



CONTRACTOR APPLICATION

GENERAL INFORMATION:

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Company Federal ID Number: _____

Company DUNS Number: _____

Company Type:	General Contractor:	Yes _____	No _____
	Sole Proprietor:	Yes _____	No _____
	Partnership:	Yes _____	No _____
	Corporation:	Yes _____	No _____

SPECIALTIES:		COMPANY OWNERSHIP:	
Electric: _____	Roofing: _____	Caucasian: _____	Male: _____
Plumbing: _____	General: _____	African-American: _____	Female: _____
Heating: _____	Lead: _____	Other: _____	

SECTION 3 BUSINESS INFORMATION:

A Section 3 Business is defined as a business:

- That is at least 51% or more owned by Section 3 Residents;
- Whose permanent, full-time employees included persons, at least 30% of whom are currently Section 3 residents, or within three years of the date of first employment with the business concern were Section 3 residents; or
- That provides evidence of a commitment to subcontract in excess of 25% of the dollar award of all subcontracts awarded to a Section 3 business concern.

Section 3 Residents are defined as:

- Public Housing Residents;
- Persons who live in the metropolitan area or non-metropolitan county where a HUD-assisted project for housing or community development is located and whose annual household income is less than 80% of the Area Median Income.

Are you a Section 3 Business? Yes: _____ No: _____



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COMPANY BACKGROUND:

Month/Year Established as Independent Contractor: _____

Number of Tradesman employed with Company: _____

Can you handle more than one (1) Housing Rehabilitation (\$15,000 - \$35,000) contract at a time?

YES: ____ NO: ____ (If yes, how many? ____)

Can you handle more than one (1) Home Repair at a time?

YES: ____ NO: ____ (If yes, how many? ____)

SUPPLIERS LIST: BEGINNING WITH LARGEST VOLUME CREDIT ACCOUNT:

Name: _____ Address: _____

Phone: _____

Name: _____ Address: _____

Phone: _____

Name: _____ Address: _____

Phone: _____

(Use additional sheets if necessary)

LIST THREE MOST RECENTLY COMPLETED JOBS:

Name: _____ Address: _____

Phone: _____

Type of job: _____ Total Contract Amount: _____

Name: _____ Address: _____

Phone: _____

Type of job: _____ Total Contract Amount: _____



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Name: _____

Address: _____

Phone: _____

Type of job: _____

Total Contract Amount: _____

SUBCONTRACTOR INFORMATION: (NOTE: Contractors undertaking Electrical, Plumbing, Heating and Lead Hazard Reduction work must have sound qualifications in these specialty areas. Please provide licenses and certifications and the following information if you wish to qualify for electrical, plumbing, heating or lead hazard reduction work)

Name of Plumber: _____

Training and Experience: _____

Name of Plumber: _____

Training and Experience: _____

Name of Electrical Contractor: _____

Training and Experience: _____

Name of Electrical Contractor: _____

Training and Experience: _____

Name of HVAC Contractor: _____

Training and Experience: _____

Name of HVAC Contractor: _____



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Training and Experience: _____

LEAD HAZARD REDUCTION: (Renovation and Remodeling Certifications or Lead Licenses must be submitted for all eligible employees – Use additional sheets if necessary)

Name of Employee: _____

Training and Experience: _____

Name of Employee: _____

Training and Experience: _____

Name of Employee: _____

Training and Experience: _____



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INSURANCE:

Supply your Company Insurance Coverage in the following amounts:

- ✓ General Liability
 - General Aggregate \$3,000,000
 - Products-Completed \$3,000,000
 - Personal and Advertising Injury (per occurrence) \$1,000,000
 - Each Occurrence (Bodily Injury and Property Damage) \$1,000,000

- ✓ Automobile Liability
 - Bodily Injury
 - Each Person \$500,000
 - Each Accident \$1,000,000
 - Property Damage
 - Each Accident \$500,000
 - Combined Single Limit \$1,000,000
 - Each Accident \$1,000,000
 - MCS 90 Endorsement on Vehicle Insurance Statutory

- ✓ Owner's Liability
 - Bodily Injury
 - Each Occurrence \$1,000,000
 - Property Damage
 - Each Occurrence \$1,000,000
 - Annual Aggregate \$3,000,000
 - Or Combined Single Limit
 - Each Occurrence \$1,000,000

- ✓ Worker's Compensation Coverage.
 - State Statutory
 - Applicable Federal Statutory
 - Employer's Liability \$1,000,000

Does your Company have an Equal Employment Opportunity Policy which complies with Federal Regulations? If so, please supply. YES: ____ NO: ____

Yearly Gross Volume of Contracted Work:				
\$0 to \$50,000	More than \$50,000	More than \$100,000	More than \$250,000	More than \$500,000



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LIST OF COMPANY OWNERS:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

LEGAL ACTION:

Are you or your Company currently involved in, or have been involved in (within the past five years) a lawsuit for failure to pay a sub-contractor or supplier, or for failure to meet contractual obligations?

YES: ___ NO: ___

If yes, please provide explanation including date of action and jurisdiction of action: _____



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CERTIFICATION:

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE AND I AUTHORIZE THE HOUSING REHABILITATION PROGRAM TO VERIFY ALL INFORMATION SUPPLIED ON THE APPLICATION AND TO OBTAIN A CREDIT REPORT AND ANY OTHER INFORMATION DEEMED NECESSARY FOR REVIEW PURPOSES. WILLFUL FAILURE TO PROVIDE ACCURATE INFORMATION WILL RESULT IN THE REMOVAL FROM CONSIDERATION FOR THE PROGRAM.

Owner Signature

Date

Owner Signatures

Date

Please ensure the following items are included with your application:

- Insurance Declarations
- Worker’s Compensation Declaration
- Lead Abatement/Hazard Control Certifications from US Environmental Protection Agency
- Renovation and Remodeling Certifications
- Section 3 Certifications
- Equal Employment Opportunity Policy



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FOR OFFICE USE ONLY

VERIFICATION OF CONTRACTOR REFERENCES AND INSURANCE:

Suppliers Contacted:

Company: _____ Credit Comments: _____

Contact Person: _____

Date: _____

Company: _____ Credit Comments: _____

Contact Person: _____

Date: _____

Job References Contacted:

Name: _____ Reference Comments: _____

Type of Job: _____

Cost: _____

Date: _____

Name: _____ Reference Comments: _____

Type of Job: _____

Cost: _____

Date: _____

Name: _____ Reference Comments: _____

Type of Job: _____

Cost: _____

Date: _____



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Insurance Review:

General Liability: YES: ____ NO: ____ Valid Through: _____

Automobile Liability: YES: ____ NO: ____ Valid Through: _____

Owner's Liability: YES: ____ NO: ____ Valid Through: _____

Insurer: _____

Address: _____ Phone: _____

Worker's Compensation: YES: ____ NO: ____ Valid Through: _____

Insurer: _____

Address: _____ Phone: _____

VERIFICATION COMMENTS:

Information Verified by: _____

Title: _____ Date: _____

Comments: _____

APPROVED: YES: ____ NO: ____

Approval Conditions: _____
