

Contractor Application

Please furnish THE AGENCY with the information requested below. This information will be kept on file and will be confidential. The THE AGENCY office will use information only to verify the qualifications of contractors for home improvement, single family (1-4 units) contracts. THE AGENCY customers will be supplied with a list of qualified contractors, which will include name, address, business phone and trade specialties.

Company name: _____ Bus. Phone () _____

Business Address: _____

Type of Ownership (check one) Individual Partnership Corporation

Date Business was established: _____

Principal Name(s):	Home Address	Title
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does your company act as general contractor? Yes No

If not a general contractor, please give other trade license no(s) and trade: _____

Employer I.D.# if applicable _____ Proprietor Social Security #: _____

Which trade does your company actually perform? (check all applicable)

<input type="checkbox"/> Carpentry	<input type="checkbox"/> Glazing	<input type="checkbox"/> Plastering	<input type="checkbox"/> Roofing	<input type="checkbox"/> Drywalling
<input type="checkbox"/> Taping	<input type="checkbox"/> Siding	<input type="checkbox"/> Tuckpointing	<input type="checkbox"/> Painting	<input type="checkbox"/> Masonry
<input type="checkbox"/> Tiling	<input type="checkbox"/> Concrete	<input type="checkbox"/> Storm windows	<input type="checkbox"/> Heating	<input type="checkbox"/> Forced Air
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Electrical	<input type="checkbox"/> Hot Water/Steam	<input type="checkbox"/> Other: _____	

What trades does your company sub out?

<input type="checkbox"/> Carpentry	<input type="checkbox"/> Glazing	<input type="checkbox"/> Plastering	<input type="checkbox"/> Roofing	<input type="checkbox"/> Drywalling
<input type="checkbox"/> Taping	<input type="checkbox"/> Siding	<input type="checkbox"/> Tuckpointing	<input type="checkbox"/> Painting	<input type="checkbox"/> Masonry
<input type="checkbox"/> Tiling	<input type="checkbox"/> Concrete	<input type="checkbox"/> Storm windows	<input type="checkbox"/> Heating	<input type="checkbox"/> Forced Air
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Electrical	<input type="checkbox"/> Hot Water/Steam	<input type="checkbox"/> Other: _____	

What is the largest job you've done? \$ _____ The smallest? \$ _____

Does your company carry insurance? Yes No

	<u>Liability Insurance</u>	<u>Worker's Compensation</u>
Insurance company	_____	_____
Policy Number	_____	_____

Amount of Coverage	_____	_____
Expiration Date	_____	_____
	<u>Liability Insurance</u>	<u>Worker's Compensation</u>
Agent name	_____	_____
Agent Address	_____	_____
	_____	_____
Agent phone #	_____	_____

Financial References: (Banks, Savings and Loans, etc.) Supply Name, Address and Phone:

1. _____

2. _____

Supply References (List up to 3 suppliers from whom you purchase materials)

1. _____

2. _____

3. _____

Trade References (List up to 3 sub-contractors you've used in the past 2 years)

Name	Address	Phone	Trade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Customer References (List up to 3 customers for whom you have completed construction work in the past 2 yrs)

Name	Address	Phone	Date of work
_____	_____	_____	_____
			Cost \$ _____
_____	_____	_____	_____
			Cost \$ _____
_____	_____	_____	_____
			Cost \$ _____

Current Projects (List information about up to 3 current projects on which you are working)

1. Type of Work _____ Customer Name _____

Project Address _____ Customer Phone _____

Contractor Amount \$ _____ Percentage Completed _____

Scheduled Completion Date _____ Architect name _____

Phone #: _____

2. Type of Work _____ Customer Name _____

Project Address _____ Customer Phone _____

Contractor Amount \$ _____ Percentage Completed _____

Scheduled Completion Date _____ Architect name _____

Phone #: _____

3. Type of Work _____ Customer Name _____

Project Address _____ Customer Phone _____

Contractor Amount \$ _____ Percentage Completed _____

Scheduled Completion Date _____ Architect name _____

Phone #: _____

Has the company ever failed to complete any work awarded to it? ___ Yes ___ No

If so, what was the project location and the reason why?

Has the company or any of its principal owners/officers/partners ever defaulted on a contract? ___ Yes ___ No

If so, what was the project location and the reason why?

Has the company or any of its principal owners/partners currently filed for bankruptcy or voluntary dissolution in the past 7 years? ___ Yes ___ No If yes, please explain.

Is company currently the subject of litigation? ___ Yes ___ No If yes, please explain:

Are there any liens against the company or its principal/owner/partner which might affect its ability to perform? ___ Yes ___ No If yes, please explain:

Any additional comments: _____

I hereby certify that the statements above attached are true and accurate to the best of my knowledge, and I authorize THE AGENCY. to contact the trade, customer, supplier and financial references listed above for the purpose of qualifying my company for participation in THE AGENCY rehabilitation/construction programs.

Name /Title

Signature