



## Contractor Application Housing Rehabilitation Programs

### GENERAL INFORMATION

Name of Firm			
Business Address	City	State	Zip
Telephone	Cell Phone	Fax	
Email Address	Website Address		

### FIRM INFORMATION

Name of Owner	Title	SS#	
Home Address	City	State	Zip
Name of Owner	Title	SS#	
Home Address	City	State	Zip

Corporation
  Sole Proprietor
  Partnership

Employer Identification Number: \_\_\_\_\_

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

Is your business woman owned? Yes  No  Is your business Section 3? Yes  No

Is your business minority owned? Yes  No

## 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:

Certified Renovator Yes  No  Abatement Yes  No

## CLIENT 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.

1.
2.
3.

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

Name:	Phone:
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## 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

*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
- 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
- Lead Abatement Contractor License
- Lead Supervisor License(s)
- Section 3 certification letter
- Business Financial Statement

## **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

If you have questions, please call the Housing Rehabilitation staff at (616) 456-3030.