Housing Rehab and Emergency Loan Program
Contractor Registration Form

***Must have Construction Supervisor License - CSL**

Contact Information:

Name of Business:_____

Address:_____

Office Phone:_____Cell:_____

Email:_____Website:_____

Principal or Owner:_____

Primary Contact (if different than Owner):_____

Employer Tax ID#:_____

Business Information:

Check type that best describes your business:

- — General Contracting
- — Asbestos Removal
- — De-leading
- — Electrical
- — Floor Cover
- — Masonry
- — Painting
- — Plumbing & Heating
- — Siding, Roofing & Insulation
- — Signs
- — Window & Door Replacement
- — Other (Please specify)

Number of Years in Business:_____Number of Employees:_____(If # fluctuates, use average)

Please summarize your overall relevant work experience:_____

_____

_____

_____

_____

_____

Are you a Female, Veteran or Minority Owned Business? _____Yes _____No

Are you a Section 3 Contractor? _____Yes _____No
(Description on last page)

Please list any Trade or Civic Associations of which you are a member:

_____

_____

_____

_____

Insurance Information: *(Please attach a copy of your insurance certificates).*

HECH is to be listed as a Certificate Holder and notified of changes and renewals

	Liability Insurance $500,000/occurrence and $1M/aggregate	Workers' Comp $100,000 Coverage B
Insurance Carrier		
Coverage Amounts		
Policy #		
Effective Date		

Have any Members of the Firm been sued within the Past 18 Months by Subcontractors, Suppliers, or Customers? _____Yes _____No

Licenses, Certifications & Training: *(Please attach copies, front and back, of license listed below)*

Type of License or Certifications Construction Supervisor License Required	License Number	Original Date	Current Expiration Date
Construction Supervisor	CS-		
Deleading License			
Home Improvement Contractor			

Has Your CS License Ever Been Revoked? _____Yes _____No

If yes, provide details below:_____

_____

_____

References:

Please list 3 Credit References:

1. Company Name:_____
    a. Type of Materials:_____
    b. Phone Number:_____
    c. Contact Name:_____

2. Company Name:_____
    a. Type of Materials:_____
    b. Phone Number:_____
    c. Contact Name:_____

3. Company Name:_____
    a. Type of Materials:_____
    b. Phone Number:_____
    c. Contact Name:_____

Please list 3 Client References, customers for whom you've done rehab work in the past 2 years:

1. Client Name:_____
    a. Property Address:_____
    b. Phone Number:_____
    c. Project Description:_____

2. Client Name:_____
    a. Property Address:_____
    b. Phone Number:_____
    c. Project Description:_____

3. Client Name:_____
    a. Property Address: _____
    b. Phone Number:_____
    c. Project Description:_____

Signatures:

I certify that all information in this statement and all information furnished in support of this statement is true and complete to the best of my knowledge and belief.

Signature Date

Please return this completed and signed form and all attachments to:
Kimberly Bourgea, Program Director
HECH. PO Box 638, West Harwich, MA 02671

Description of Section 3 Contractor: *A Section 3 contractor/ subcontractor is a business concern that provides economic opportunities to low- and very low-income residents of the metropolitan area (or non-metropolitan county), including a business concern that is 51 percent or more owned by low- or very low-income residents; employs a substantial number of low- or very low-income residents, or provides subcontracting or business development opportunities to businesses owned by low or very low-income residents. Low- and very low-income residents include participants in Youthbuild programs established under Subtitle D of Title IV of the Cranston-Gonzalez National Affordable Housing Act.*

The terms "low-income persons" and "very low-income persons" have the same meanings given the terms in section 3(b) (2) of the United States Housing Act of 1937. Low-income persons mean families (including single persons) whose incomes do not exceed 80 per centum of the median income for the area, as determined by the Secretary, with adjustments for smaller and larger families, except that the Secretary may establish income ceilings higher or lower than 80 per centum of the median for the area on the basis of the Secretary's findings that such variations are necessary because of prevailing levels of construction costs or unusually high or low-income families. Very low-income persons means low-income families (including single persons) whose incomes do not exceed 50 per centum of the median family income for the area, as determined by the Secretary with adjustments for smaller and larger families, except that the Secretary may establish income ceilings higher or lower than 50 per centum of the median for the area on the basis of the Secretary's findings that such variations are necessary because of unusually high or low family incomes.

Please Return Completed Forms with Supporting Documents to:

Kimberly Bourgea
HECH
Physical Address: 120 Route 28, West Harwich, MA 02671
Mailing Address: P.O. Box 638, West Harwich, MA 02671

Please call or email Kim with any questions:

508-432-0015x109 or Kim@hech.org