



*A Nonprofit Housing and Community Development Organization*

Thank you for your interest in the Self-Help Enterprises Home Rehabilitation Program!

Enclosed please find the Contractor's Application you requested. Additional copies and more information can be found on our website at [www.selfhelpenterprises.org](http://www.selfhelpenterprises.org) under the Get Involved – Become a Contractor section.

If you have any questions or need additional information, please contact Housing Rehab Manager, Rich Aicklen at (559) 651-1000, ext. 645.

Please return the completed forms and required documentation to Self-Help Enterprises via mail to PO Box 6520, Visalia CA 93290 or in person to 8445 W Elwin Court, Visalia.

Upon receipt, your name will be added to our Contractor's List. When a home comes up for bid in the area(s) you requested, your name/company will be submitted to the family for consideration.

Thank you for your interest in Self-Help Enterprises.



Main Office: 8445 W. Elwin Court • P.O. Box 6520 • Visalia, CA 93290 • Phone (559) 651-1000 • Fax (559) 651-3634  
North Valley Office: 2413 W. Cleveland, Suite 101 • Madera, CA 93637 • Phone (559)675-1100 • Fax (559) 673-0137  
[info@selfhelpenterprises.org](mailto:info@selfhelpenterprises.org) • [www.selfhelpenterprises.org](http://www.selfhelpenterprises.org)



SELF-HELP ENTERPRISES  
 P. O. BOX 6520  
 VISALIA, CA 93290  
 (559) 651-1000

**HOUSING REHAB CONTRACTOR APPLICATION**

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Owner(s): \_\_\_\_\_  
 Company Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 License #: \_\_\_\_\_ Expiration: \_\_\_\_\_ Qualifying Individual \_\_\_\_\_  
 Federal Tax ID# \_\_\_\_\_ or Owner's SS# \_\_\_\_\_ Are you a corporation? YES \_\_\_ NO \_\_\_  
 Type of Contractor: General or Specialty Trade (please list): \_\_\_\_\_  
 Number of Full-Time Employees: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_\_  
 Fax Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Counties you work in:** (Circle all that apply) Tulare Kings Kern Fresno Madera Merced Stanislaus

**INSURANCE: Verification of insurance will be required prior to entering into contract.**

**LICENSE BOND: (Attach copy of bond) Amount:** \_\_\_\_\_

Company: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Agent: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**LIABILITY INSURANCE: (Attach certificate if available)**

Company: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Agent: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Coverage \_\_\_\_\_

**Minimum Coverage \$1,000,000.00**

**WORKERS COMPENSATION: (Attach certificate if available)**

Company: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Agent: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**REFERENCES:**

Credit References: List 3 Suppliers starting with largest volume credit account. Credit reports may be required.

	NAME	ADDRESS	PHONE
1.			
2.			
3.			

Customer References: List your most recent jobs first.

	NAME	ADDRESS	PHONE	CONTRACT AMT
1.				
2.				
3.				

IS THIS COMPANY OWNED (OVER 50%) BY A: MINORITY? NO [ ] YES [ ] ETHNIC \_\_\_\_\_  
 WOMAN? NO [ ] YES [ ]

**I HAVE READ AND UNDERSTAND THE SELF-HELP ENTERPRISES CONTRACTOR GUIDELINES.**

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

## Request for Taxpayer Identification Number and Certification

**Give form to the  
 requester. Do not  
 send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee <input type="checkbox"/> 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 Here**

Signature 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,



**SELF-HELP ENTERPRISES**  
**Housing Rehab/Reconstruction Program**  
**Contractors' Guidelines and Information Sheet**

The purpose of Self-Help Enterprises (SHE) is to assist low-income families of the San Joaquin Valley to improve their living conditions.

The counties of the San Joaquin Valley contain the world's richest and most productive farm land. They also contain an astonishing quantity of inadequate, if not hazardous, housing. In particular, the people who provide the source of labor for the agricultural fields can find little except substandard housing in existing stock, and have insufficient income to qualify for standard new home loans. Similarly, the low income, elderly, and handicapped often find themselves trapped in substandard housing. Like the ghettos of America's large cities, housing available to rural low income residents of the valley remains a disgrace to one of the wealthiest of nations.

SHE appreciates your interest in contracting with us to improve the housing conditions of the low-income families in the Central Valley. It is our hope that together we can realize the dreams of safe and decent housing for the less fortunate in our community.

**General Program Information**

The aim of the program is to repair houses making life-safety and sanitary upgrades under the standards of the California Building Code (CBC).

To accomplish this, Self-Help Enterprises (SHE):

- Assists the jurisdiction to apply for grant funds providing low-interest financing to eligible Owners so that they can afford to rehabilitate or reconstruct their home or rental unit.
- Contracts with the jurisdiction to provide technical assistance for the financial and construction aspects of the program.
- Keeps jobs on schedule, running smoothly, and, when problems arise, work with all parties to swiftly resolve those problems.

**Work Standards**

The work must meet all applicable building codes and be done in a competent, professional manner. We generally expect "Tract House" quality. Everything must appear pleasing, be functional, and be built to last. Further, it is in your best interest to do a good job and please the Owner, so when it's time to request payment, the Owner will sign the release. Also, a quality job may lead to referrals for future work in the area.

**Contractor Eligibility** - To qualify, contractors must:

- Be licensed in the State of California as a Class B General Contractor and their license must be in good standing with the Contractors' State Licensing Board.
- California law requires Contractors to have a minimum of \$1,000,000.00 liability insurance, worker's compensation, and a valid Contractor Bond. ***Evidence of these must be provided prior to entering into a Construction Contract and insurance must be in force throughout the term of the Contract.***
- Contractors listed on the HUD's debarred list will be ineligible.
- Contractors must complete an application and
- May be asked to participate in project orientation.

### **Contractor Suspension/Elimination from Bid List**

- Contractor's license is no longer valid.
- Inability to acquire insurance.
- Failure to finish one or more jobs in the time specified in the Contract.
- Failure to prove the knowledge and/or ability to perform the work required of any given Contract per the California Building Code.
- Quality of work does not meet specifications in the Contract.
- Failure to resolve legitimate complaints about the work.
- Evidence of financial problems.
- Withdrawal of bids.
- Pressuring Owners to choose a specific Contractor; promising rebates, kickbacks, or additional work not included in the bid documents, or otherwise trying to circumvent the bid process in an unethical or illegal manner.
- Failure to disclose that the Contractor, or an employee of the Contractor, is the Owner of, or has a financial interest in, the property the Contractor is rehabilitating.
- Failure to comply with established jurisdiction guidelines and/or standards.

### **Federal/State Requirements**

The paperwork required (contracts, bid procedures, payment requisition, etc.) is designed to protect the Contractor's and Owner's interests, and it is far less complicated than the typical federally-funded project.

Three requirements to take note of are:

- 1.) Equal opportunity laws govern the program. Discriminatory practices in the employment of individuals based on race, creed, color, gender, age, religion, or national origin are unacceptable.
- 2.) No jurisdiction or SHE employee can have any direct or indirect financial interest in the work to be performed and cannot have any financial dealings with Contractors or Owners involved in the program.
- 3.) Neither a Contractor, nor their employee(s) can be the Owner of or have a financial interest in the property, except as an Owner-Builder.

### **Scope of Work**

The Owner, working with the SHE staff and jurisdiction inspectors, decides on the work. This is specified in the bid documents and any drawings needed.

### **Bid/Contractor Selection**

Contractors on the list will be invited to bid tours. Owners have the right to exclude Contractors from the list without justification, and they may request that other qualified Contractors be added. Contractors will be notified via telephone and/or in writing (email, fax, etc.) at least one week prior to each bid tour.

- 1.) Any Contractor who has been awarded two contracts may not be eligible to receive any additional contracts until one or both previously awarded contracts are completed.
- 2.) Contractors cannot submit a bid on any property in which they have a vested interest. Such a Contractor may act as an Owner-Builder, subject to standard construction procedures. (Owner-Builders are reimbursed for purchased materials which are verified by invoice/receipt and used on the job, but they are not reimbursed for labor. Reimbursement occurs after the work is approved by the family, inspected by the Building Department as required/applicable, and verified by a SHE Rehabilitation Specialist).
- 3.) Generally, the Owner will select the Contractor who has submitted the lowest responsible bid.
- 4.) The total bid amount is **non-confidential** and available for everyone to see. However, the itemized amounts for each part of the work required with the bid are **confidential**.

5.) Construction Contract is between the Owner and Contractor. Neither the jurisdiction nor SHE is a party to the Contract. The Owner pays for all work specified in the Contract from the loan which he or she has taken out.

**Change Orders**

All changes in the scope of work must be in writing and approved by the Owner, Contractor and Self-Help Enterprises. No changes to the scope of work should be handled without a written change order. It is not a sound business practice. The Contractor has no guarantee of payment.

**Loan Funds**

Loan funds are safe. A construction account is established with SHE for each job. Before the job starts, the loan funds are on deposit. Since no money can be withdrawn without authorization by the Owner and review by SHE, you can be assured that funds are available to cover the amount of the Contract.

**Payment**

Contractor submits an invoice for a progress payment based on work completed. The invoice must be approved by the Owner and then inspected by SHE's Rehabilitation Specialist prior to payment of the invoice. Generally a contractor will receive payment by mail within two (2) to three (3) weeks after submitting an invoice.

Ten Percent (10%) of each invoice will be withheld and paid to the Contractor thirty-five days after the Notice of Completion has been recorded and all paperwork has been submitted and pick up work completed.

**Final Note:**

We look forward to talking to you more about this opportunity. Please feel free to call the office if you would like more information.

Rich Aicklen  
Manager – Housing Rehabilitation  
559-651-1000 ext. 645