



WOMEN IN THE HOUSING
& REAL ESTATE ECOSYSTEM



NAWRB Women-Owned Business Certification

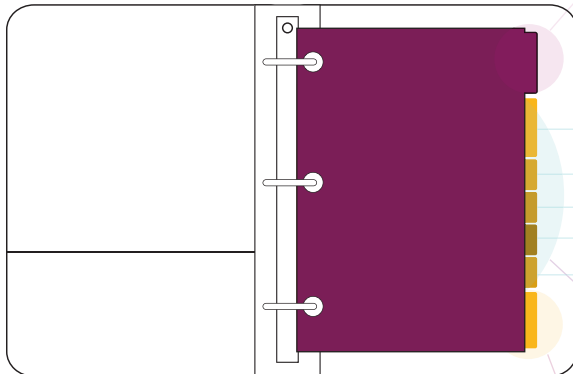
Company Name: _____

Member Number:

Applying for:

- ☐ NAWRB Women-Owned Business Certification
- ☐ NAWRB Minority Women-Owned Business Certification

Application Checklist



Section One: Application

- ☐ General Information
- ☐ Owner Information
- ☐ Board Member & Key Management Information
- ☐ Company Coverage Area
- ☐ Personnel Information
- ☐ Personnel Diversity
- ☐ Professional References

Section Two: Required Documents

- ☐ General
- ☐ Personnel
- ☐ Financial
- ☐ Real Estate Specific Requirements
- ☐ Structural

Section Three:

- ☐ DUNS & SAM Registration
- ☐ Affidavit

- ▶ Complete the following information and appropriate sections
- ▶ Print, provide, and attach additional pages and documents as required
- ▶ Place in 3 ring binder, with each section and subsection labeled with a divider tab

*for office use only

First Review	Second Review
Initials: _____ Date: _____	Initials: _____ Date: _____

SHE IS CHANGING
REAL ESTATE®
SPECIALIZING IN THE HOUSING ECOSYSTEM



NAWRB Women-Owned Business Certification

Section One: Application

General Information

Headquarters Information

Company Name_____

Street Address_____

City_____

State_____

Zip Code_____

Web Address_____

Description of Work Performed

Relevant NAICS Code(s) - visit www.census.gov for complete list

Primary Point of Contact

Name_____

Title_____

Email Address_____

Phone Number_____

Street Address_____

City_____

State_____

Zip Code_____

Secondary Point of Contact

Name_____

Title_____

Email Address_____

Phone Number_____

Street Address_____

City_____

State_____

Zip Code_____

NAWRB Women-Owned Business Certification

Section One: Application

Owner Information

Complete the following information for each owner.
Print and attach additional pages as needed.

Business Owner

Name _____

Title _____

Email Address _____

Phone Number _____

Percentage of Ownership _____

Years as Business Owner _____

Years in Housing Economy _____

Owner Responsibilities (Check all that apply)

- ☐ Hiring/Firing
- ☐ Day-to-Day Operations
- ☐ Financial Decisions
- ☐ Payroll
- ☐ Marketing/Sales Operations
- ☐ Major Purchase Authority
- ☐ Signing Authority for Important Documents

If owner and manager are not the same woman, check the manager's responsibilities (Check all that apply)

- ☐ Hiring/Firing
- ☐ Day-to-Day Operations
- ☐ Financial Decisions
- ☐ Payroll
- ☐ Marketing/Sales Operations
- ☐ Major Purchase Authority
- ☐ Signing Authority for Important Documents

Owner Demographics (Check all that apply)

- ☐ African American/Black
- ☐ Asian/Pacific Islander
- ☐ Filipino
- ☐ Hispanic/Latino
- ☐ Native American/American Indian
(if selected, please append Tribal Registry Letter or Blood Degree Certificate)
- ☐ Female ☐ Male

Does this owner sit on the board of any outside companies?



NAWRB Women-Owned Business Certification

Section One: Application

Board Member & Key Management Information

Complete the following information for each board member and manager.
Print and attached addition pages as needed.

Board Members (if applicable)

Name_____	Name_____
Phone Number_____	Phone Number_____
Email Address_____	Email Address_____
Years as a Board Member_____	Years as a Board Member_____

Name_____	Name_____
Phone Number_____	Phone Number_____
Email Address_____	Email Address_____
Years as a Board Member_____	Years as a Board Member_____

Key Management

Name_____	Name_____
Phone Number_____	Phone Number_____
Years with Company_____	Years with Company_____
Title_____	Title_____
Email Address_____	Email Address_____

Name_____	Name_____
Phone Number_____	Phone Number_____
Years with Company_____	Years with Company_____
Title_____	Title_____
Email Address_____	Email Address_____



NAWRB Women-Owned Business Certification

Section One: Application

Company Coverage Area

Area/Scope Coverage

- ☐ International
- ☐ National
- ☐ Regional

Complete the appropriate section below per the choice above

International

Countries Served:

National

States Served:

Regional

Counties Served:

Satellite Office

Street Address _____

City _____

State _____

Zip Code _____



NAWRB Women-Owned Business Certification

Section One: Application

Personnel Information

Please provide an attached list of the following information for each full or part time employee.

Current Full or Part Time Employees

Name _____
Title _____
Length of Employment _____
Full or Part Time Status _____

Name _____
Title _____
Length of Employment _____
Full or Part Time Status _____

Name _____
Title _____
Length of Employment _____
Full or Part Time Status _____

Name _____
Title _____
Length of Employment _____
Full or Part Time Status _____

Name _____
Title _____
Length of Employment _____
Full or Part Time Status _____

Name _____
Title _____
Length of Employment _____
Full or Part Time Status _____

Name _____
Title _____
Length of Employment _____
Full or Part Time Status _____

Name _____
Title _____
Length of Employment _____
Full or Part Time Status _____

Independent Contractors

Full Name _____
Duties Performed _____
Length of Service _____
☐ Attached Copy of Contractor Agreement

Full Name _____
Duties Performed _____
Length of Service _____
☐ Attached Copy of Contractor Agreement

Full Name _____
Duties Performed _____
Length of Service _____
☐ Attached Copy of Contractor Agreement

Full Name _____
Duties Performed _____
Length of Service _____
☐ Attached Copy of Contractor Agreement



NAWRB Women-Owned Business Certification

Section One: Application

Personnel Diversity

Personnel Diversity

Number of All Full-and Part-Time Employees (excluding owners and contractors)_____

Number of All Full-and Part-Time Female Employees (excluding owners and contractors)_____

Number of All Full-and Part-Time Minority Employees (excluding owners and contractors)_____

Number of All Full-and Part-Time Veteran Employees (excluding owners and contractors)_____

Languages Spoken in Office:

Professional References

Professional Reference 1

Name_____

Title_____

Company_____

Direct Phone_____

Email Address_____

Description of Relationship_____

Length of Relationship_____

Professional Reference 2

Name_____

Title_____

Company_____

Direct Phone_____

Email Address_____

Description of Relationship_____

Length of Relationship_____

Professional Reference 3

Name_____

Title_____

Company_____

Direct Phone_____

Email Address_____

Description of Relationship_____

Length of Relationship_____



NAWRB Women-Owned Business Certification

Section Two: Required Documents

General

- ☐ NAWRB Membership Number (email info@NAWRB.com to request)
- ☐ History of Business (500 words or less)
- ☐ Birth Certificate
- ☐ Real Estate Leases of office facilities
- ☐ Management, Consulting, or Service Agreements
- ☐ Affiliate, Subsidiary, or Franchise Agreement (if applicable)
- ☐ Three Business Emails (showing technical expertise or operational management)
- ☐ One Signed Business Check (cannot be voided or blank)

Personnel

*if applicable,
provide documents
per owner

- ☐ Owner Resume
- ☐ Owner Biography (300 words or less)
- ☐ Resumes of Key Management
- ☐ Board Member Resume
- ☐ Itemized Employee Payroll of month prior to submitting this application
- ☐ (if Employee Lease Agreement exists, provide copy of Lease Agreement instead)

Financials

- ☐ Profit and Loss Statement
- ☐ Balance Sheet for last complete year
- ☐ Bank Signature Authorization Card
- ☐ Tax Returns for past three years (if less than three years old, submit explanation of financial viability)
- ☐ Owner(s)/Officer(s)/Director(s) W2s

Housing Economy Specific Requirements

- ☐ Industry Related Licenses or Certificates
- ☐ Any additional licenses required to operate company
- ☐ Copy of all client score cards
- ☐ Letter of good standing from related organizations
- ☐ E&O Insurance
- ☐ Copies of industry continuing education and training
- ☐ Coverage area
- ☐ Master agreements

Brokerage Businesses

- ☐ Three recent (three months, active/pending/closed applicable) MLS listings
- ☐ One Executed Sales Contract



NAWRB Women-Owned Business Certification

Structural

Please provide the documents listed ONLY under your company's organizational structure.
For any document not required by state, please note in formal letter.

Sole Proprietor

- ☐ Assumed Name Document

Partnership

- ☐ Partnership Agreement
- ☐ Limited Partnership Certificates
- ☐ Buy-Out Rights Agreement
- ☐ Profit Sharing Agreements
- ☐ Proof of Capital Investments By All Partners

Corporation

- ☐ Certificate of Incorporation
- ☐ Articles of Incorporation
- ☐ Corporation's Bylaws
- ☐ Both Sides of All Stock Certificates
- ☐ Stock Transfer Ledger
- ☐ Proof of Investment by Women Owners
- ☐ Proof of Stock Purchase or Equity Investment for Women Owners
- ☐ Board Members Certificate
- ☐ Certificate from Board Secretary Certifying Names and Titles of All
- ☐ Current Board Members
- ☐ Minutes from Shareholders' First Organizational Meeting
- ☐ Minutes from Most Recent Meeting of Shareholders/Board of Directors

LLC

- ☐ Articles of Incorporation or Formation
- ☐ Certificate of Organization
- ☐ Proof of Equity Investment by Women Owners
- ☐ Schedule of Advances
- ☐ Member List with Titles
- ☐ Proof of Authority to do Business in the State Where Application is Made
- ☐ LLC Regulations, Operating Agreement, or Member Agreement



WOMEN IN THE HOUSING
& REAL ESTATE ECOSYSTEM



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Section Three: DUNS & SAM Registration Documents

Please provide your company's DUNS and SAM information following registration with the appropriate body. These are free government services/registrations and should have no cost affiliated with DUNS number assignment or SAM registration.

Data Universal Numbering System (DUNS)

Register at fedgov.dnb.com/webform

► DUNS Number: _____

System for Award Management (SAM)

Print and append

Register at www.sam.gov *requires DUNS Number

► SAM Registration: _____

Disclaimer: There are many avenues for WOB certification and NAWRB provides an industry-specific agenda, third-party certification that, like all certifications, may or may not be accepted at private, and public institutions. Due to the changing WOB certifications, our use of the word "certification" in any press release or on this web-site should not be construed in any way as approved certification through any specific organization or entity.



NAWRB Women-Owned Business Certification

Section Three: Affidavit

A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF CERTIFICATION OR REVOCATION OF A PRIOR APPROVAL, AND MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE PURSUANT TO APPLICABLE FEDERAL AND STATE LAW.

I _____ (full name printed), swear or affirm under penalty of law that I am _____ (title) of applicant business _____ (business name) and that I have read and understood all of the questions in this application and that all of the foregoing information and statements submitted in this application and its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions are full and complete, omitting no material information. The responses include all material information necessary to fully and accurately identify and explain the operations, capabilities and pertinent history of the applying business as well as the ownership, operation, management, technical expertise as defined by the National Association of Women in Real Estate Businesses (NAWRB), and affiliations thereof.

I recognize that the information submitted in this application is for the purpose of inducing certification approval by NAWRB. I understand that NAWRB may, by means it deems appropriate, determine the accuracy and truth of the statements in the application and any and all documents appended to a business' application, and I authorize NAWRB to contact any entity named in the application, and the named business' banking institutions, credit agencies, contractors, clients, references, and other certifying agencies for the purpose of verifying the information supplied and determining the named business' eligibility for NAWRB's women-owned business certification.

I agree to submit to audit, examination and review of books, records, documents and files, in whatever form they exist, of the named business and its affiliates, inspection of its places(s) of business and equipment as deemed necessary, and to permit interviews of its principals, agents, and employees. I understand that refusal to permit such inquiries shall be grounds for denial of certification.

I agree to provide written notice to NAWRB of any material change in the information contained in the original application within 30 calendar days of such change (e.g., ownership, technical expertise, address, telephone number, etc.).

ANY MATERIAL MISREPRESENTATION OF INFORMATION IN THIS DOCUMENT WILL BE GROUNDS FOR DENIAL OF CERTIFICATION.

I acknowledge and agree that any misrepresentations in this application or in records pertaining to this application will be grounds for denial or revocation of certification, and for initiating action under federal and/or state law concerning false statement, fraud, or other applicable offenses.

All information submitted with the certification affidavit becomes the property of NAWRB. Information that the applicant marks as proprietary or confidential or that reasonably may be regarded as such will be treated accordingly. NAWRB will obtain the applicant's approval to release information submitted that may be conducive to increase procurement opportunities for women-owned businesses and minority women-owned businesses.



NAWRB Women-Owned Business Certification

Section Three: Affidavit

NAWRB understands that the confidentiality of the information you provide in connection with your application for certification is of the highest importance. NAWRB and the NAWRB Certification Committee members hold this information in the strictest confidence and each Committee member with access to your information has pledged not to disclose or disseminate that information unless ordered by a court of competent jurisdiction or the government.

During the course of the certification process and/or recertification process, your file may be transferred within NAWRB. Transfers may occur via a third party delivery service to ensure that adequate tracking and security measures are employed.

The applicant hereby swears under penalty of law that the applicant believes it is qualified for certification as a women-owned business or minority women-owned businesses, as set forth in the certification guidelines established by NAWRB.

The undersigned applicant agrees to indemnify and hold NAWRB, and the officers, directors, employees, agents, and volunteers of each of them (each an "Indemnatee") harmless from any losses, claims, damages, liabilities, and related expenses (including the fees, charges and disbursements of any counsel or consultant for such Indemnatee) incurred by such Indemnatee or asserted against such Indemnatee by the undersigned or any third party arising out of, in connection with, or as a result of (i) the information submitted by applicant for this application, (ii) the processing of this application, (iii) the issuance or denial of certification; (iv) any actual or prospective claim, litigation, investigation or proceeding relating to any of the foregoing, whether based on contract, tort or any other theory, whether brought by a third party or by the applicant, and regardless of whether such Indemnatee is a party thereto, and the prosecution and defense thereof; provided

Name of Business: _____ that this indemnity shall not be available to such Indemnatee to the extent that such losses, claims, damages, liabilities or related expenses have resulted from the gross negligence, bad faith or willful misconduct of such Indemnatee.

Signature of Owner/Date: _____

On this _____ day of _____, 20____, before me appeared (name) _____ to me personally known, who being duly sworn, did execute the following affidavit, and did state that he or she was properly authorized by _____ (name of firm) to execute the affidavit and did so as his or her free act deed. (Seal)

Notary Public: _____

Commission expires: _____