDRESS & PHONE #	FROM/TO (DATES)
Person 1		DOB			
		SSN			
Person 2		DOB			
		SSN			
Person 3		DOB			
		SSN			
Person 4		DOB			
		SSN			

IMPORTANT: Each current “Consultant” and “Expeditor” must file a NOTARIZED certification on the form attached at the end of the Questionnaire.

6. At present or during the past five years have any of the “Key People,” “Consultants,” or “Expeditors” of the applicant contractor/firm served as a Key Person or owned ten percent or more of any other firm, including firms that are inactive or have been dissolved? **YES** **NO**

If Yes, list below.

FIRM'S NAME AND ADDRESS	TIN	KEY PERSON'S NAME	POSITION HELD	% OWNED

7. Within the applicant contractor/firm, have any of the Key People, Consultants or Expeditors, now or within the past five years been:

7a. an employee or elected official of the City or State of New York, an employee of NYCHA, or a paid or unpaid political party officer, community board officer, or non-elected governmental appointee? **YES** **NO**

7b. related by kinship or marriage to any present or past employee of NYCHA? **YES** **NO**

7c. a consultant or advisor to NYCHA involved in the solicitation, award or administration of the proposed contract? **YES** **NO**

If Yes to Questions 7a, b, or c, provide the following information.

NAME	RELATIONSHIP/POSITION & ORG.	FROM/TO (dates)

FINANCIAL INFORMATION

8. At present, or in the past five years:

8a. Has the applicant contractor/firm been indebted to an individual or entity, other than a commercial lending institution, in the cumulative amount of \$50,000 or more? **YES** **NO**

8b. Have any of the applicant contractor/firm’s Key People, Consultants, or Expeditors been indebted to an individual or entity, other than a commercial lending institution, in the cumulative amount of \$50,000 or more, for the benefit of the applicant firm? **YES** **NO**

8c. Has the applicant contractor/firm pledged any of its assets, stock or profit to guarantee any debt or obligations? **Yes** **No**

8d. Has any individual or firm been a guarantor, co-maker or co-signer of any obligations on behalf of the applicant firm? **Yes** **No**

If Yes to any portion of Question 8, provide details below.

NAME OF CREDITOR	NAME OF BORROWER	AMOUNT OF LOAN \$	TERMS OF PLEDGE OR LOAN	GUARANTOR OR CO-SIGNER'S NAME

9. At present, or in the past seven years:

9a. Has the applicant contractor/firm, including its affiliates or any of its Key People, been a party to a bankruptcy or reorganization proceeding? **Yes** **No**

9b. Has the applicant contractor/firm been the subject of a lien or claim of \$25,000 or more by a subcontractor or supplier? **Yes** **No**

If Yes to either part of Question 9, provide the following information.

CAPTION OR ACTION	DATE	DOCKET #	COURT	COUNTY

EXPERIENCE

10. During the past five years:

10a. Has the applicant contractor/firm been awarded and performed other contracts with NYCHA or the City of New York? **Yes** **No**

If the response to Question 10a is Yes, list the contracts below. If the response to Question 10a is No, give details below on the three largest prime or sub-contracts performed in the commercial or private sector.

	JOB #1	JOB # 2	JOB # 3
NAME, AGENCY OR OWNER			
CIRCLE ONE & GIVE CONTRACT # & \$ AMOUNT	prime or subcontractor # \$	prime or subcontractor # \$	prime or subcontractor # \$
NAME & LOCATION OF PROJECT (N/A for Vendors)			
NAME OF SURETY CO. USED (N/A for Vendors)			
DESCRIBE GOODS OR SERVICES PROVIDED			
START AND COMPLETION DATES			
NAME & PHONE # OF OWNER'S SUPERVISOR FOR THE CONTRACT			

10b. Has the applicant contractor/firm or any affiliated business performed as a subcontractor on any contract for the City of New York or NYCHA within the past five years? Yes No

If Yes to Question 10b, provide details.

NAME OF SUBCONTRACTOR	NAME OF PRIME CONTRACTOR & TIN #	CITY AGENCY & CONTRACT	CONTRACT START DATE & AMOUNT
		AGENCY	____/____/____
TIN	TIN	#	\$
		AGENCY	____/____/____
TIN	TIN	#	\$

COMPLIANCE INFORMATION

11. Currently or at any time in the past five years has the applicant contractor/firm or any of its affiliate or predecessor firms been the subject of any of the following actions by any government agency [“government agencies” include City, State & Federal public agencies, quasi-public agencies, authorities & corporations, public development corporations and local development corporations]:

11a. been suspended, debarred, disqualified, found non-responsible, had a prequalification revoked, or otherwise been declared ineligible to bid? YES NO

11b. been prevented or barred from bidding for any other reason? YES NO

11c. been barred from bidding or denied a contract as a result of refusal of Key People to testify before a grand jury or administrative board? YES NO

11d. been barred from bidding or denied a contract as a result of failure to meet statutory affirmative action or MBE/LBE requirements? YES NO

11e. been denied a contract for failure to obtain surety or otherwise provide required security? YES NO

11f. been denied a contract despite being the low bidder for any other reason? YES NO

11g. defaulted on any contract? YES NO

11h. had a contract suspended or terminated for cause? YES NO

11i. been given a final unsatisfactory performance determination or deemed a poor performer (by letter or formal proceedings)? YES NO

11j. assessed liquidated damages upon completion of a contract? YES NO

If Yes, to any portion of Question 11, provide details below.

AGENCY	CONTRACT #	DATE OF ACTION	DESCRIBE ACTION	AGENCY CONTACT PERSON'S NAME/PHONE

LITIGATION ACTIVITY

12a. At the present time, or during the past five years, has the applicant contractor/firm or any current or past Key Person or affiliate firm been a plaintiff or defendant in any lawsuits arising out of goods or services delivered under public or private contracts? YES NO

12b. At the present time, is the applicant contractor/firm or any of its affiliate firms engaged in any litigation with or against NYCHA, the City of New York, or another public agency? YES NO

If Yes to Questions 12a or b, provide the information below. Indicate in the "P/D" column whether the applicant firm, Key People or affiliate firms were plaintiffs ("P") or defendants ("D").

CAPTION OR ACTION	P/D	COURT	INDEX/DOCKET #	DATE	STATUS

INTEGRITY INFORMATION

13. In the past ten years, has the applicant contractor/firm, or any of its current or past Key People, Consultants, Expeditors, affiliate firms, or predecessor firms:

13a. been the subject of an investigation involving any alleged violation of criminal law? (An "Investigation" includes an appearance before a Federal or State grand jury by representatives of a business entity, any oral or written inquiry [including being served with a Federal or State subpoena] or review of the entity's documents by a public agency, temporary commission or other investigative body, or questioning of employees concerning the general operation or a specific project or activities of such business entity. **"Been the subject of" includes currently being the subject of any investigation.**) YES NO

13b. been the subject of an investigation of any alleged violation of a civil antitrust law or other Federal, State or local civil law? YES NO

13c. been the subject of an investigation of any alleged violation of a Federal, State or local regulation by any public or governmental agency? YES NO

13d. been arrested, indicted or named as an unindicted co-conspirator in any indictment or other accusatory instrument? YES NO

13e. entered into a consent decree? YES NO

13f. been granted immunity from prosecution for any business-related conduct constituting a crime under State or Federal law? YES NO

13g. asserted the Fifth Amendment privilege while being questioned regarding any business-related charge constituting a crime under State or Federal law? YES NO

If Yes to any portion of Question 13, supply details below.

AGENCY OR COURT	NATURE OF ACTION	PERSON AND TITLE OR ENTITY NAME	DATE	STATUS OF OUTCOME

14. In the past ten years, or at the present, has or does the applicant contractor/firm or any of its current or past Key People, Consultants, Expeditors, or affiliate firms:

14a. been convicted, after trial or by plea, of any felony under State or Federal law? YES NO

14b. been convicted of any misdemeanor involving business-related crimes? YES NO

14c. have pending against them any felony or misdemeanor charges or any other crime, including such charges that were filed either before, during or after their employment with the applicant or affiliate firm? YES NO

14d. been found to have committed a violation of any labor law or regulation, including prevailing wage rates, fair labor practices and New York Labor Law §220? YES NO

14e. been found to have violated Federal, State or local environmental protection laws? YES NO

14f. been found in violation of, or have charges currently pending related to, any administrative, statutory or regulatory provisions? YES NO

14g. had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held? YES NO

14h. entered a plea of nolo contendere to a charge of embezzlement, theft, forgery, bribery, falsification or destruction of records, receiving stolen property or a violation of the antitrust law? YES NO

If Yes to any part of Question 14, supply details below.

AGENCY OR COURT	FIRM OR PERSON NAMED	NATURE OF THE CHARGES OR INVESTIGATION	DATE	STATUS OR OUTCOME

15. In the past ten years, or at the present, has the applicant contractor/firm, or any of its current or past Key People, Consultants, or Expeditors or those of its affiliate firms engaged in any of the following practices:

15a. filed with a government agency or submitted to a government employee a written instrument known to contain false statements or information? YES NO

15b. falsified business records? YES NO

15c. excluding an official agency filing fee, given, or offered to give, money or any other benefit to a public servant? YES NO

15d. given, or offered to give money, or other benefit to an official or employee of a private business with intent to induce that official or employee to engage in unethical or illegal business practices? YES NO

15e. agreed with another to bid below prevailing market rate? YES NO

15f. agreed with another to submit identical or complimentary bids or otherwise not to bid competitively? YES NO

15g. agreed with another to not submit competitive bids in another's territory established either by geography or customers? YES NO

15h. Agreed with another to take turns in obtaining contracts by predetermining which firm would submit the lowest bid? YES NO

If Yes to any part of Question 15, explain below.

DESCRIBE ACTION	NAMES OF THOSE INVOLVED	DATES	RESULTS

16. For the past ten years, has the applicant contractor/firm, or an affiliate firm, failed to file any required tax returns or failed to pay any applicable Federal, State or New York City taxes, or other assessed New York City charges, including but not limited to water and sewer charges? YES NO

If Yes to Question 16, provide details.

TAX YEAR	FAILURE	EXPLANATION
	TO FILE TO PAY	
	TO FILE TO PAY	
	TO FILE TO PAY	

17. Did any person or firm other than the applicant contractor/firm’s Key People, Consultants, Expeditors, or employees help the applicant firm prepare its bid or proposal, or provide any assistance undertaken for the purpose of obtaining this contract? Assistance includes, but is not limited to, consulting and technical assistance, advocacy, representation and lobbying. YES NO

If Yes to Question 17, provide details below.

NAME AND ADDRESS OF PERSON/FIRM	TIN	SERVICE

IMPORTANT: THE APPLICANT CONTRACTOR/FIRM MUST APPEND TO THIS QUESTIONNAIRE NOTARIZED CERTIFICATIONS OF EACH AND ALL OF THE KEY PEOPLE, CONSULTANTS, EXPEDITORS AND AFFILIATE FIRMS IDENTIFIED IN QUESTIONS 4 AND 5. NYCHA WILL NOT ACCEPT QUESTIONNAIRES THAT LACK ANY OF THE REQUIRED CERTIFICATIONS.

“KEY PERSON,” “CONSULTANT” AND “EXPEDITOR” CERTIFICATION

Each “Key Person,” “Consultant,” and “Expeditor” as identified in the Questionnaire must complete a certification. The certification must be notarized when signed.

WE ADVISE YOU: A MATERIAL FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS QUESTIONNAIRE IS SUFFICIENT CAUSE FOR NYCHA TO DETERMINE THAT THE BIDDER OR PROPOSER IS NOT RESPONSIBLE, TO REVOKE A PRIOR CONTRACT AWARD, AND TO PRECLUDE THE APPLICANT FIRM FROM DOING BUSINESS WITH, OR PERFORMING WORK FOR NYCHA AS A VENDOR, PRIME CONTRACTOR, SUBCONTRACTOR, OR CONSULTANT FOR A PERIOD OF FIVE YEARS. IN ADDITION, SUCH FALSE SUBMISSION MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES, INCLUDING NEW YORK STATE PENAL LAW SECTIONS 175.35 (OFFERING A FALSE STATEMENT FOR FILING) AND 210.40 (SWORN FALSE STATEMENT) AND/OR TITLE 18 U.S.C. SECTIONS 1001 (FALSE OR FRAUDULENT STATEMENT) AND/OR TITLE 18 U.S.C. SECTION 1341 (MAIL FRAUD).

I, _____, being duly sworn, state that I am _____
(Full Name) (Title)

of _____ and that I have read and understood the
(Full Name Of Firm)

questions contained in the attached Questionnaire.

I certify that to the best of my knowledge, the information given in response to each question is full, complete and truthful.

I acknowledge that NYCHA may, by means it deems appropriate, determine the accuracy and truth of the statements made in the Questionnaire.

I recognize that all the information submitted is for the express purpose of inducing NYCHA to award a contract.

I authorize NYCHA to contact any entity named in the Questionnaire for purposes of verifying the information supplied by the applicant firm.

PRINT NAME SIGNATURE / /
DATE SIGNED

Sworn to before me

this _____ day of _____ 20__

Notary Public

CERTIFICATION BY AN AFFILIATE ORGANIZATION REPRESENTATIVE

A representative of each firm identified in the Questionnaire, Question 4, as an affiliate firm, must complete a certification. The certification must be notarized when signed.

WE ADVISE YOU: A MATERIAL FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS QUESTIONNAIRE IS SUFFICIENT CAUSE FOR NYCHA TO DETERMINE THAT THE BIDDER OR PROPOSER IS NOT RESPONSIBLE, TO REVOKE A PRIOR CONTRACT AWARD, AND TO PRECLUDE THE APPLICANT FIRM FROM DOING BUSINESS WITH, OR PERFORMING WORK FOR NYCHA AS A VENDOR, PRIME CONTRACTOR, SUBCONTRACTOR, OR CONSULTANT FOR A PERIOD OF FIVE YEARS. IN ADDITION, SUCH FALSE SUBMISSION MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES, INCLUDING NEW YORK STATE PENAL LAW SECTIONS 175.35 (OFFERING A FALSE STATEMENT FOR FILING) AND 210.40 (SWORN FALSE STATEMENT) AND/OR TITLE 18 U. S.C. SECTIONS 1001 (FALSE OR FRAUDULENT STATEMENT) AND/OR TITLE 18 U.S.C. SECTION 1341 (MAIL FRAUD).

I, _____, being duly sworn, state that I am _____
(Full Name) (Title)

of _____, and that I have read and understood

(Full Name Of Firm)

the questions contained in the Questionnaire submitted to NYCHA on ____/____/____

by the applicant firm _____.
(Full Name of Applicant Firm)

I certify that to the best of my knowledge, the information given in response to each question is full, complete and truthful.

I acknowledge that NYCHA may, by means it deems appropriate, determine the accuracy and truth of the statements made in the Questionnaire.

I am executing this certification and attesting to the accuracy of the statements contained in the Questionnaire for the express purpose of inducing NYCHA to award a contract.

I authorize NYCHA to contact any entity named in the Questionnaire for purposes of verifying the information supplied by the applicant firm.

PRINT NAME SIGNATURE DATE SIGNED

Sworn to before me

this _____ day of _____ 20__

Notary Public