



**APPLICATION FOR HOUSING REHABILITATION
CONTRACTORS QUALIFICATION**

Name: _____

Address: _____

Phone Number: _____

Name of Business: _____

Type of Business: ___ Individual ___ Partnership ___ Corporation

Business Address: _____

Business Phone Number: _____

Persons to Contact:

Officer

Field Supervisor

FEIN No. _____

IL. EMP. No. _____

Social Security No. of Principal Owner: _____

Does your firm or employees hold a current license for any of the following listed below:

(Please attach a copy of each license held.)

___ Plumbing ___ Electrical ___ Roofing ___ Lead Abatement

Name of Insurance Carrier _____

Policy No.: _____

(Please attach a current Certificate of Insurance.)

Are You Bondable? ___ Yes ___ No

Financial: For general contractors a minimum of \$8,000 of working capital or credit must be shown in Banking, Credit Card and/or supplier credit accounts.

BANK REFERENCES:

Name, Address & Telephone Number of Institution:	Account Number:	Type:	Reference (Credit Manager)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I am more interested in: ___ General Contracting ___ Subcontracting

If you checked general contracting, please submit a list of qualified subcontractors with your application. If you checked subcontracting, please send my name to qualified general contractors.

SUPPLIER REFERENCES: *(Please submit the most recent statement for Cooperate Credit accounts, i.e. Home Depot.)* **Give Three References**

Business Name, Address & Telephone : _____

Type of Charge & Account No.: _____

Maximum Amount: _____

Credit Status:(fair, good excellent): _____

Credit Manager: _____

Business Name, Address & Telephone : _____

Type of Charge & Account No.: _____

Maximum Amount: _____

Credit Status:(fair, good excellent): _____

Credit Manager: _____

Business Name, Address & Telephone : _____

Type of Charge & Account No.: _____

Maximum Amount: _____

Credit Status:(fair, good excellent): _____

Credit Manager: _____

WORK REFERENCES:

Name: _____

Address: _____

Phone Number: _____

Type of Work Done: _____

Completion Dates of Project: _____

May We Contact Individual: Yes No

Do a Site Visit: Yes No

I hereby certify that the information contained in this Prequalification Application is true and accurate to the best of my knowledge. Additionally, I certify that this company, nor its principals, is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in Federal or State funded programs by any Federal or State department or agency.

In consideration of the City of Carbondale, Illinois processing my Prequalification Application for Contracting, I/we hereby voluntarily and knowingly execute this release of information, and hereby authorize the City of Carbondale to undertake a full and complete check to verify the information submitted on the Contractor's Prequalification Application.

I/we with the intention of binding myself, my heirs, executors, administrators and assigns releases and discharges the City of Carbondale, its officials, employees, agents, and all persons, companies or agencies contacted by the City of Carbondale to verify the Contractor's Prequalification Application information from all claims, demands, actions, judgements and executions which I/we ever had, or now have, or which my heirs, executors, administrators or assigns may have, or claim to have against the City of Carbondale, its officials, employees, and agents and all persons, companies, or agencies contracted by the City of Carbondale to verify the Contractor's Prequalification Application information arising out of the performance of any and all such verifications.

I/we further authorize the financial institutions, suppliers, material men, individuals and/or companies, firms, organizations, or other entities, that have or have had business relationships with _____ (applicant) to disclose to the City of Carbondale such information as is necessary to verify the information I/we have provided in the Contractor's Prequalification Application.

By: _____

(Signature of Authorizing Agent)

Date: _____

CONTRACTOR & SUBCONTRACTOR DEMOGRAPHIC INFORMATION

The purpose for this information is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this information is optional. If you choose to volunteer the requested information, please note that all information is kept in an Affirmative Action File and is not a part of your application for employment or personnel file.

Name of Contractor: _____

Name of Subcontractor(s): _____

Ethnicity of the principal of the firm: _____
(enter one of the following codes)

- 11 - White
- 12 - Black or African American
- 13 - Asian
- 14 - American Indian or Alaska Native
- 15 - Native Hawaiian or Other Pacific Islander
- 16 - American Indian/Alaska Native & White
- 17 - Asian & White
- 18 - Black or African American & White
- 19 - American Indian or Alaska Native & Black or African American
- 20 - Other Multi Racial

Gender of the principal of the firm: _____
(enter one of the following codes)

- 1 - Female
- 2 - Male

COMPANY POLICIES (checkmark the appropriate boxes)

- 1:) Does your company have a written drug policy? ____ Yes ____ No
If no, would your company be willing to adopt our policy? ____ Yes ____ No
- 2:) Does your company have a written dress and language policy? ____ Yes ____ No
If no, would your company be willing to adopt our policy? ____ Yes ____ No
- 3:) Does your company have a written conflict resolution policy? ____ Yes ____ No
If no, would your company be willing to adopt our policy? ____ Yes ____ No

For General Contractors, please provide the requested information for your subcontractors:

Name: _____

Address: _____

Phone Number: _____

Subcontractor Type: _____

(ie: Plumber, Electrician, Roofing, HVAC)

State or City License #: _____

Name: _____

Address: _____

Phone Number: _____

Subcontractor Type: _____

(ie: Plumber, Electrician, Roofing, HVAC)

State or City License #: _____

Name: _____

Address: _____

Phone Number: _____

Subcontractor Type: _____

(ie: Plumber, Electrician, Roofing, HVAC)

State or City License #: _____

Name: _____

Address: _____

Phone Number: _____

Subcontractor Type: _____

(ie: Plumber, Electrician, Roofing, HVAC)

State or City License #: _____