



## District of Columbia Housing Authority STATEMENT OF BIDDER'S QUALIFICATIONS

The following affidavit is REQUIRED for all bids/offers over 100,000.00

All questions must be answered and the data given must be clear and comprehensive. This statement must be notarized. Attach additional pages on company letterhead as needed.

1. Name of Bidder/Offeror \_\_\_\_\_

2. Name of Principals \_\_\_\_\_

3. Name of Authorized Signatories \_\_\_\_\_

4. Permanent main office address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. When organized \_\_\_\_\_

6. Where incorporated \_\_\_\_\_

7. Number of years in business contracting under present name \_\_\_\_\_

8. Name(s) of previous companies principals (listed above in #2) have contracted prior business under \_\_\_\_\_

9. List all open contracts by name of contract name and gross amount \_\_\_\_\_

10. Have you ever defaulted on a contract?  No  Yes

If so, where and why? \_\_\_\_\_

11. Have you ever refused to sign a contract at your original bid?  No  Yes

If so, where and why? \_\_\_\_\_

**District of Columbia Housing Authority  
STATEMENT OF BIDDER'S QUALIFICATIONS**

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12. Names, background, experience and current workload of the principal members of your personnel, including the officer.

Name	Background	Years in Contracting	Current Workload

13. Financial Capacity

- A. Attach written evidence of amount and type of available credit.
- B. Attach Financial Statement no more than six (6) months old.

14. Will you, upon request fill out a detailed  No  Yes  
Financial Statement and furnish any other information that may be required by the Housing Authority?

**The undersigned hereby authorized and requests any person, firm or corporation to furnish any information requested by the Housing Authority, in verification of the recitals comprising this Statement of Bidder's Qualification.**

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_  
*(Name of Bidder)*

BY: \_\_\_\_\_  
*(Signature of Bidder's Representative)*

\_\_\_\_\_  
**Title**

State of \_\_\_\_\_ County of \_\_\_\_\_,  
*(Individual signing above)*

being duly sworn, deposes and says he is \_\_\_\_\_ of  
*(Title)*

\_\_\_\_\_  
*(Name of Organization)*

and that the answers to the foregoing questions and all statements therein contained are true and correct.

Sworn before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**Notary Public**

My Commission Expires \_\_\_\_\_  
*(Date)*