APPROVED ☐
by _____

Date _____

CONTRACTOR APPLICATION
HOUSING REHABILITATION PROGRAM

Date: _____

Please furnish the information requested below. This information will be kept in our files and will be confidential. Our office will use such information only to verify the qualifications of contractor on home improvement contracts. PLEASE PRINT CLEARLY.

A. Company Name: _____

Contact Name: _____

Bus. Address: _____

City, State, Zip: _____ Bus. Phone: _____

Fax: _____ Cell: _____

Res. Address: _____ Res. Phone: _____

Email (required): _____

Please Note: All communication regarding site-walks will be delivered via email only

B. Check the Type of Construction You Have Performed in the Last Year.

_____Home Remodeling
_____Home Building
_____Major Construction, specify _____

C. List the names and addresses of the last three clients for whom you have completed construction.

Name	Address	City	Phone

D. List two major suppliers from whom you purchase most of your supplies.

Name	Address	City	Phone

E. How long have you been in the contracting business? _____ years _____ months

F. Approximately how many jobs have you completed as a general contractor?: _____

G. What is the smallest job you have done?: _____

_____

RETURN TO:
Lisa Low & Associates, 293 Riggs Street, Oxford, CT 06478
203-888-5624 (office) 203-888-8800 (fax)

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What is the largest job you have done?:_____

_____

H. How many employees do you employ full-time?: _____

I. Have you ever worked for H.U.D.? Yes_____ No_____

If yes, when? _____ What type of job? _____

J. Are you licensed as a home improvement contractor in the state of Connecticut? Yes_____ No_____

If yes, complete the following. (Please attach copy) License No.:_____

Expiration Date:_____

K. Do you have your RRP certificate? Yes_____ No_____
(EPA lead-safe certificate)
If no, please provide the date you are scheduled to attend a training course:_____

If yes, complete the following. (Please attach copy) License No.:_____

Expiration Date:_____

L. Do you have contractor's liability insurance? Yes_____ No_____

If yes, complete the following: (Please attach copy)

Name of Insurance Co.:_____

Policy No.:_____

M. Do you have workmans compensation insurance? Yes_____ No_____

If yes, complete the following: (Please attach copy)

Name of Insurance Co.:_____

Policy No.:_____

N. Are you a CT Certified Small, Minority, Woman-Owned, or Section 3 Business?

(If yes, please attach copy) Yes_____ No_____

(If not, please consider getting certified at http://das.ct.gov as being a certified SBE/MBE/WBE or Section 3 Business may be an advantage to you in obtaining business.)

Signature: _____ Date:_____

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