



Contractor Application

In order to qualify as a contractor, 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: _____

Email Address: _____

Business Organization: (Check One)

Corporation

Partnership

Sole Proprietor

Number of Years in Business: _____

Do you have workers other than partners and corporate members? Yes No

Do you sub contract work? Yes No Sometimes

Check all trades your firm is competent at:

Carpentry

Exterior Painting

Siding

Drywalling

Interior Painting

Insulation

Plastering

Sand Blasting

Roofing

Tiling

Glazing

Plumbing

Masonry

Heating

Other

Electrical

Storm Windows

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 the last three jobs for a reference check:

Name	Address	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Would you be available for emergency work? ___ Yes ___ No ___ Not Applicable

List your material suppliers:

Name	Phone #
_____	_____
_____	_____
_____	_____
_____	_____

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 (If yes, fill in the info. below) ___ No

Name of Insurance co.: _____

Policy Number: _____

Expiration Date: _____

Agent's Name: _____

Agent's Phone #: _____

Is your workman's compensation policy up-to-date? Yes (If yes, fill in the info. below) No

Name of Insurance co.: _____

Policy Number: _____

Expiration Date: _____

Agent's Name: _____

Agent's Phone #: _____

Are you certified as a renovator in lead remediation? Yes No

Is your company EPA certified? Yes No

I hereby certify that the statements above and attached are

Company name: _____

Owner's or Responsible Representative's Signature:

Date

Please submit original application to:

UNHS NeighborWorks® HomeOwnershipCenter
1611 Genesee Street
Utica, New York 13501
Attention: Contracts Management Department

Please call 315.724.4197 or email home@unhs.org, if you have any questions. Thank you for applying!

