



# Community Development Department

## Housing Rehabilitation Office

### Contractor Application Housing Rehabilitation Programs

#### GENERAL INFORMATION

Name of Firm: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

#### FIRM INFORMATION

Name of Owner 1: \_\_\_\_\_ Title 1: \_\_\_\_\_

Home Address 1: \_\_\_\_\_

City 1: \_\_\_\_\_ State 1: \_\_\_\_\_ ZIP Code 1: \_\_\_\_\_

Name of Owner 2: \_\_\_\_\_ Title 2: \_\_\_\_\_

City 2: \_\_\_\_\_ State 2: \_\_\_\_\_ ZIP Code 2: \_\_\_\_\_

Corporation       Sole Proprietor       Partnership       LLC

Number of years in business: \_\_\_\_\_ Number of employees: \_\_\_\_\_

Is your business woman owned?      Yes       No

Is your business Section 3?      Yes       No       Unsure

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

## LICENSES/CERTIFICATION

Residential Builder's License No. \_\_\_\_\_

Have you ever had your contractor's license revoked?    Yes     No

If yes, explain: \_\_\_\_\_

Lead Based Paint Certification:

Risk Assessor            Yes     No             Abatement    Yes     No

Certified Renovator    Yes     No             EPA RRP        Yes     No

## CUSTOMER REFERENCES

List references for at least four (4) projects you have completed in the last two (2) years.

Owner's Name:	Phone:
Project Address:	Date Completed:
Describe work completed and approximate cost:	
Owner's Name:	Phone:
Project Address:	Date Completed:
Describe work completed and approximate cost:	
Owner's Name:	Phone:
Project Address:	Date Completed:
Describe work completed and approximate cost:	
Owner's Name:	Phone:
Project Address:	Date Completed:
Describe work completed and approximate cost:	

## FINANCIAL REFERENCES

Provide three references from material suppliers. Include phone numbers.

1.
2.
3.

Please provide at least one reference from a lender you do business with frequently.

Name:	Phone:
-------	--------

## CERTIFICATIONS

Are you, your company, or its principals presently debarred, suspended, or otherwise ineligible from receiving Federal funds?      Yes     No

Are there any judgments, pending litigation, or legal suits against you, your company, or its principals?      Yes     No

Do you, your company, or its principals have any past due obligations (delinquent taxes, fines, fees, etc.)?      Yes     No

Do you or any company principals have a family member or personal friend that works for the City of Grand Rapids Community Development Department?      Yes     No

Are there any liens filed against your business?      Yes     No

*If you answered yes to any of the above, please attach an explanation to your application.*

I understand the information above may require verification. I agree to provide documentation if requested. I hereby certify that the information provided above is true and accurate, and understand falsification of any information could subject me, my company, and/or its principals to disqualification from participation and punishment under the law.

Further, I authorize the City of Grand Rapids to contact references listed in this document and to obtain a credit report in the name of any listed principals or owners of the company. I understand information obtained will be used solely for the purpose of determining eligibility for contracting with the City of Grand Rapids.

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

## **ATTACHMENTS**

Attach the following documents to your application, as applicable. Missing attachments will delay the processing of your application.

- Residential Builder's License\***  
Please provide any additional licenses that may apply to your area of expertise (ex. plumbing, mechanical, etc.)
- Copy of accord Certificate of Insurance form evidencing the following coverage:\***
  - A. Bodily injury including death (minimum - \$1,000,000)
  - B. Property damage arising from work performed by the contractor (minimum - \$1,000,000)
  - C. Automobile (minimum - \$1,000,000)
  - D. Worker Compensation (or waiver form if sole proprietor)
- Lead Risk Assessor License (if applicable)
- Lead Abatement Firm Certificate (if applicable)
- Lead Supervisor License(s) (if applicable)
- US-EPA RRP Certificate (if conducting work that disturbs lead-based paint, including abatement)
- Section 3 certification letter (if available)
- Business Financial Statement\***

*\* Required for all applicants.*

## **APPLICATION SUBMISSION**

Email the completed form and required attachments to [communitydev@grcity.us](mailto:communitydev@grcity.us) or mail to:

Housing Rehabilitation Division  
Community Development Department  
300 Monroe Avenue NW, Suite 440  
Grand Rapids, Michigan 49503

Your application will be assigned to a Housing Rehabilitation Specialist II and you will receive a contact from that person regarding processing. If you have questions, please call the Housing Rehabilitation staff at (616) 456-3030.