



PORTAGE METROPOLITAN HOUSING AUTHORITY

FACILITIES PLANNING BACKGROUND QUESTIONNAIRE

FOR THOSE APPLYING FOR CONSIDERATION AS A LESSEE

FOR PHA USE ONLY.

Name of Applicant _____

Filing Date ____/____/____

EIN or SSN _____

Original

Revised Questionnaire

BUSINESS ENTITY QUESTIONNAIRE

To ensure that PMHA selects only responsible tenants, PMHA designed this Business Entity Questionnaire to collect information from lease applicants (each, an "Applicant") who wish to lease space from PMHA. In this way, PMHA may better serve the community.

GENERAL INSTRUCTIONS

In this Questionnaire, unless otherwise stated, "you," "your," or "the Applicant," refers to the person(s) or entities seeking to be the lessee. The terms "PMHA," "we," or "us" refer to the Portage Metropolitan Housing Authority.

Only an individual who is knowledgeable in the past and present operations and policies of Applicant should complete this Questionnaire.

PMHA will accept your Questionnaire only if you have answered EVERY question completely and signed this form as required. 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 five years..."), any part of which predates your organization, please respond to the question as to the years the organization has been active. PMHA will notify you if you have not answered one or more questions satisfactorily. If this happens, you will have seven calendar days from the date you receive notification to answer the relevant question(s) completely. If you fail to provide a complete Questionnaire, PMHA may not enter into a lease agreement with you.

Where your response to a question exceeds the space provided in this form, you must make a copy of the applicable section of the form and continue your response on the "copy" page. Make certain to attach all copy pages to the Questionnaire prior to submitting the Questionnaire to PMHA. For all such attachments, use letter-size paper, and mark each page with the firm's name and Employee Identification Number ("EIN") or Social Security Number ("SSN"), the same number you provide in response to Question 1c. Indicate on each attachment 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 Principals of Applicant are responsible for reviewing this Questionnaire, correcting errors or omissions, if any, and each must file with PMHA a completed certification in the form provided at the end of this Questionnaire. If any Principal of Applicant or any affiliate firm fails to file a certification, we will consider your submission incomplete.

By signature below, you confirm that you have the authority to bind the Applicant to the representations made herein, and that you have read and understood the above instructions.

(Signature)

(Date)

(Print)

TYPE OF FILING

You are filing a (check one) an original completed questionnaire
 a revised questionnaire; the original was submitted on ___/___/___

GENERAL INFORMATION ABOUT THE APPLICANT

1a. Name of Applicant: _____

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

If Yes, list them here: _____

1c. Provide the Applicant's EIN or SSN: _____

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

1d. Applicant's Portage County area (local) address:

Name: _____

Street: _____

City/State/Zip: _____

1e. Applicant'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

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

2a. Has the Applicant's Portage County area address changed? YES NO

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

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

2d. If Applicant was acquired, by purchase or otherwise, from someone else, or if Applicant is the successor to a "predecessor firm" acquired from someone else, provide seller's or predecessor firm's information below. Yes No

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

NAME	ADDRESS & TELEPHONE #	EIN or SSN	FROM/TO (MO/YR)

BUSINESS ORGANIZATION AND HISTORY

3a. Date the Applicant was formed ____/____/____

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

- Sole Proprietorship
- Partnership
- Limited Liability Partnership
- Limited Liability Company
- Corporation
- Other

3c. Formed/Incorporated in the State of: _____

If Corporation, Number of shares authorized to the corporation: _____

If Corporation, Number of shares issued to individuals or entities: _____

3d. Was the Applicant entity 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:

If Yes to Questions 3d provide the information below.

NAME AND ADDRESS OF BUSINESS AND/OR NAME OF PROPERTY OWNER/LESSOR	EIN or SSN 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 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 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? YES NO

4d. Has any shareholder or partner of the Applicant 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?

YES NO

If Yes to Question 4a, b, c, d, e or g, list the other firms below and provide all information.

	FIRM #1	FIRM # 2
EIN or SSN		
FIRM'S NAME & ADDRESS		
RELATION TO APPLICANT (partner, co-owner, etc.)		

% OF APPLICANT OWNED		
FROM/TO (DATES)		
NAME/TITLE OF REPRESENTATIVE*		

*** IMPORTANT: A representative of each firm listed above whose affiliation continues to the present must file with PMHA the attached certification and have it notarized. A representative is a person authorized to bind the firm to contractual agreements.**

PRINCIPALS OF APPLICANT:

Includes all persons and entities with (i) an ownership interest in or ability to control Applicant; and/or (ii) an ability to make day-to-day decisions relating to the proposed lease. If the Applicant is a Corporation, LLC, or Limited Liability Partnership, then "Principal of Applicant" includes, as applicable, proprietors, owners, partners, directors, officers; shareholders of ten percent or more of the Applicant'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 Applicant's issued stock; each manager or individual who participates in overall policy-making or financial decisions for the Applicant; and each person in a position to control and direct the firm's overall operations. Applicant firms that are publicly held corporations should list as Principals of Applicant 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 concerning the proposed lease. Partnerships should list only the partners who will have direct responsibility. Principals of Applicant include, without limitation, any individuals who have the right to acquire ownership of an amount of the Applicant'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].

5. Provide below the required information on all current Principals of Applicant and those who have served as Principals of Applicant 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)	% OF OWNERSHIP	# OF SHARES OWNED AND HOW ACQUIRED*	FROM/TO (Dates)
Person 1				
Person 2				
Person 3				
Person 4				
Person 5				
Person 6				

Person 7				
Person 8				

IMPORTANT: Each current Principals of Applicant must file with PMHA a NOTARIZED certification on the form attached at the end of the Questionnaire.

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

6. At present or during the past five years have any of the Principals of Applicant served as a Principals of Applicant 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 & ADDRESS	EIN or SSN	PRINCIPALS OF APPLICANT - NAME	POSITION HELD	% OWNED

FINANCIAL INFORMATION

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

7a. Has Applicant or any Principal of Applicant 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 or in connection with the Applicant? YES NO

7b. Has Applicant pledged any of its assets, stock or profit to guarantee any debt or obligations?
 YES NO

7c. Applicant must fill out and Submit Commercial Lease Applicant Consent for Credit Check.

COMPLIANCE INFORMATION

8. Currently or at any time in the past five years has the Applicant or any Principal of Applicant 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]:

9a. suspended, debarred, disqualified, found non-responsible, had a prequalification revoked, or otherwise been declared ineligible to do business with a government agency for any reason?
 YES NO

9b. barred as a result of refusal of Principals of Applicant to testify before a grand jury or administrative board?

YES NO

9c. barred as a result of failure to meet statutory affirmative action or MBE/WBE requirements? YES NO

9d. defaulted on any contract? YES NO

if Yes, to any portion of Question 10, provide details below.

AGENCY	CONTRACT #	DATE OF ACTION	DESCRIBE ACTION	AGENCY CONTACT PERSON'S NAME & TELEPHONE #

LITIGATION ACTIVITY

10. At the present time, is the Applicant or any of its affiliate firms engaged in any litigation with or against PMHA, the City of Ravenna, or another government agency? YES NO

If Yes to Questions 11, provide the information below. Indicate in the "P/D" column whether the Applicant, Principals of Applicant or affiliate firms were plaintiffs ("P") or defendants ("D").

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

9. In the past five years, or at the present, has or does the Applicant or any of its current or past Principals of Applicant:

10a. been convicted, after trial or by plea, of any felony under State or Federal law? YES NO

10b. been convicted, after trial or by plea, of any misdemeanor involving business-related crimes?
 YES NO

10c. 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

10d. been found to have violated Federal, State or local environmental protection laws? YES NO

10e. been found in violation of, or have charges currently pending related to, any administrative, statutory or regulatory provisions? YES NO

10f. had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held? YES NO

10g. 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 13, supply details below.

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

11. In the past ten years, or at the present, has the Applicant, or any of its current or past Principals of Applicant engaged in any of the following practices:

11a. filed with a government agency or submitted to a government employee a written instrument known to contain false statements or information? YES NO

11b. falsified business records? YES NO

11c. excluding an official agency filing fee, given, or offered to give, money or any other benefit to a public servant? YES NO

11d. 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

If Yes to any part of Question 14, explain below.

DESCRIBE ACTION	NAMES OF THOSE INVOLVED	DATES	RESULTS

12. For the past ten years, has the Applicant, failed to file any required tax returns or failed to pay any applicable Federal, State or City of Ravenna taxes, or other assessed City of Ravenna charges, including but not limited to water and sewer charges? YES NO

If Yes to Question 15, provide details.

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



COMMERCIAL SPACE APPLICATION FORM

COMMERCIAL SPACE INFORMATION

Date: _____

Applicant's Name: _____

Address of Space: _____

REQUIRED DOCUMENTATION

Dear Applicant: Below please find a list of documents that you need to submit **in addition to** the Commercial Space Application Form and the Business Entity Questionnaire (BEQ). It is very important that all items in the Commercial Space Application Form and Business Entity Questionnaire be completed **thoroughly** before submitting for review. If additional space is needed, please use the back side(s) of this form.

- COPIES OF YOUR LAST THREE (3) FEDERAL INCOME TAX RETURNS**
(Business owners should include copies of both business and personal Federal Income Tax Returns.)
- DOCUMENTATION FOR ALL CASH/ASSETS**
(Copies of your checking and/or savings account(s) statement(s).)
- COPIES OF ANY LICENSES NEEDED TO OPERATE THE PROPOSED BUSINESS**
(For example, professional license for a beauty salon, etc.)
- A BUSINESS CERTIFICATE OR CERTIFICATE OF INCORPORATION**
- A COMPLETED 12 MONTH CASH FLOW ANALYSIS** (See pages 4 & 5)
- ONE FORM OF GOVERNMENT ISSUED PHOTO IDENTIFICATION**
(Driver license, passport, alien registration card, etc.)
- THREE BUSINESS REFERENCES ON COMPANY LETTERHEAD**
- ONE PERSONAL REFERENCE**

INSURANCE INFORMATION

If selected as the tenant applicant will be required to:

- Maintain General Liability, Bodily Injury, Fire and Property Damage Insurance coverages in an amount acceptable to the Portage Metropolitan Housing Authority. This requirement will be a term of any lease signed between the Applicant and PMHA.

NOTE: All insurance policies must be:

- Written with a company authorized and licensed to do business in the State of Ohio, with an "A.M. Best" rating of at least "B+"
- Paid for one year from the projected lease start date
- Written with PMHA as an "additional named insured" in the policies
- Written on an occurrence basis, giving PMHA thirty days written notice prior to reduction or cancellation

BACKGROUND CHECK

During the application process you will be subject to a background check including a credit check and a review of your credit. By submitting this application, you consent to and authorize the same.

Please send the completed Commercial Space Application Form, Business Entity Questionnaire and all required documentation to: mtirpak@portagehousing.org

LEASE TYPE: ___ NEW LEASE ___ LEASE RENEWAL ___ 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. E-mail Address: _____

BUSINESS INFORMATION

- 10. Company Name (Enter full legal name): _____
- 11. Do you now or have you ever leased space with the Housing Authority?
___ No ___ Yes (If yes, specify date and development name)

- 12. Type of Company:
 Business Corporation
 Partnership
 Sole Proprietorship
 Other (Specify) _
- 13. Names and titles of **ALL** partners/stockholders.
Full Name: _____ Title: _____ % Ownership: _____
Full Name: _____ Title: _____ % Ownership: _____
Full Name: _____ Title: _____ % Ownership: _____
- 14. Proposed business: Include a full description of principal products/commodities sold or services offered.

- 15. What is your experience in the field? _____

- 16. Is your company licensed/authorized to do business in Ohio/Ravenna? ___ No ___ Yes

17. Is your company licensed/authorized to do business in other states? No Yes (Specify) _____

18. 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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

19. Have you ever had a business license revoked? No Yes (If yes, explain briefly)

FINANCIAL INFORMATION

20. Gross Receipts/Sales (Complete accordingly for **last three (3)** years):

Current Year 20 ____ \$ _____
Last Year 20 ____ \$ _____
Previous Year 20 ____ \$ _____

21. Identify all bank(s) where applicant's/firm's accounts are maintained.

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

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

<u>Source</u>	<u>Limit</u>	<u>Name of Creditor</u>
_____	\$ _____	_____
_____	\$ _____	_____

23. List current creditor(s) or lender(s) or loan(s) and any debts applicant is currently obligated on, including but, not limited to, commercial loans, lines of credit, personal loans, promissory notes, etc.

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

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. I AUTHORIZE PMHA TO OBTAIN AND VERIFY ANY AND ALL INFORMATION OF OR RELATED TO APPLICANT, WHETHER FINANCIAL, COMMERCIAL, LEGAL OR OTHERWISE, AND, BY SUBMITTING THIS APPLICATION, HEREBY WAIVE ANY PRIVACY ISSUES ASSOCIATED THEREWITH. WE ADVISE YOU: A MATERIAL FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS QUESTIONNAIRE IS SUFFICIENT CAUSE FOR PMHA TO DETERMINE THAT THE APPLICANT IS NOT RESPONSIBLE, TO REVOKE A PRIOR CONTRACT AWARD, AND TO PRECLUDE THE APPLICANT FROM DOING BUSINESS WITH, OR PERFORMING WORK FOR PMHA AS A LESSEE. IN ADDITION, SUCH FALSE SUBMISSION MAY SUBJECT THE APPLICANT MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

Applicant's Signature (Print & Sign) _____ Date