

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: _____
Home: _____

Cell: _____

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) _____

TDD 1-800-247-2510



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: _____

TDD 1-800-247-2510



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)

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

TDD 1-800-247-2510



OFFICE USE:

REVIEWED BY: _____ DATE: _____

APPROVED: YES NO

REASON(S) NOT APPROVED (if applicable): _____

TDD 1-800-247-2510

