

# CONTRACTOR APPLICATION HOUSING REHABILITATION PROGRAMS IN PENNSYLVANIA

## GENERAL INFORMATION

\_\_\_\_\_  
Name of Firm

\_\_\_\_\_  
Business Address (Must be a street address)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Website Address

***(To ensure that our important email messages are not filtered into your Spam or Junk Mail folder,  
Please add our domain "cgph.net" to your Safe Senders list)***

## FIRM INFORMATION

\_\_\_\_\_  
Name of Owner

\_\_\_\_\_  
Percentage Ownership

\_\_\_\_\_  
Name of Owner

\_\_\_\_\_  
Percentage Ownership

\_\_\_\_\_  
Name of Owner

\_\_\_\_\_  
Percentage Ownership

\_\_\_\_\_  
No. of years in business

\_\_\_\_\_  
Federal ID No.

Is your business woman owned?  YES  NO

Is your business Section 3?  YES  NO

Is your business minority owned?  YES  NO

Please identify minority here: \_\_\_\_\_  
(For government reporting purposes)

## TRADE LICENSES

Please list any trade licenses or lead certificates:

\_\_\_\_\_  
Trade/Service

\_\_\_\_\_  
License No.

\_\_\_\_\_  
Trade/Service

\_\_\_\_\_  
License No.

Lead Based Paint Certification:

Safe Work Practices  YES  NO

Abatement:  YES  NO

**REFERENCE SHEET**

<b>Provide five (5) references for projects completed in the last two (2) years.</b>		
1. Name of Customer	Street Address, City	Phone
Type of work done		
Email:		Amount of contract
2. Name of Customer	Street Address, City	Phone
Type of work done		
Email:		Amount of contract
3. Name of Customer	Street Address, City	Phone
Type of work done		
Email:		Amount of contract
4. Name of Customer	Street Address, City	Phone
Type of work done		
Email:		Amount of contract
5. Name of Customer	Street Address, City	Phone
Type of work done		
Email:		Amount of contract

<b>Provide the name and municipality of at least two (2) code officials who recently inspected your work.</b>		
1. Name of Building Code Official (If Known)	Town	Phone
Type of work done in that Town		Permit #
2. Name of Building Code Official (If Known)	Town	Phone
Type of work done in that Town		Permit #

**CHECK WORK YOUR FIRM DOES WITHOUT SUB-CONTRACTING:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Air Conditioning      | <input type="checkbox"/> Guttering                   | <input type="checkbox"/> Painting, exterior |
| <input type="checkbox"/> Block & Brick Work    | <input type="checkbox"/> Heating & Ventilation       | <input type="checkbox"/> Painting, interior |
| <input type="checkbox"/> Concrete Work         | <input type="checkbox"/> Insulation                  | <input type="checkbox"/> Plastering         |
| <input type="checkbox"/> Dry Wall Installation | <input type="checkbox"/> Lead Paint Abatement        | <input type="checkbox"/> Roofing            |
| <input type="checkbox"/> Finish Carpentry      | <input type="checkbox"/> Lead Paint Interim Controls | <input type="checkbox"/> Siding, all types  |
| <input type="checkbox"/> General Carpentry     | <input type="checkbox"/> Linoleum Installation       | <input type="checkbox"/> Storm Windows      |

**CHECK WORK YOU SUB-CONTRACT OUT TO OTHER FIRMS:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Air Conditioning      | <input type="checkbox"/> Guttering                   | <input type="checkbox"/> Painting, exterior |
| <input type="checkbox"/> Block & Brick Work    | <input type="checkbox"/> Heating & Ventilation       | <input type="checkbox"/> Painting, interior |
| <input type="checkbox"/> Concrete Work         | <input type="checkbox"/> Insulation                  | <input type="checkbox"/> Plastering         |
| <input type="checkbox"/> Dry Wall Installation | <input type="checkbox"/> Kitchen Installations       | <input type="checkbox"/> Plumbing           |
| <input type="checkbox"/> Electrical Work       | <input type="checkbox"/> Lead Paint Abatement        | <input type="checkbox"/> Roofing            |
| <input type="checkbox"/> Finish Carpentry      | <input type="checkbox"/> Lead Paint Interim Controls | <input type="checkbox"/> Siding, all types  |
| <input type="checkbox"/> General Carpentry     | <input type="checkbox"/> Linoleum Installation       | <input type="checkbox"/> Storm Windows      |

Name your specialty, if applicable \_\_\_\_\_

**Have you worked in any other housing rehabilitation or governmental funded programs?**

YES     NO    If yes, which one: \_\_\_\_\_

**List any judgments, claims, arbitration proceedings or suits pending or outstanding against your company or principals:**

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**How did you hear about CGP&H and the Housing Rehabilitation Programs we administer in Pennsylvania?**

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Indicate which Program(s) your firm is interested in working, in order to avoid unnecessary faxes and/or emails:

- Lehigh County-Wide       Montgomery County

**Please provide copies of the following documents:**

- An up to date Certificate of Insurance listing Housing Rehabilitation Program c/o Community Grants, Planning & Housing (address below) and the County of Lehigh as certificate holders. A minimum of \$1,000,000.00 in commercial general liability coverage is required. Additionally, workmen’s compensation insurance is required for all contractor’s employees and subcontractors engaged in the program work and shall include a minimum of \$500,000 in employer’s liability limits and statutory coverage.
- Pennsylvania State Contractor Registration Number, required effective 7/1/09.  
To obtain go to: [www.attorneygeneral.gov](http://www.attorneygeneral.gov) or call 800-441-2555
- The EPA’s RRP Certification. Visit [www.epa.gov/lead/pubs/renovation.htm](http://www.epa.gov/lead/pubs/renovation.htm) for more information.
- Lead Abatement Certificates and copies of permits, when applicable.

**Additional Requirements for the Lehigh County Program**

1) Contractors must be current on taxes owed to Lehigh County at time of bid award. The Program will deem the bid as non-responsible for any business owner owning any parcel which is listed as delinquent in Lehigh County’s tax delinquency database. Tax payment plans are acceptable but must be approved by Lehigh County prior to bid award. 2) Contractors must have a business office with a Pennsylvania mailing address

***\*All the documents requested above must be submitted prior to award of your first contract\****

**MAIL, EMAIL OR FAX YOUR COMPLETED APPLICATION TO:**

**Attn: Housing Rehabilitation Department  
Community Grants, Planning & Housing  
1249 South River Road, Suite 301  
Cranbury, NJ 08512**

**Phone: (609) 664-2783 ♦ Email: [contractorswanted@cgph.net](mailto:contractorswanted@cgph.net) ♦ Fax: (609) 664-2786**