

Housing Rehabilitation and Energy Services
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Contractor Application

Please furnish PathStone/RHOC with the information requested below. This information will be kept on file and will be confidential. The office will use information only to verify the qualifications of contractors for home improvement, single family (1-4 units) contracts. Customers will be supplied with a list of qualified contractors, which will include name, address, business phone and trade specialties. **Minority, woman owned, and service disabled Veteran owned businesses are encouraged to apply to work with PathStone.**

Company name: _____ Bus. Phone _____

Business Address: _____

Type of Ownership (check one) _____ Individual _____ Partnership _____ Corporation

MBE _____ WBE _____ SDVOSB _____ HUD Section 3 Business _____

Date Business was established: _____

| Principal Name(s): | Home Address | Title |
|--------------------|--------------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Does your company act as general contractor? _____ Yes _____ No

If not a general contractor, please give other trade license no(s) and trade: _____

Employer I.D# if applicable _____ Proprietor Social Security #: _____

W/MBE/SDVOSB # if applicable _____

EPA Lead Safe Certified? _____

Which trade does your company actually perform? (check all applicable)

Carpentry Glazing Plastering Roofing Drywalling
 Taping Siding Tuckpointing Painting Masonry
 Tiling Concrete Storm windows Heating Forced Air
 Plumbing Electrical Hot Water/Steam Other: _____

What trades does your company sub out?

Carpentry Glazing Plastering Roofing Drywalling
 Taping Siding Tuckpointing Painting Masonry
 Tiling Concrete Storm windows Heating Forced Air
 Plumbing Electrical Hot Water/Steam Other: _____

What is the largest job you've done? \$ _____ The smallest? \$ _____

Does your company carry **insurance**? Yes No

| | <u>Liability Insurance</u> | <u>Worker's Compensation</u> |
|--------------------|----------------------------|------------------------------|
| Insurance company | _____ | _____ |
| Policy Number | _____ | _____ |
| Amount of Coverage | _____ | _____ |
| Expiration Date | _____ | _____ |
| | <u>Liability Insurance</u> | <u>Worker's Compensation</u> |
| Agent name | _____ | _____ |
| Agent Address | _____ | _____ |
| | _____ | _____ |
| Agent phone # | _____ | _____ |

Financial References: (Banks, Savings and Loans, etc.) Supply Name, Address and Phone:

1. _____
2. _____

Supply References (List up to 3 suppliers from whom you purchase materials)

1. _____
2. _____

3. _____

Trade References (List up to 3 sub-contractors you've used in the past 2 years)

| Name | Address | Phone | Trade |
|-------|---------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Customer References (List up to 3 customers for whom you have completed construction work in the past 2 yrs)

| Name | Address | Phone | Date of work |
|-------|---------|-------|---------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | Cost \$ _____ |
| _____ | _____ | _____ | Cost \$ _____ |
| _____ | _____ | _____ | Cost \$ _____ |

Current Projects (List information about up to 3 current projects on which you are working)

1. Type of Work _____ Customer Name _____
Project Address _____ Customer Phone _____
Contractor Amount \$ _____ Percentage Completed _____
Scheduled Completion Date _____ Architect name _____
Phone #: _____
2. Type of Work _____ Customer Name _____
Project Address _____ Customer Phone _____
Contractor Amount \$ _____ Percentage Completed _____
Scheduled Completion Date _____ Architect name _____
Phone #: _____
3. Type of Work _____ Customer Name _____
Project Address _____ Customer Phone _____
Contractor Amount \$ _____ Percentage Completed _____
Scheduled Completion Date _____ Architect name _____
Phone #: _____

Has the company ever failed to complete any work awarded to it? Yes No

If so, what was the project location and the reason why?

Has the company or any of its principal owners/officers/partners ever defaulted on a contract? Yes No

If so, what was the project location and the reason why?

Has the company or any of its principal/owners/partners currently filed for bankruptcy or voluntary dissolution in the past 7 years? Yes No If yes, please explain.

Is company currently the subject of litigation? Yes No If yes, please explain:

Are there any liens against the company or it's principal/owner/partner which might affect its ability to perform? Yes No If yes, please explain: _____

Any additional comments: _____

I hereby certify that the statements above are true and accurate to the best of my knowledge, and I authorize PathStone to contact the trade, customer, supplier and financial references listed above for the purpose of qualifying my company for participation in rehabilitation/construction programs.

Name /Title

Signature