



Rochester

Housing Development Fund Corporation

Contractor Application for Single Family Rehab

1. Name of Construction Company _____

2. Contact Person/Owner _____

Phone _____ Cell Phone _____

E-Mail _____ Fax _____

3. Address: _____

4. Year Business Was Established _____ 5. Federal ID _____

6. Are you a Minority Contractor or Woman-Owned Business? _____
Indicate Which if Yes

If Minority Contractor Please Circle All that Apply:

Asian Native American Black Hispanic

7. Are you a NYS-Certified MBE or WBE? _____ (Attach copy of certification if yes)

8. Date EPA Lead Supervisor's License Received? _____ (Attach copy of License)

9. Insurance Company: _____

Please provide proof of existing coverage for insurances in place at time of application.
(Required Insurances: General Liability, Workman's Comp., Umbrella, Business Auto)

10. If you use regular subcontractors, please list them:

<u>Company Name</u>	<u>Contact Name</u>	<u>Phone</u>	<u>Trade</u>	<u>Years in Business</u>

Tel. 585.423.6320 Fax 585.423.6322

16 East Main Street * Suite 610 * Rochester, New York 14614 * www.grhp.com



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AUTHORIZED SIGNATURES

The following individuals are authorized to execute Construction Contracts, Lien Waivers, and all legal documents for _____ (name of business):

Name: _____

Title: _____

Signature: _____

Name: _____

Title: _____

Signature: _____

I, _____, hereby testify that all information is true
(Name of principle of company)
and correct to the best of my knowledge:

Signature

Date

Witness or Notary

Date