



## 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 \_\_\_\_\_

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 CONSTRUCTUION?             \_\_\_ 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, SUBMIT A COPY OR COMPLETE THE FOLLOWING:

NAME OF INSURANCE CO. \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

AGENT'S NAME \_\_\_\_\_

AGENT'S PHONE NUMBER \_\_\_\_\_

IS YOUR WORKMAN'S COMPENSATION POLICY UP-TO-DATE?

      \_\_\_YES             \_\_\_NO

IF YES, SUBMIT A COPY OR COMPLETE THE FOLLOWING:

NAME OF INSURANCE CO. \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

AGENT'S NAME \_\_\_\_\_

AGENT'S PHONE NUMBER \_\_\_\_\_

EMPLOYER IDENTIFICATION NUMBER (EIN) \_\_\_\_\_

IS YOUR COMPANY EPA CERTIFIED LEAD RENOVATION, REPAIR, AND PAINTING (RRP)?  
YES \_\_\_\_\_ NO \_\_\_\_\_

IS YOUR COMPANY EPA CERTIFIED? YES \_\_\_\_\_ NO \_\_\_\_\_

IS YOUR COMPANY EPA CERTIFIED TO COMPLETE LEAD ABATEMENT? YES \_\_\_\_\_ NO \_\_\_\_\_

**IF YOUR COMPANY IS LEAD ABATEMENT CERTIFIED PLEASE FILL OUT THE INFORMATION BELOW.**

COMMERCIAL AND GOVERNMENT ENTITY (CAGE) \_\_\_\_\_

DATA UNIVERSAL NUMBERING SYSTEM (DUNS) \_\_\_\_\_

- ❖ PLEASE SUBMIT ANY/ALL EPA CERTIFICATIONS
  - FIRM CERTIFICATION, RRP, LEAD WORKER, AND LEAD SUPERVISOR
- ❖ PLEASE SUBMIT LIABILITY INSUREANCE AND WORKERS COMPENSATION
- ❖ PLEASE SUBMIT W-9

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® HomeOwnershipCenter**  
**1611 Genesee Street**  
**Utica, New York 13501**  
**Attention: Anthony Hildenbrandt**

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



1611 Genesee Street, Utica, New York 13501

TEL 315.724.4197 | FAX 315.724.1415 | NYS TDD RELAY 800.622.1220 | [www.theHomeOwnershipCenter.org](http://www.theHomeOwnershipCenter.org)