CITY OF FITCHBURG
DEPARTMENT OF COMMUNITY DEVELOPMENT
DIVISION OF HOUSING & DEVELOPMENT

HOUSING IMPROVEMENT PROGRAM
CONTRACTOR APPLICATION FORM

NAME OF COMPANY __________________________________ FED. I.D. # ____________________
OWNER’S NAME ______________________ SOC. SEC. # ____________ D.O.B. _____________
ADDRESS (STREET) ________________________________________________________________
(CITY, STATE, ZIP CODE) ___________________________________________________________
PHONE: OFFICE _______________ FAX _______________ HOME _______________________
OFFICE HOURS: ______________ TO ________________
MAY WE CALL YOU AT HOME? YES_____ NO ______
ARE YOU A GENERAL CONTRACTOR? (ALL PHASES OF WORK) YES_____ NO ______
HOW LONG HAVE YOU BEEN SELF-EMPLOYED? ______ YEARS OF EXPERIENCE ______
DO YOU HAVE A SPECIALTY? __________________________ _____________________________
HOW MANY EMPLOYEES DO YOU EMPLOY? __________________________________________

LIST BUILDERS LICENSE AND NUMBERS WHICH YOU HOLD:
Construction Supervisors License #_______________________________
Home Improvement Certification #_______________________________
Dealers License #____________________________________________
Other License _________________________________________________
Other License _________________________________________________
Other License _________________________________________________

DO YOU CARRY BODILY INJURY AND PROPERTY DAMAGE INSURANCE?
YES___ NO ____AMOUNT $____________________

DO YOU CARRY WORKMEN’S COMPENSATION INSURANCE?
YES___ NO ____AMOUNT $____________________

NAME OF INSURANCE CO.__________________________________________________________

ATTACH A CERTIFICATE OF INSURANCE TO THIS APPLICATION
HOW LONG A PERIOD DO YOU GUARANTEE YOUR WORK? _______________________

DO YOU COMPLY WITH A NONDISCRIMINATION POLICY CONCERNING EMPLOYEES AND SUBCONTRACTORS? YES ____ NO ____

IF NO, STATE WHY ________________________________________________________________

ARE YOU A MINORITY OWNED COMPANY? YES___NO____

CIRCLE YEARLY GROSS VOLUME OF CONTRACTED WORK

$0 - $25,000 $25,000 - $50,000 $50,000 – 1000,000 OVER $100,000

LIST SUPPLIERS: STARTING WITH THE LARGEST VOLUME CREDIT ACCOUNT

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>PHONE</th>
<th>IS THIS ACCOUNT CREDIT OR CASH?</th>
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<tbody>
<tr>
<td>1.</td>
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LIST THREE (3) MOST RECENT JOBS COMPLETED: (ATTACH A SEPERATE SHEET IF NECESSARY)

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>PHONE</th>
<th>TYPE OF WORK</th>
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<tbody>
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<td>1.</td>
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By signing this application you hereby agree and authorize the City of Fitchburg, Department of Community Development, Division of Housing & Development to obtain a credit report/s in connection with this application in your name and/or your company name.

In addition as applicant, you hereby certify and attest under penalty of perjury that all statements made within this application are true and complete.

The City of Fitchburg is authorized to obtain and verify any information contained herein, and this application and subsequent information obtained will remain the property of the City of Fitchburg, Department of Community Development, Division of Housing & Development.

____________________________________________  ________________________
AUTHORIZED SIGNATURE                        DATE

Rev 8/08