

**FORT WORTH HOUSING AUTHORITY**  
300 South Beach Street  
Fort Worth, Texas 76105  
(817) 535-6877    FAX (817) 535-5445  
METRO (817) 429-2166

**APPLICATION FOR BIDDER'S LIST**

1. **Company Name** \_\_\_\_\_  
**Street Address** \_\_\_\_\_  
**P. O. Box** \_\_\_\_\_ **City** \_\_\_\_\_  
**State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Telephone** \_\_\_\_\_ **Fax** \_\_\_\_\_  
**E-mail Address** \_\_\_\_\_

<u>Owner Name (s)</u>	<u>Business Type</u>
_____	<b>Sole Proprietorship</b> _____
_____	<b>Partnership</b> _____
_____	<b>Corporation</b> _____

2. **Is your company a Minority/Woman-Owned or Disadvantaged Business Enterprise?**  
Yes \_\_\_\_\_ No \_\_\_\_\_

3. **Ethnicity of Principal Owner(s)**

_____ Asian American	_____ African American
_____ Hispanic American	_____ Native American
_____ White (Non-Hispanic)	_____ Hasidic Jewish
_____ Female	_____ Male

4. **Has your company been certified as a Minority/Woman-Owned or Disadvantaged Business?**  
Yes \_\_\_\_\_ No \_\_\_\_\_

5. **By what agency was the certification issued?**  
Agency \_\_\_\_\_  
Certification Number \_\_\_\_\_

6. **List the fields of operation, products sold and/or services rendered by your company.**

**NOTE: ALL CONTRACTORS MUST PRESENT PROOF OF INSURANCE PRIOR TO BEING AWARDED ANY CONTRACT, INCLUDING LIABILITY, AUTOMOBILE AND WORKERS COMPENSTION.**