

Date\_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

APPROVED: YES \_\_\_ NO \_\_\_

## CONTRACTOR'S QUALIFICATION STATEMENT

*Revised 1/30/07*

Business Name:\_\_\_\_\_

License #\_\_\_\_\_

Business Address:\_\_\_\_\_

Tax ID#:\_\_\_\_\_

SS#:\_\_\_\_\_

Phone(s): Office:\_\_\_\_\_

Cell:\_\_\_\_\_

Home:\_\_\_\_\_

Fax\_\_\_\_\_

Names and addresses of all owners, partners, and if a corporation, the names of major stockholders and officers:

\_\_\_\_\_  
\_\_\_\_\_

.....  
Years in business\_\_\_\_\_ Years in business under present name and license\_\_\_\_\_

Other names business has operated under:

License #:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Other cities in which YOUR FIRM has operated:\_\_\_\_\_

Other local governments YOUR FIRM has operated (Local Govt Name/Agency Name/  
Contact Person/Phone Number):

1)\_\_\_\_\_

2)\_\_\_\_\_

3)\_\_\_\_\_

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Number years of construction experience: \_\_\_\_\_

List all types of construction you have completed: \_\_\_\_\_

\_\_\_\_\_

BUSINESS REFERENCES (1 local bank, 1 lumber yard, and 1 other. Please list Name, Address, Phone Number and **Contact Person**):

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

HOME IMPROVEMENT EXPERIENCE (Name, address and phone number of the last three (3) customers for whom you have performed HOME IMPROVEMENT work):

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

NEW HOME CONSTRUCTION EXPERIENCE (Name, address and phone number of the last three (3) customers for whom you have performed NEW HOME CONSTRUCTION):

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

.....

COMPLETION Have you ever failed to complete any work after you signed a construction contract: ☒ YES ☐ NO

If YES, please describe when, where and why: \_\_\_\_\_

\_\_\_\_\_

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The undersigned Contractor certifies that all information given herein is correct and further agrees:

- (1) That if the work is found to be unsatisfactory by the inspector or if contract relations between the contractor and the homeowner are found to be unsatisfactory, the contractor's name may be removed from the approved list, with such accompanying publicity as deemed necessary;
- (2) That proof of required insurance, including \$500,000 in Manufacturer's, Contractor's Comprehensive General Liability Insurance, and Workman's Compensation insurance will be provided;
- (3) That the Contractor will abide by U.S. Department of Housing and Urban Development regulations pertaining to equal employment opportunity;
- (4) To authorize the Community Development Agency to check the above references and to do a complete background check for police records, etc.; and
- (5) To authorize release of credit information by banks and other businesses.

\_\_\_\_\_  
*Contractor's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Contractor's Name (printed)*

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### SECTION 3 PLAN

WHEREAS, the Housing and Community Development Act of 1974, as amended, requires all contractors to provide a Section 3 Plan relating to each specific contract; and,

WHEREAS, a Section 3 Affirmative Action Plan requires that, to the greatest extent feasible, the contractor increase opportunities for training and employment of low-income residents in the Project Area, as well as, increasing the utilization of businesses located within the Project Area, and the Section 3 Project Area, shall encompass the entire City or County within which the CDBG and/or HOME Target Area is located;

NOW, THEREFORE, in accordance with the above Section 3 requirements, \_\_\_\_\_  
agrees as follows: (Business Name)

- A. To utilize, to the greatest extent feasible, local low and moderate income persons as part of the rehabilitation effort.
- B. To identify and utilize local businesses for building supplies relating to rehabilitation activities to be carried out within the local Target Area.
- C. To attempt to utilize, to the greatest extent feasible, local individuals in the rehabilitation of structures in the CDBG and/or HOME Project Area.

\_\_\_\_\_  
*Contractor's Signature*

\_\_\_\_\_  
*Date*

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.....  
**OFFICE USE:**

REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED: ☐ YES ☐ NO

REASON(S) NOT APPROVED (if applicable): \_\_\_\_\_

\_\_\_\_\_

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