

# ACE BUSINESS CERTIFICATION APPLICATION

## Instructions

Applicants seeking ACE Business certification must complete this Application and provide the requested supporting documentation. **Only complete applications, including all required supporting documentation, will be reviewed.** Applicants must submit completed Applications to an ACE Coordinator by mail or email at least three business days after being contacted by an ACE Coordinator. Upon Application approval, the applicant will receive its ACE certification by e-mail. CMHA's ACE Business Certification is non-transferable and is only valid for contracts in connection with CMHA.

For additional information, including HUD's Section 3 requirements and the definitions of terms defined in this Application, see CMHA's ACE Program. If you have any questions about the ACE Program or Section 3, please contact an ACE Coordinator at [ACE@cmha.net](mailto:ACE@cmha.net) or (216) 271-3247.

## Part 1: General Information

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

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

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

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date Business Established: \_\_\_\_\_

Federal Employer's Identification Number \_\_\_\_\_

### Type of entity

Individual (Sole Proprietorship)

Partnership

Corporation

Other

Has the business operated under any other name?

Yes

No

If yes, please explain:

Select the applicable ACE/Section 3 Business eligibility criteria (*Select one*):

At least 51% of the business is owned and controlled by Low- or Very Low-Income Persons (*Proceed to Part 2.*)

At least 75% of the Labor Hours performed for the business over the prior three-month period were performed by ACE Workers (*Proceed to Part 4.*)

At least 51% of the business is owned and controlled by current Public Housing residents or residents who currently live in Section 8-assisted housing (*Proceed to Part 3.*)

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Part 2: Owner's Income Affidavit

If you are seeking ACE Business certification for a business that is 51% owned and controlled by Low- or Very Low-Income Persons, complete and submit this Affidavit for each Low or Very-Low Income Person who owns the business.

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

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

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

Personal Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

I verify that I own \_\_\_\_\_% of the business. My total individual income last year (for calendar year \_\_\_\_\_) was below \$47,850.00. I certify that the information in this Affidavit is true and accurate.

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

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

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing *Owner's Income Affidavit* was sworn to or affirmed and subscribed before me on \_\_\_\_\_ by \_\_\_\_\_, the \_\_\_\_\_ for \_\_\_\_\_, on behalf that Business.

\_\_\_\_\_  
(Printed Name of Notary Public)

\_\_\_\_\_  
(Signature of Notary Public)

***(Proceed to Part 5.)***

Part 3: Resident-Owner Affidavit

If you are seeking ACE certification for a business that is 51% owned and controlled by current Public Housing residents or residents who currently live in Section 8-assisted housing, complete and submit this Affidavit for each Public Housing or Section 8-assisted resident who owns the business.

Name \_\_\_\_\_

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

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

Personal Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

CMHA Client Number \_\_\_\_\_ or HCVP ID Number \_\_\_\_\_

I verify that I own \_\_\_\_% of the business. I am, or within the past six months was, a resident of Cuyahoga Metropolitan Housing Authority-managed housing or a participant in the Housing Choice Voucher Program. I certify that the information in this Affidavit is true and accurate. I consent to a search, using the information provided above, by CMHA employees to confirm my residency.

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

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

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing *Resident-Owner's Affidavit* was sworn to or affirmed and subscribed before me on \_\_\_\_\_ by \_\_\_\_\_, the \_\_\_\_\_ for \_\_\_\_\_, on behalf that Business.

\_\_\_\_\_  
(Printed Name of Notary Public)

\_\_\_\_\_  
(Signature of Notary Public)

***(Proceed to Part 5.)***

Part 4: ACE Workers' Labor Hours Affidavit

If you are seeking ACE certification for a business for which at least 75% of its Labor Hours in the past three months were performed by ACE Workers, complete and submit this Affidavit.

Name \_\_\_\_\_

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

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

Personal Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

As primary owner of this business, I certify that at least 75% of the Labor Hours performed for the business over the prior three-month period were performed by ACE Workers. I also understand that this business must continually meet this 75% labor-hour threshold for the duration of the ACE certification.

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

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

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing ACE Workers' Labor Hours Affidavit was sworn to or affirmed and subscribed before me on \_\_\_\_\_ by \_\_\_\_\_, the \_\_\_\_\_ for \_\_\_\_\_, on behalf that Business.

\_\_\_\_\_  
(Printed Name of Notary Public)

\_\_\_\_\_  
(Signature of Notary Public)

***(Proceed to Part 6.)***

Part 5: Ownership Information

Provide the following information for **each** owner, member, or shareholder of the business who completed the *Owner's Income Affidavit* in Part 2.

(Attach additional sheets if needed.)

	1	2	3	4	5	6
<b>Name</b>						
<b>Title</b>						
<b>Owner Since</b>						
<b>Ownership Percentage</b>	%	%	%	%	%	%
<b>Salary from Business</b>						
<b>Resident of CMHA-Managed Property?</b>	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
<b>Resident of Section 8-Assisted Housing</b>	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No

*(Proceed to Part 6.)*

### Part 6: Certification

By signing below, I swear that the statements made as part of this application are true and correct and include all material information necessary. Further, I agree to provide to CMHA any and all information and materials as it may need to substantiate the ownership and control of this business. I understand any material misrepresentation will be grounds for terminating any contract that CMHA may award the business and for imposing sanctions under federal, state, or local laws concerning false statements. If, after submitting this document to CMHA, there are any changes (during the ensuing calendar year) in the information submitted herein, the undersigned will immediately inform CMHA of the change(s).

Owner's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***(Proceed to Part 7.)***

### Part 7: Supporting Documentation

In addition to the foregoing Application, you must provide supporting documentation, depending on the ACE eligibility criterion you selected in Part 1 above.

If you selected that the Business:

<b>Is at least 51% owned and controlled by Low- or Very-Low Income Persons,</b> then provide the following:	<b>Had at least 75% of its Labor Hours over the prior three-month period performed by ACE Workers,</b> then provide the following:	<b>Is at least 51% owned and controlled by current Public Housing or Section 8-assisted residents,</b> then provide the following:
♦ Secretary of State certificate	♦ Secretary of State certificate	♦ Secretary of State certificate
♦ Core Employee List (Form DEI-6)	♦ Core Employee List (Form DEI-6)	♦ Core Employee List (Form DEI-6)
♦ Prior year's business tax returns, including all attachments and schedules	♦ Previous three months of payroll	♦ Prior year's business tax returns, including all attachments and schedules
♦ Prior year's personal tax returns, including all attachments and schedules, for all Low- or Very-Low Income Persons who own the business	♦ ACE Worker Verifications (Form DEI-7) for <b>each</b> ACE Worker employed by the business	