



CONTRACTOR APPLICATION

BUSINESS INFORMATION

Business Name _____

Business Address _____

Business Phone _____ Cell Phone _____ Email _____

Type of Entity (Sole Proprietor, Partnership or Corporation) _____

Federal Employer ID Number or Social Security # _____

Builders/Trades License Number _____

Gross Business Income (Sales) Last Year \$ _____ Year Business Established _____

Number of employees including working owner(s) _____

Do you have prior experience working with Federal housing programs? Yes [] No []

Is this a minority or woman owned business? If yes, check which applies. MBE [] WBE []

Please check types of work performed by you and/or your employees. (Do not check work performed by Sub-Contractors.)

- Checkboxes for Carpentry, Demolition, Electrical, Excavation, Energy Conservation, General Contracting, HVAC, Lead Remediation, Masonry/Concrete, Plumbing, Roofing, Other

Name and address of insurance agent _____

Name of insurance carrier _____

Dollar limit of liability insurance _____ Workers Compensation carried? [] Yes [] No

Name of banking institution _____

OWNER INFORMATION

Provide for all owners, attach separate sheet, if needed. Please list HOME ADDRESS:

Name _____

Name _____

Home Address _____

Home Address _____

City/State/Zip _____

City/State/Zip _____

Home Phone _____

Home Phone _____

Social Security # _____

Social Security # _____

CUSTOMER REFERENCES

(List four jobs currently underway or most recently completed)

Include complete addresses for all references

Type of Work _____
Contract Amount _____
Project Address _____

Owner's Name _____
Owner's Address _____
Owner's Phone# _____

Type of Work _____
Contract Amount _____
Project Address _____

Owner's Name _____
Owner's Address _____
Owner's Phone# _____

Type of Work _____
Contract Amount _____
Project Address _____

Owner's Name _____
Owner's Address _____
Owner's Phone# _____

Type of Work _____
Contract Amount _____
Project Address _____

Owner's Name _____
Owner's Address _____
Owner's Phone# _____

SUPPLIER/SUBCONTRACTOR REFERENCES

(List four highest dollar volume suppliers or subcontractors)

Name _____
Address _____

Phone Number _____
Contract Person _____
Dollar Volume Last Year _____

Name _____
Address _____

Phone Number _____
Contract Person _____
Dollar Volume Last Year _____

Name _____
Address _____

Phone Number _____
Contract Person _____
Dollar Volume Last Year _____

Name _____
Address _____

Phone Number _____
Contract Person _____
Dollar Volume Last Year _____

BANKRUPTCY, DEFAULTS, FORECLOSURES, COMPLAINTS

Is the applicant presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transactions by any Federal department or agency?

Yes No

Has the applicant within a three year period preceding this application been convicted of or had a civil judgment rendered against them for the commission of fraud or a criminal offense?

Yes No

Is the applicant presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local)?

Yes No

Has the applicant within a three year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default?

Yes No

If any of the above questions are answered yes, please provide an explanation on an attached sheet.

I hereby authorize the Washtenaw County Office of Community and Economic Development to verify and further investigate any of the information provided. I understand and agree that the Office of Community and Economic Development may conduct credit checks and reviews with Federal, State, local, and private sources named herein, and these sources may be contacted in order to obtain verification and further information. I certify that all information I have provided is true, correct, and complete to the best of my knowledge.

Applicant (print name of Business)

Name and Title of Authorized Representative

Signature of Authorized Representative

Date

