



PHILADELPHIA 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 PHA selects only responsible tenants, PHA designed this Business Entity Questionnaire to collect information from lease applicants (each, an “Applicant”) who wish to lease space from PHA. In this way, PHA may better serve the people of the City of Philadelphia.

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 “PHA,” “we,” or “us” refer to the Philadelphia Housing Authority.

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

PHA 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. PHA 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, PHA 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 PHA. 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 PHA 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 Philadelphia 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 Philadelphia 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 PHA 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 PHA 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 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

f 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 PHA, the City of Philadelphia, 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 Philadelphia taxes, or other assessed Philadelphia 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	

	TO FILE	
	TO PAY	

“PRINCIPAL OF APPLICANT” CERTIFICATION

Each “Principal of Applicant” 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 PHA 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 PHA AS A LESSEE FOR A PERIOD OF FIVE YEARS. IN ADDITION, SUCH FALSE SUBMISSION MAY SUBJECT THE APPLICANT MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES, INCLUDING PENNSYLVANIA STATE LAW SECTIONS 18 Pa.C.S 4101 (TAMPERING WITH RECORDS OR IDENTIFICATION) AND 18PA.C.S. 4107 (SWORN FALSE STATEMENT) AND/OR TITLE 18 U.S.C. SECTIONS 1001 (DECEPTIVE OR FRAUDULENT BUSINESS PRACTICES) 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 Applicant)

the 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 PHA 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 PHA to award a contract. I

authorize PHA to contact any entity named in the Questionnaire for purposes of verifying the information supplied by the Applicant.

PRINT NAME SIGNATURE DATE SIGNED