



Housing Program Office
301 W. Main St. , Owosso, MI 48867
Phone: (989) 725-0537 Fax: (989) 725-0546

CONTRACTOR APPLICATION

Company Name: _____

Type of Contractor: _____ Federal EIN: _____

Company Address: _____

Phone: _____ Cell Phone: _____ Fax Number: _____

Contact Person: _____ Title: _____

Email Address: _____

Complete all attached pages in full and return to the City of Owosso Housing Program Office.
Please provide the following documentation with your completed application:

- A copy of the applicant's active Michigan Contractor's license.
- A copy of a valid license, as required by law, for any skilled trades in which the contractor is engaged.
- The name, addresses and telephone numbers of no less than three (3) principal suppliers, or subcontractors, and bank references.
- A Certificate of Insurance for comprehensive public liability coverage of not less than \$1,000,000 bodily injury and \$500,000 property damage and workers' compensation or sole proprietor form.
- Name, addresses and telephone numbers of no less than three (3) customers for whom construction or rehabilitation work was performed within the last twelve (12) months.
- A copy of the applicant's EPA Renovation Repair and Painting certification.

Questions regarding this application should be directed to the Housing Program Office at (989) 725-0537.

Please provide answers to the following questions. Be sure to submit any requested documentation with the completed application.

- Yes No Is this your primary occupation? If no, please explain:

- Yes No Have you ever filed bankruptcy? If yes, please explain:

- Yes No Do you or your business own property in the City of Owosso?
- Yes No If yes, are all property taxes and business taxes current?
- Yes No Do you have business, personal or family relationships with any City staff or elected officials? If so, please list:

- Yes No Are you interested in only doing a specific type or size of work? (Example: only electrical, small jobs, roofs, etc.) If yes, please specify:

- Yes No Will you warranty your work for up to two (2) years?
- Yes No Is your firm Renovation, Repair and Painting certified with the Environmental Protection Agency? (This is a requirement for working with our program.) If yes, provide your EPA Certification, as well as certification for RRP trained workers. If no, you must become certified before beginning work in our program.
- Yes No Is your firm a Lead Abatement Contractor in the State of Michigan? If yes, please provide a copy of the State of Michigan certification.
- Yes No Is your firm certified as a Minority Owned Business by the Michigan Minority Development Council? If yes, please provide certification.
- Yes No Is your company certified as a Women Owned Business by the Michigan Women Business Council? If yes, please provide certification.

Company Name: _____
Initials: _____

Business/Credit References: Provide a minimum of three (3) business/credit references in the space provided. (Examples may include local banks, material suppliers or subcontractors.)

1. Name: _____
Address: _____
Phone Number: _____
Fax Number: _____

2. Name: _____
Address: _____
Phone Number: _____
Fax Number: _____

3. Name: _____
Address: _____
Phone Number: _____
Fax Number: _____

Customer References: Provide the name, address, and telephone number of no less than three (3) customers for whom construction or rehabilitation work was performed within the last twelve (12) months, describe project and provide total cost.

1. Name: _____
Address: _____
Phone Number: _____ Project Cost _____
Date Completed: _____
Description of work completed:

2. Name: _____
Address: _____
Phone Number: _____ Project Cost: _____
Date Completed: _____
Description of work completed:

3. Name: _____
Address: _____
Phone Number: _____ Project Cost: _____
Date Completed: _____
Description of work completed:

Company Name: _____
Initials: _____

The undersigned contractor certifies that the information given herein is substantially correct and further agrees:

1. That all work will be performed in accordance with the City of Owosso's minimum specifications and completed with quality workmanship, subject to final inspection by the city Building Inspector.
2. That the Michigan State Residential Builder's License No. _____ is current and will be maintained. (Copies of builder's licenses in individual or company's name must be submitted to the City of Owosso Housing Program Office.)
3. That proof of necessary insurances will be provided to the City of Owosso Housing Program Office and will be kept current. (Certificates of insurance must name the City of Owosso as an additional insured.)
4. That all work will be performed in conformance with all applicable codes and zoning regulations and that contractors are responsible to obtain all permits required by the City of Owosso.
5. That if the work performed by the contractor is found to be unsatisfactory by the City of Owosso Housing Program, or if relations between the contractor, homeowner or other parties are found to be unsatisfactory, that City of Owosso Housing Program may remove the contractor's name from the contractor list.

Conflict of Interest Certification: I certify that I have no undisclosed relationships with elected officials, board members or staff of the City of Owosso.

Company Name: _____

Applicant Name: _____

Applicant Signature: _____ Date: _____



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AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby give the City of Owosso Housing Program Office permission to contact any listed credit/business and customer references (including financial institutions, material suppliers and previous customers) they find necessary in order to determine my eligibility to participate as an "Approved Contractor" for the City of Owosso Housing Programs.

Company Name

Applicant Name

Applicant Signature

Date