



## FURNISHED HOUSING SUPPLIER INFORMATION

### Company or Housing Background

Name:		
Physical address:	Tax ID #:	Phone:
City:	State:	Fax:
Mailing address:		Toll Free #:
City:	State:	
Zip Code:	Website:	
Is the address above the property you wish to lease? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Name of Primary Contact (if Not Above):		Email:
		Phone:
How many individual homes/units do you own and/or manage and would like us to consider: _____		
Are the Properties Primarily:	Single Family Homes <input type="checkbox"/>	Size Range (Sq. Ft.) _____
	Condos <input type="checkbox"/>	# of Bedrooms _____
	Townhome <input type="checkbox"/>	# of Baths _____
	Other <input type="checkbox"/>	
Will You Rent Furnished? <input type="checkbox"/> YES <input type="checkbox"/> NO	What Utilities/Amenities Are included: _____	
Zip Codes of Properties: _____	_____	
_____		

Property Description (Neighborhood, Transit, Entertainment, Shopping, Access): \_\_\_\_\_  
 \_\_\_\_\_

Is Smoking Permitted on Premises: <input type="checkbox"/> YES <input type="checkbox"/> NO	Are Pets Allowed: <input type="checkbox"/> YES <input type="checkbox"/> NO
	Restrictions: _____

Desired Monthly Rent Range: \$ \_\_\_\_\_ to \$ \_\_\_\_\_ per month

Through Which Date(s) are You Interested in Having Renters (Month/Year): \_\_\_\_\_

### GENERAL LIABILITY INSURANCE INFORMATION

Carrier:	
Policy Number:	Amount of Coverage:

### AFFILIATIONS, MEMBERSHIPS, DESIGNATIONS, CERTIFICATIONS (CHECK ALL THAT APPLY)

Are You CHPA Certified <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Relevant Memberships: _____	

### ACKNOWLEDGEMENT OF PERFORMANCE METRICS SIGNATURES

Status is determined by: Transferee Evaluation, CapRelo staff evaluation, and performance metrics such as timeliness, accuracy, responsiveness. **Please attach any relevant supplemental information and email to suppliers@caprelo.com.**

Signature:	Date:
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## Diversity Acknowledgement (See Attached)

### SUPPLIER BUSINESS CONCERN CLASSIFICATION

Company Name:			
Address:	City:	State:	Zip:
Contact Person:	Email:		
Phone:	Fax:		

### CERTIFICATION

Please check all business classification applicable to your company, the Supplier:

Large business concern – a business that exceeds the small business size code standards established by the U.S. Small Business Administration as set forth in code of Federal Regulation 13 CFR Part 121.

Small Business Concern – a business, qualified as a small business under the criteria in 13 CFR Part 121

Small Disadvantaged Business Concern – a small business is at least 51 percent owned by one or more individuals who are both socially and economically disadvantaged and control the management and daily business operations. (As of October 1, 2008 the Small Business Association no longer requires formal certification.) Please check the group your business qualifies for below:

<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic American	<input type="checkbox"/> Asian Pacific American
<input type="checkbox"/> Subcontinent Asian American	<input type="checkbox"/> Native American (American Indian, Eskimo and Aleut)	

Other, Please Specify:

Women-Owned Business Zone Concern – a small business owned, controlled and managed by one or more women as defined I FAR 52.219-8 and 48 CFR 2.101.

Historically Underutilized Business Zone Concern – a small business that appears on the list of Qualified HUBZone Small Business Concerns maintained by the Small Business Administration pursuant to 13 CFR Part 126.

*Supplier must forward a copy of its HUBZone Certification from the SBA along with this form; if you have not received certification from the SBA, please consult the SBA's website for the certification process and forward a copy upon completion.*

Service-Disabled Veteran-Owned Small Business Concern – a small business that is owned, controlled and managed by one or more service-disabled veterans (as defined in 38 U.S.C. 101(2), with a disability that is service-connected, as defined in 38 U.S.C. 101(16)) (or, in the case of a service-disabled veteran with permanent and severe disability, the spouse or permanent caregiver of such veteran) as defined in FAR 52.219-8 and 48 CFR 2.101.

Veteran-Owned Small Business Concern – a small business that is at least 51 percent by one or more veterans (as defined at 38 U.S.C. 101(2)) who control its management and daily business operations as defined in FAR 52.219-8 and 48 CFR 2.101.

Other, Please Specify:

Under 15 U.S.C. 645(d), any person who misrepresents a firm's status as a "small business" in order to obtain a contract to awarded under the preference programs established pursuant section 8(a), 8(d), 9, or 15 of the Small Business Act, or any other provision of the Federal law that specifically references section 8(d) for a definition of program eligibility, shall be punished by imposition of fine, imprisonment, or both; subject to administrative remedies, including suspension and debarment; and, ineligible for participation in programs conducted under the authority of the Act.

*Labor Surplus Area* – Company is located in a geographical area identified by the Department of Labor in accordance with 20 CFR Part 654, Subpart A, as an area of concentrated unemployment or underemployment, or an area of labor surplus. See FAR 19.001.

*Non-Labor Surplus Area* – Company is located in a Labor Surplus Area.

Signature of Certifying Official:

Printed Name:	Date:
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Please return completed forms to: <i>If submitting via email, please scan a signed copy of the form into PDF file or other image file, or complete in Adobe Acrobat and sign using digital signature tool.</i>	Capital Relocation Services, LLC 22884 Relocation Drive Sterling, VA 20166-2017 Fax: (703) 467-0241
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