



CONTRACTOR APPLICATION

Contractor Application

(Revised 2/2005)

for inclusion on

THE ELIZABETH HOME IMPROVEMENT PROGRAM (EHIP) CONTRACTOR'S LIST

COMPANY NAME: _____

COMPANY ADDRESS: _____

TELEPHONE # _____ FAX# _____ CELL # _____

OWNER'S NAME: _____ HISPANIC SOCIAL SECURITY # _____
YES/ NO

RACE/ETHNICITY OF OWNER(S) Please Circle:

- 11** - white **12** - Black/African American **13** - Asian **14** - American Indian/Alaskan Native
- 15** - Native Hawaiian/Other Pacific Islander **16** - American Indian/Alaskan Native & White **17** - Asian & White
- 18** - Black/African American & White **19** - American Indian/Alaskan Native & Black/African American
- 20** - Other Multi-Racial **21** - Asian/Pacific Islander

TYPE OF WORK PERFORMED BY YOUR COMPANY:

_____ Asbestos/Lead	_____ Masonry	_____ Other
_____ Electrical	_____ Painting	Please Describe _____
_____ General Contracting	_____ Plumbing	_____
_____ Heating	_____ Roofing	_____
_____ Iron Work	_____ Waterproofing	_____

State Certification # _____ Federal Tax Id. # _____
 Plumber's License # _____ Electrician's License # _____

References (Last Three Jobs):

Name	Address	Phone	Type of Work	Cost
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- Attached is a Certificate of Insurance indicating Worker's Compensation & General Liability Insurance. (Minimum combined single limit for bodily injury & property damage \$1,000,000.)
- Attached is a Notice of Completion pursuant to 24 Code of Federal Regulations Part 35 regarding Lead-Based Paint Hazards training.

I, _____, owner of the above named company, hereby certify that the information contained herein is, to the best of my knowledge, true and correct. Should any information change from that originally submitted, I agree to promptly advise the Elizabeth Home Improvement Program (EHIP). I also agree to provide FREE ESTIMATES to potential EHIP participants.

Owner's Signature _____

Date _____