

CONTRACTOR APPLICATION

IN ORDER TO QUALIFY AS A CONTRACTOR FOR LEAD PAINT HAZARD CONTROL PROGRAM CONTRACTS, EACH QUESTION MUST BE ANSWERED ACCURATELY. THIS INFORMATION WILL REMAIN IN OUR FILES AND WILL BE KEPT CONFIDENTIAL.

UPON APPROVAL OF YOUR APPLICATION AND VERIFICATION OF YOUR REFERENCES, YOU WILL BE PLACED ON OUR CONTRACTOR BIDDERS LIST.

NAME OF COMPANY _____

BUSINESS ADDRESS _____

CONTACT PERSON _____

BUSINESS TELEPHONE _____ HOME TELEPHONE _____

E-MAIL ADDRESS _____

BUSINESS ORGANIZATION: CHECK ONE

____ CORPORATION ____ PARTNERSHIP ____ SOLE PROPRIETOR

NUMBER OF YEARS IN BUSINESS _____

DO YOU HAVE WORKERS OTHER THAN PARTNERS OR CORPORATE MEMBERS?

____ YES ____ NO

DO YOU SUB CONTRACT WORK? ____ YES ____ NO ____ SOMETIMES

CHECK ALL TRADES YOUR FIRM IS COMPETENT AT:

____ CARPENTRY	____ EXTERIOR PAINTING	____ STORM WINDOWS
____ DRYWALLING	____ INTERIOR PAINTING	____ SIDING
____ PLASTERING	____ SANDBLASTING	____ INSULATION
____ TILING	____ GLAZING	____ ROOFING
____ MASONRY	____ HEATING	____ PLUMBING
____ ELECTRICAL	____ OTHER	

WHICH OF THE ABOVE DO YOU SPECIALIZE IN? _____

ARE YOU LICENSED? ____ YES ____ NO ____ NOT APPLICABLE

DO YOU PREFER NEW CONSTRUCTION? YES NO

ARE YOU WILLING TO PERFORM WORK ON OLD CONSTRUCTION? YES NO

WHAT IS THE SMALLEST JOB YOU WILL PERFORM? DOLLAR AMOUNT _____

WHAT IS THE LARGEST JOB YOU WILL PERFORM? DOLLAR AMOUNT _____

LIST YOUR LAST THREE JOBS FOR REFERENCE CHECK:

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE #:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

WOULD YOU BE AVAILABLE FOR EMERGENCY WORK?
 YES NO NOT APPLICABLE

LIST YOUR MATERIAL SUPPLIERS:

<u>NAME</u>	<u>PHONE #</u>
_____	_____
_____	_____
_____	_____

DO YOU HAVE A CREDIT LINE WITH YOUR SUPPLIERS? YES NO

HAVE YOU PERFORMED WORK THROUGH ANY SIMILAR COMMUNITY HOUSING ORGANIZATIONS? YES NO

IS YOUR CONTRACTOR'S LIABILITY INSURANCE UP-TO-DATE? YES NO

IF YES, COMPLETE THE FOLLOWING:

NAME OF INSURANCE CO. _____
 POLICY NUMBER _____
 EXPIRATION DATE _____
 AGENT'S NAME _____
 AGENT'S PHONE NUMBER _____

IS YOUR WORKMAN'S COMPENSATION UP-TO-DATE?
 YES NO NOT APPLICABLE

IF YES, COMPLETE THE FOLLOWING:

NAME OF INSURANCE CO. _____
 POLICY NUMBER _____
 EXPIRATION DATE _____
 AGENT'S NAME _____
 AGENT'S PHONE NUMBER _____

ARE YOU CERTIFIED AS A RENOVATOR IN LEAD REMEDIATION? YES _____ NO _____
IS YOUR COMPANY EPA CERTIFIED? YES _____ NO _____
IF YES: CERTIFICATION NUMBER AND EXPIRATION _____

I HEREBY CERTIFY THAT THE STATEMENTS ABOVE AND ATTACHED ARE TRUE.

COMPANY NAME _____

Owner's or Responsible Representative's Signature

DATE: _____

PLEASE SUBMIT ORIGINAL APPLICATION TO:

UNHS NeighborWorks® HomeOwnership Center
1611 Genesee Street
Utica, New York 13501
Attention: Contracts Management

IF YOU HAVE ANY QUESTIONS PLEASE CALL (315) 724-4197.