

**CONTRACTOR APPLICATION
FOR CONTRACTORS INTERESTED IN WORKING
IN THE ORANGE COUNTY HOUSING REHABILITATION PROGRAM**

INSTRUCTION

The Contractor must complete the attached "Rehabilitation Contractor Registration Application". By completing and signing the attached, the Contractor has read, understands, and agrees to abide by the following minimum requirements which must be met before being awarded contracts under the above program.

1. The Contractor must have the necessary County and State Licenses that are applicable to his company doing business in North Carolina.
2. The Contractor must have at least the following insurance coverage:
 - a. Manufacturer's and Contractor's General Liability Insurance with minimum limits of \$500,000.
 - b. Property Damage Insurance of an amount not less than \$100,000.
 - c. Workmen's Compensation Insurance.

*****A current Certificate of Insurance must be on file at all times in the Housing, Human Rights and Community Development Office.**

3. The Contractor will abide by Equal Opportunity provisions of the Civil Rights Acts.
4. The Contractor must have a track record in housing rehabilitation and list jobs he/she has on hand as well as ones completed on the application. Contractors with limited or no past performance may be placed on the "Approved Contractors List", on a "Professional Basis" and will not be awarded more than one contract until it is determined by the Rehabilitation staff that the Contractor can meet all program requirements.

Contractors with unsatisfactory past work performance will not be allowed into the Housing Rehabilitation Program. Contractors with less than satisfactory past performance (i.e. failure to pay creditors on a timely basis; inability to meet contract deadlines, failure to meet contract deadlines, failure to honor warranties, inability to follow guidelines, inability to work with homeowners and Rehabilitation staff) must correct all problems, before they will be considered for the "Approved Contractors List".

ALL INFORMATION AND INQUIRIES SHOULD BE DIRECTED TO:

Orange County
Housing, Human Rights and Community Development Department
300 W. Tryon Street
P. O. Box 8181
Hillsborough, NC 27278
Telephone: 919-245-2490

REHABILITATION CONTRACTOR REGISTRATION APPLICATION

All questions must be answered and the data given must be clear and comprehensive. This statement must be notarized. The Contractor may submit any additional information he/she desires.

1. Name of Business:	
2. Address of Business:	
3. Business Telephone Number:	
4. Contact Person(s):	
5. Occupational Licenses Numbers:	
6. When Organized:	
7. If a corporation, where incorporated and when:	
8. How many years have you been engaged in the contracting business under your present firm or trade name?	
9. List the name and address of any other contracting firm under which the owner or partners have operated. Include dates.	
Name	Date
10. Contracts on hand: (Schedule these, showing amount(s) of each contract and the approximate date of completion.)	
Name	Date
11. General character of work performed by your company (i.e. General contracting specialty in any particular trade.)	
12. Have you ever failed to complete and or defaulted on any work awarded to you? Yes <input type="checkbox"/> No <input type="checkbox"/>	

13. List the more important projects recently completed by your company. State the approximate cost of each and the month and year completed.

Property	Type of work performed	Amount of Contract	Contact Person's Name/Telephone

14. Please provide name, address and years of construction experience of all owners, partners, and stockholders.

Name	Address	Years of Experience

15. Provide the name and address of the following references:

Bank

Name	Address	Type of Account	Account Number

16. Credit References:

Material Suppliers	Account Number

Subcontractors	Account Number

What is the dollar credit available to your firm? \$

17. Does your firm have a recent Financial Statement? Yes No
 If yes, please attach with this application.

18. Has the company ever been party to or involved in any action related to discrimination based upon Race, Nationality, Sex or Religion? Yes No
 If yes, explain:

19. Has the firm ever caused a lien for material or mechanical work default payment to be placed against a homeowner? Yes No

If yes, explain:

20. Name, address, and telephone number of above owner(s):

Name	Address	Telephone Number

The undersigned hereby authorizes and request any person, firm or corporation to furnish any information requested by the Orange County Housing, Human Rights and Community Development Department, in verification of my credit profile and qualifications, dated this _____ day of _____ 20__.

Social Security Number

Federal Identification Number

Name of Firm

Signature-Firm Representative

State of _____

County of _____

_____ being duly sworn deposes and says that he/she is
_____ of _____ and that the answers to the
foregoing questions and all statements therein contained are true and correct.

Subscribed and sworn to before me this _____ day of _____ 20__

Notary Public

My Commission expires: _____, 20__