



CONTRACTORS APPLICATION

COMPANY INFORMATION

Please Print Clearly

Name: _____ Owner: _____
Address: _____ City: _____ Zip: _____
Telephone: (____) _____ Fax: (____) _____
Contractor's License Number: _____ License Expiration Date: _____
Type(s) (Specialty): _____
Business License #: _____ City: _____
Years in Business: _____ Years in Area: _____ Office Contact Person: _____
Email: _____

LIST THREE REFERENCES

1. Name: _____ Telephone: (____) _____
Address: _____ City: _____ Zip: _____
Work Done: _____

2. Name: _____ Telephone: (____) _____
Address: _____ City: _____ Zip: _____
Work Done: _____

3. Name: _____ Telephone: (____) _____
Address: _____ City: _____ Zip: _____
Work Done: _____



SUPPLIERS

LIST THOSE YOU REGULARLY DO BUSINESS WITH

1. Company: _____

Address: _____ City: _____ Zip: _____

Tel: (____) _____ Fax: (____) _____

2. Company: _____

Address: _____ City: _____ Zip: _____

Tel: (____) _____ Fax: (____) _____

3. Company: _____

Address: _____ City: _____ Zip: _____

Tel: (____) _____ Fax: (____) _____

BANK AND CREDIT REFERENCES

1. Institution: _____ Telephone: _____

Address: _____ City: _____ Zip: _____

2. Institution: _____ Telephone: _____

Address: _____ City: _____ Zip: _____

3. Institution: _____ Telephone: _____

Address: _____ City: _____ Zip: _____



INSURANCE COVERAGE

Insurance Carrier: _____ Telephone: _____

Agent: _____ Policy No: _____ Exp. Date: _____

Address: _____ City: _____ Zip: _____

Maximum Liability Amount: \$ _____

NOTE: Neighborhood Housing Services of the Inland Empire requires current insurance coverage of \$1,000,000/ 500,000 Injury and \$500,000 Property Damage. Workers' Compensation required as per State law.

Do you have construction employees? Yes No # _____

Workers Comp Insurance Carrier: _____

W.C. Policy #: _____ Exp. Date: _____

LICENSE INFORMATION

Have you ever been disbarred from participating as a Contractor in any Federal, State, local housing program such as HUD?

Yes No

Has your Contractor's License ever been revoked or suspended by the State of California Contractors State License Board?

Yes No

If you answered "Yes" to either question, please explain below:



CONTRACTOR DEMOGRAPHIC INFORMATION

Ethnicity:

Hispanic or Latino

Not Hispanic or Latino

Race:

American Indian or Alaska Native

Native Hawaiian or Pacific Islander

White

Asian

Other

Black or African American

Sex:

Female

Male

AUTHORIZATION: I hereby authorize Neighborhood Housing Services of the Inland Empire, Inc. (NHSIE) to contact any listed entities or individuals for the purpose of checking my credit, work references, or related history. This information will be used to determine my eligibility and qualification as an approved contractor for the purpose of doing rehabilitation work on NHSIE and Agency Programs.

Signature of Contractor (License Holder)

License Number

Date

Please return:

Neighborhood Housing Services of the Inland Empire, Inc.
1390 North "D" Street, San Bernardino, CA 92405
(909) 884-6891 FAX: (909) 884-8899