CITY OF LAWTON
HOUSING REHABILITATION PROGRAM
CONTRACTOR APPLICATION

All questions must be answered and the data given must be clear and comprehensive. If you need more room to answer questions, please attach additional sheets. The contractor may submit any additional information they desire.

1. Complete Name of Company: _____

2. Type of Company (_____) Sole Proprietorship (_____) Partnership (_____) Corporation.

3. If your company is a partnership, please enclose a copy of your partnership agreement.

4. If your company is a corporation, corporate charter number. If not incorporated in Oklahoma, where_____

5. Attach a copy of Certificate of Incorporation and Articles of Incorporation

6. If your company is a partnership, please list the names and addresses of the partners below. If your company is a corporation, list the officers of the corporation below, along with their titles and addresses.

Name:_____ Title:_____
Address:_____
Name:_____ Title:_____
Address:_____
Name:_____ Title:_____
Address:_____
Name:_____ Title:_____
Address:_____

7. If your company is a Sole Proprietorship, please provide name and address below:

Name:_____
Address:_____

8. Company Telephone Number: _____Fax Number: _____

9. Federal ID (Tax) Number: _____

10. Social Security Number (If Sole Proprietorship): _____

11. Social Security Numbers (If Partnership - ALL): _____

12. How long has your company been doing business under this name?_____

13. If the company name has changed, what was the original name (s) _____

(Company Name) _____
(Address)_____
(Dates)_____

14. What is the company's average monthly earning $_____

15. Have you ever failed to complete any work or defaulted on a contract awarded to you?
( ) Yes ( ) No If so, when, where, and why?_____
_____
_____

16. References:

Bank – What is the amount of your line of credit through your bank? $_____

Name_____
Address_____
Account No._____ Approx. Balance_____

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Address_____
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Address_____
Account No._____ Approx. Balance_____

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Name_____
Address_____
Account No._____ Approx. Balance_____

Bank – What is the amount of your line of credit through your bank? $_____
Name_____
Address_____
Account No._____ **Approx. Balance**_____

Material Suppliers
Name_____
Address_____
Type of Material Charge Account_____

Name_____
Address_____
Type of Material Charge Account_____

Name_____
Address_____
Type of Material Charge Account_____

Name_____
Address_____
Type of Material Charge Account_____

Name_____
Address_____
Type of Material Charge Account_____

Name_____
Address_____
Type of Material Charge Account_____

Name_____
Address_____
Type of Material Charge Account_____

Subcontractors
Name_____
Address_____
Phone_____ Type Work_____

Name_____
Address_____

Phone_____ Type Work_____

Name_____
Address_____
Phone_____ Type Work_____

Name_____
Address_____
Phone_____ Type Work_____

Name_____
Address_____
Phone_____ Type Work_____

Name_____
Address_____
Phone_____ Type Work_____

Work in Progress:
List the names, addresses, phone numbers and dollar value of three of your jobs in progress, or jobs finished within the last six months.

Name_____
Address_____
Phone_____ Job Value_____

Name_____
Address_____
Phone_____ Job Value _____

Name_____
Address_____
Phone_____ Job Value_____

Has your company ever been a party to or involved in any action related to discrimination based upon race, color, nationality, sex, religion, handicap, familial status, or national origin? If so, give full details (Attach additional sheet). Yes_____ No_____.

Has the company ever caused a lien for material or mechanical work default payment to be placed against a homeowner? If so, when, where and why? (Attach additional sheet).
Yes____ No____

Have you ever filed bankruptcy? Yes____ No____

Name (s) authorized to sign contracts, bids, contract changes, and endorse checks.
Name _____Title _____
Signature _____

Name _____Title _____
Signature _____

Name _____Title _____
Signature_____

Personal References

Name_____
Address_____
Phone_____

Name_____
Address_____

Phone_____

Name_____
Address_____
Phone_____

I/we hereby certify that the above statements are true and complete to the best of my knowledge. I/we further understand that the City of Lawton Housing Assistance Division office will keep all the information confidential and use such information only to verify the qualification of the undersigned as a housing rehabilitation contractor. I/we authorize the City of Lawton Housing Assistance Division office to obtain a written credit report on the individual, partnership, or corporation that is applying. The undersigned hereby authorizes and requests any person, firm, or corporation to furnish any information requested by the City of Lawton Housing Assistance Division in verification of the recitals comprising this Statement of Qualifications.

I/we hereby agree to provide the City of Lawton Housing Assistance Division office, copies of the following documents:

1. City of Lawton Contractor's License
2. Proof of Lead-based Paint Class Certification (if applicable)
3. Workers Compensation Certificate
4. Proof of Insurance (if applicable)

By signing and returning this form to the City of Lawton Housing Assistance Division office, I acknowledge that my company has received, reviewed, and agrees to abide by the Housing Assistance Division policies and procedures. I also agree that in the event I fail to follow any existing or future guidelines set forth by the City of Lawton Housing Assistance Division office my company may be suspended from the program.

Signature_____
Printed Name_____
Title_____
Date_____

Signature_____
Printed Name_____
Title_____
Date_____

Subscribed and sworn to me this _____ day of _____, _____
Notary Public in and for _____County, Oklahoma.

My commission expires:_____
Commission Number:_____
SEAL

_____
Notary Public.