

**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.

<u>Name</u>	<u>Address</u>	<u>City</u>	<u>Phone</u>

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

<u>Name</u>	<u>Address</u>	<u>City</u>	<u>Phone</u>

- E. List two financial institutions (banks, savings and loan associations, etc.) with whom you have established credit

<u>Name</u>	<u>Address</u>	<u>City</u>	<u>Phone</u>

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F. How long have you been in the contracting business? \_\_\_\_\_ years \_\_\_\_\_ months

G. Approximately how many jobs have you completed as a general contractor?: \_\_\_\_\_

H. What is the smallest job you have done?: \_\_\_\_\_

\_\_\_\_\_

What is the largest job you have done?: \_\_\_\_\_

\_\_\_\_\_

I. How many employees do you employ full-time?: \_\_\_\_\_

J. Have you ever worked for H.U.D.? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when? \_\_\_\_\_ What type of job? \_\_\_\_\_

K. Are you licensed as a general contractor in this area? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Expiration Date: \_\_\_\_\_

L. Do you have your RRP certificate? Yes \_\_\_\_\_ No \_\_\_\_\_

(EPA lead-safe certified by *Renovate Right* Program)

If no, please provide the date you are scheduled to attend a training course: \_\_\_\_\_

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

Expiration Date: \_\_\_\_\_

M. Do you have contractor's liability insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Name of Insurance Co.: \_\_\_\_\_

Policy No.: \_\_\_\_\_

N. Have you ever bid a job that required bonding? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the largest amount you have been bonded for?: \_\_\_\_\_

O. Do you have a bookkeeper? Yes \_\_\_\_\_ No \_\_\_\_\_

P. Do you have an attorney? Yes \_\_\_\_\_ No \_\_\_\_\_

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