

APPROVED   
 by \_\_\_\_\_  
 Date \_\_\_\_\_

**CONTRACTOR APPLICATION**  
**HOUSING REHABILITATION PROGRAM**

Date: \_\_\_\_\_

Please furnish the information requested below. This information will be kept in our files and will be confidential. Our office will use such information only to verify the qualifications of contractor on home improvement contracts. PLEASE PRINT CLEARLY.

A. Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Bus. Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

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

Res. Address: \_\_\_\_\_ Res. Phone: \_\_\_\_\_

Email (required): \_\_\_\_\_

***Please Note: All communication regarding site-walks will be delivered via email only***

B. Check the Type of Construction You Have Performed in the Last Year.

- \_\_\_\_\_ Home Remodeling
- \_\_\_\_\_ Home Building
- \_\_\_\_\_ Major Construction, specify \_\_\_\_\_

C. List the names and addresses of the last three clients for whom you have completed construction.

<u>Name</u>	<u>Address</u>	<u>City</u>	<u>Phone</u>

D. List two major suppliers from whom you purchase most of your supplies.

<u>Name</u>	<u>Address</u>	<u>City</u>	<u>Phone</u>

E. How long have you been in the contracting business? \_\_\_\_\_ years \_\_\_\_\_ months

F. Approximately how many jobs have you completed as a general contractor?: \_\_\_\_\_

G. What is the smallest job you have done?: \_\_\_\_\_

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What is the largest job you have done?: \_\_\_\_\_  
\_\_\_\_\_

H. How many employees do you employ full-time?: \_\_\_\_\_

I. Have you ever worked for H.U.D.? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when? \_\_\_\_\_ What type of job? \_\_\_\_\_

J. Are you licensed as a home improvement contractor in the state of Connecticut? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, complete the following: HIC License No.: \_\_\_\_\_  
(Please attach copy)

Expiration Date: \_\_\_\_\_

K. Do you have your RRP certificate? Yes \_\_\_\_\_ No \_\_\_\_\_  
(EPA lead-safe certificate)

If no, please provide the date you are scheduled to attend a training course: \_\_\_\_\_

If yes, complete the following: License No.: \_\_\_\_\_  
(Please attach copy)

Expiration Date: \_\_\_\_\_

L. Do you have contractor's liability insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, complete the following: (Please attach copy)

Name of Insurance Co.: \_\_\_\_\_

Policy No.: \_\_\_\_\_

M. Do you have workmans compensation insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, complete the following: (Please attach copy)

Name of Insurance Co.: \_\_\_\_\_

Policy No.: \_\_\_\_\_

N. Are you a CT Certified Small, Minority, Woman-Owned, or Section 3 Business?

(If yes, please attach copy) Yes \_\_\_\_\_ No \_\_\_\_\_

(If not, please consider getting certified at <http://das.ct.gov> as being a certified SBE/MBE/WBE or Section 3 Business may be an advantage to you in obtaining business.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_