Home Rehabilitation and Energy Services
400 East Avenue
Rochester, New York 14607

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PathStone
Connecting You to Opportunities

www.pathstone.org

Contractor Application

Please furnish PathStone/RHOC with the information requested below. This information will be kept on file and will be confidential. The PathStone/RHOC office will use information only to verify the qualifications of contractors for home improvement, single family (1-4 units) contracts. PathStone/RHOC customers will be supplied with a list of qualified contractors, which will include name, address, business phone and trade specialties.

Company name: _____ **Business Phone** _____

Business Address: _____

Website:_____

Email: _____

Type of Ownership (check one) ____ Individual ____ Partnership ____Corporation

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 #: _____

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

	Liability Insurance	Worker's Compensation
Insurance company	_____	_____
Policy Number	_____	_____
Amount of Coverage	_____	_____
Expiration Date	_____	_____

	Liability Insurance	Worker's Compensation
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
_____	_____	_____	_____
_____	_____	_____	_____

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 it's 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 attached are true and accurate to the best of my knowledge, and I authorize PathStone/RHOC to contact the trade, customer, supplier and financial references listed above for the purpose of qualifying my company for participation in PathStone/RHOC rehabilitation/construction programs.

_____
Name /Title

_____
Signature