

Date \_\_\_\_\_

## Home Rehabilitation Program Contractor's Qualification Statement

Contractor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

General Contractor                       Specialty: \_\_\_\_\_

Names and addresses of all company owners: \_\_\_\_\_  
\_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_ DUNS Number(if applicable): \_\_\_\_\_

City License Number: \_\_\_\_\_ State License Number: \_\_\_\_\_

Local Insurance Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Liability Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Amount: \_\_\_\_\_ Expiration: \_\_\_\_\_

Property Damage Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Amount: \_\_\_\_\_ Expiration: \_\_\_\_\_

Bonding agent (if different): \_\_\_\_\_ Phone: \_\_\_\_\_

Bonding Company: \_\_\_\_\_ Address: \_\_\_\_\_

List three rehabilitation projects (at least two projects must be rehab work in an owner-occupied residential structure):

1. \_\_\_\_\_

Name	Address	Phone	\$ Amount	Date
_____				
Scope of Work				

2. \_\_\_\_\_

Name	Address	Phone	\$ Amount	Date
_____				
Scope of Work				

3. \_\_\_\_\_

Name	Address	Phone	\$ Amount	Date
_____				
Scope of Work				

List the primary type of work you are qualified for and any other pertinent information (this information will be available to homeowners): \_\_\_\_\_  
\_\_\_\_\_

List any experience, training and/or certifications working with lead-based paint: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_