



4423 Forbes Blvd. ~ Lanham, MD 20706 ~ Ph: 301-577-1200 ~ Fax: 301-577-3660  
www.hudhomesource.com

## **Roster Service Provider Package**

**Thank you** for your interest in subcontracting opportunities with HomeSource Real Estate Asset Services, Inc. (HomeSource) HomeSource provides management and marketing services for properties owned by and or in the custody of the Dept of Housing and Urban Development (HUD) throughout the state of Maryland and in the District of Columbia (DC). HomeSource is seeking small business to help facilitate the property care and preservation of these homes. Some of the needed services include the following:

Debris Removal	Cleaning Services
Carpet Cleaning and/or Removal	Lawn Care
Winterizations	Lock Change/Re-keying
Pool Securing	Defective Paint Removal/Repainting
Plumbing Repairs	Roof Inspections/Repairs
Wood Destroying organisms Inspections	Health & Safety Issue Corrections
Hazardous Material Removal	Snow Removal
Glass Replacement	Boarding & Screening

In order to provide these services for HomeSource it is required that all subcontractors have the necessary insurance and proper license before becoming an active Roster Service providers (RSP). All approved RSP must have the following requirements at a minimum:

- ◆ Prior experience in providing the same or similar services as represented on the RSP Information Form.
- ◆ Valid Business/Operating License(s)
- ◆ Liability, Automobile and Workers Compensation Insurances.
  - General Business Liability: \$1,000,000/Per Occurrence
  - Automobile: \$500,000/Combined Single Limit
  - Workers Compensation (if there have two or more employees): \$500,000/Combined Single Limit
- ◆ Good References.
- ◆ Adequate equipment and workforce to perform the services as represented on the RSP Information Form.

### **All Interested Service Providers Please Submit The Following:**

1. Completed RSP Information Forms (Attached)
2. Copy(s) of Insurance Certification(s): (Holder Information) U.S. Dept of HUD c/o HomeSource 4423 Forbes Blvd. Lanham, MD 20706
3. Copy(s) of Business/Operating License(s) If Applicable
4. Small Business Certification Form (Attached)
5. Completed W-9 Form go to: <http://www.irs.gov/pub/irs-pdf/fw9.pdf>
6. Signed and Notarized Waiver of Subrogation (Attached)
7. Signed and Notarized Purchase Disclosure (Attached)



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### Roster Service Provider Information Form

Company Information: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Dunn No.: \_\_\_\_\_ EIN/SSN: \_\_\_\_\_

Circle Geographic Areas of Service      **Maryland:** Yes   No   **D.C.:** Yes   No

Please list the services that you are able to provide: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Service References

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_



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Roster Service Provider Package  
Checklist & Signature Form

Company Name: \_\_\_\_\_

- Completed RSP Information Form
- Small Business Certification Form
- Completed W-9
  - Signed
  - Tax ID No.
- Purchase Disclosure
  - Signed
  - Notarized
- Subrogation Waiver
  - Signed
  - Notarized
- Copy of Insurance
 

	Amount: _____	Expires: _____	Required Amount
<input type="checkbox"/> Liability			1,000,000/ per Occurrence
<input type="checkbox"/> Auto			500,000/Combined Single Limit
<input type="checkbox"/> Worker's Comp			500,000/Combined Single Limit
- Copy of License
  - N/A \_\_\_\_\_
  - Type: \_\_\_\_\_ Expires: \_\_\_\_\_
  - Type: \_\_\_\_\_ Expires: \_\_\_\_\_

Contractor Signature: \_\_\_\_\_

-----HomeSource Use Only-----

Package Received Date: \_\_\_\_\_ By: \_\_\_\_\_

\_\_\_\_ Faxed/ Mailed Form requesting more information. By: \_\_\_\_\_

Approval Date: \_\_\_\_\_ By: \_\_\_\_\_

Date: \_\_\_\_\_ By: \_\_\_\_\_



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## Waiver of Lien and Subrogation Rights

To the fullest extent permitted by applicable law, Roster Service Provider (RSP) or Subcontractor, hereby waives and releases any and all rights of mechanics, materialmen, or other similar liens and similar rights for payment for services, labor, equipment, or materials furnished by the RSP or Subcontractor in performance of the [Subcontract Work] and granted by right of subrogation or otherwise by law to persons supplying materials, equipment, services and other things of value to improve or modify property being serviced as part of the [Subcontract Work] (the "Subcontract Property"), including land or structures thereon, which the RSP or Subcontractor, or others deriving such rights from Subcontractor, may have against (I) HomeSource or HUD, (II) any property belonging to HomeSource or HUD or any other owner of Subcontract Property, (III) any funds payable by HomeSource or HUD to any party, or (IV) any funds payable by any other party to either HomeSource or HUD.

The RSP or Subcontractor shall at all times promptly pay for all services, materials, equipment, and labor used or furnished by the RSP or Subcontractor in the performance of the [Subcontract Work] and shall at its expense keep all Subcontract Property free and clear of any and all of the above-mentioned liens and rights of lien arising out of services, labor, equipment, or materials furnished by the RSP or Subcontractor or its employees, materialmen, or sub-subcontractors in the performance of the [Subcontract Work].

If the RSP or Subcontractor fails to release and discharge any such claim of lien against the Subcontract Property or the property of HomeSource or HUD arising out of performance of the [Subcontract Work] within five (5) business days after receipt of notice from HomeSource to remove such claim of lien, HomeSource may, at its option, discharge or release the claim of lien or otherwise deal with the lien claimant, and the RSP or Subcontractor shall pay HomeSource any and all costs and expenses of HomeSource in so doing, including reasonable attorney's fees incurred by HomeSource, or alternatively HomeSource may, at its choosing, deduct such costs and fees from monies otherwise owing to the RSP or Subcontractor.

**\*\* Notarization required prior to returning signed copy \*\***

Company Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

-----Notary Public-----

I hereby Certify, that on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, before me, the subscriber did personally appear \_\_\_\_\_, known to me or satisfactory proven to be the person whose name is set forth, Witness my Hand and Notarial Seal.

Signature of Notary: \_\_\_\_\_ My commission Expires: \_\_\_\_\_



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## Purchase Disclosure

Name of Service Provider: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Prohibited

**Please be advised that all Roster Service Providers, their families and their employees are hereby prohibited to purchase HUD owned or in the custody of HUD homes.**

**\*\* Notarization required prior to returning signed copy \*\***

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

-----Notary Public-----

I hereby Certify, that on this \_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_, before me, the subscriber did personally appear \_\_\_\_\_, known to me or satisfactory proven to be the person whose name is set forth. Witness my Hand and Notarial Seal.

Signature of Notary: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_



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### Small Business Certification Form

Check all that apply:

- Small Business
- 8(a) Firm
- Small Disadvantaged Business
- HUBZone Small Business
- Women Owned Small Business
- Veteran Owned Small Business
- Service-Disabled Veteran-Owned Small Business

Type of Organization:

- Individual/Sole Proprietor
- Corporation
- LLC
- Limited Liability Partnership
- Limited Partnership

I, We , \_\_\_\_\_ and \_\_\_\_\_(print name) do hereby certify that the representations made above are true and that all changes will be reported to HomeSource as they occur in writing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date