

DELRAY HOME IMPROVEMENT PROGRAM

Delray Home Improvement Program Contractor Application

Business Information

Business Name:
Business Address:
Business Phone:
Email:
Type of Entity (Sole Proprietor, Partnership or Corporation):
Year Business Established:
Federal Employer ID Number:
Michigan Builders License Number:
Number of Employees, including working owner(s):

Do you have prior experience working with housing rehabilitation projects?
Yes No

Is this a **minority** or **woman owned business**? If yes, check which applies.
WBE MBE

Please check types of work performed by you and/or your employees
General Contracting HVAC
Windows Doors
Roofing Other, Please Describe:

Primary Contact

Name:
Title:
Phone:
Email:

Owner Information (Provide for all owners, attach a separate sheet, if needed):

Name:
Street Address:
City/State/Zip:
Phone:

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Name:
Street Address:
City/State/Zip:
Phone:

Name:
Street Address:
City/State/Zip:
Phone:

Customer References (list three jobs currently underway or recently completed)

Type of Work:
Date Completed:
Contract Value:
Customer Name:
Customer Address:
Customer Phone:
Customer Email:

Type of Work:
Date Completed:
Contract Value:
Customer Name:
Customer Address:
Customer Phone:
Customer Email:

Type of Work:
Date Completed:
Contract Value:
Customer Name:
Customer Address:
Customer Phone:
Customer Email:

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The undersigned authorized representative certifies that all information herein is correct and that information may be verified from any source and further agrees:

- 1) That the State of Michigan Residential Builder License is current, and that the undersigned contractor agrees to maintain current status of all licenses and insurance policies as required for the Delray Home Improvement Program;
- 2) That the undersigned authorizes LISC to verify and further investigate any of the information provided;
- 3) That all information provided is true, correct and complete.

Applicant/Business

Name and Title of Authorized Representative

Signature of Authorized Representative

Date

Please attach the following documents:

State of Michigan Residential Builders License

Certificate of Insurance (Fidelity/Dishonesty Requirement):

- Worker's Compensation not less than \$500,000
- Comprehensive General Liability Insurance \$1,000,000
- Automobile Liability Insurance \$1,000,000
- Must evidence LISC and Bridging Communities, Inc. as an additional certificate holder
- Must include 30 day written notice of cancellation notice to LISC and Bridging Communities, Inc.