

City of Middletown
Community Revitalization
GENERAL CONTRACTORS APPLICATION
FOR PARTICIPATION IN A FEDERAL REHABILITATION PROJECT

Owner(s) Name(s): _____ Company Name: _____
 Address: _____ Company Address: _____

 Social Security #(s) _____ Telephone: _____
 Business ID# _____ Insurance Company: _____
 Month and Year of Birth ____ / ____ Email Address: _____
 Type of work you want to bid (specialty) _____

Household Income of each owner (OPTIONAL - for purposes of Section 3 regulations):

\$ _____ \$ _____ \$ _____ \$ _____

Race (OPTIONAL – Is for HUD reporting purposes): _____
 Is the business minority owned? (Y / N) If yes, explain: _____
 Is the business woman owned? (Y / N) If yes, explain ownership _____

	<u>Name</u>	<u>Address</u>	<u>Phone</u>
Credit References:	_____	_____	_____
	_____	_____	_____

	<u>Name</u>	<u>Address</u>	<u>Phone</u>
Previous Employers:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Recently Completed Work:

	<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Type of Work Done</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Are you currently licensed or certified in Ohio for Lead-Safe Renovation, Repair, and Painting (RRP) or Lead Abatement? If yes, which license or certification?

Yes _____ No _____

Please attach copies of current worker's comp. certificate and liability insurance policy.

Signature

Date

City of Middletown
Community Revitalization Department

Credit and Information Authorization

I hereby authorize the City of Middletown, Community Revitalization Department (hereinafter called "the City") to obtain and review my credit report for the purpose of contracting work from the City of Middletown.

My signature below authorizes any of the persons, firms, or corporations listed in my loan application and credit report to release to the City any credit, financial, and/or employment information they have relating to me.

I understand that the Federal Fair Housing Law prohibits creditors from discriminating against credit applicants on the basis of race, color, national origin, religion, sex, handicap, or familial status.

PLEASE PRINT THE FOLLOWING INFORMATION

Borrower

Co-Borrower

Social Security Number

Social Security Number

Date of Birth

Date of Birth

Street Address

Street Address

City, State, Zip

City, State, Zip

Borrower Signature

Date

Borrower Signature

Date