

P. O. Box 12870 120 W. Mistletoe Ave. San Antonio, TX 78212 P: 210-281-0234 ext. 207 F: 210-281-0238

## **Prospective Contractor's Application**

Date:					
Company Name:					
Address:					
(city, state, zip co					
Contact Person:					
		Fax:			
Email:					
ORGANIZATION					
	(Individual, Corporation, Partnersh				
2. Tax ID# or SSN:		<u></u>			
3. DUNS #:					
5. List all Principals: (Owr	er, President, Vice-President,	Secretary-Treasurer, Partner, etc.)			
Name	Title	9			
Name	Title	e			
Name	Title				

6.	. Under what other names and dates have you or your organization operated?				
_					
E>	(PERIENCE				
1.	How long has your company b	peen in the co	entracting busin	ness in Bexar County?	
	Years	Months			
2.	Approximately how many hom	nes has your o	company rehab	oilitated?	
3.	Check the types of construction	on your compa	any has perforr	med in the last year:	
	□ Home Rehabilitation:  Largest Job \$ Smallest Job \$				
	□ Single Family New Cor Largest Job \$		Smallest Job	\$	
4.	4. Please select the areas below in which you are competent:				
	Carpentry	□ Masonry		□ Siding	
	Carpeting	□ Painting		□ Storm Windows	
	Drywall/Taping/Floating	□ Plastering	)	□ Stucco	
	Glazing	□ Roofing		□ Tiling	
	Insulation	□ Mobile Ho	ome Repair & S	Servicing	
5.	Are you licensed in the following	ng trades:			
Pl	umbing □ Yes □ No	Electrical	Yes □ No	HVAC □ Yes □ No	

	List below the names and addresses of five housing rehabilitations your company has completed within the last two years:				
NAME	ADDRESS	ADDRESS			
a					
b					
C					
d					
e					
progress or has under co complete and scheduled	application, list any construct ontract. Provide the address, completion date.  or any of the following (check	owner, contract amour	•		
Agency	Position/Project	Last Date of E			
□ HUD			mployment		
□ VA			mployment		
			mployment		
□ FHA			mployment		
			mployment		
□ FHA			mployment		
☐ FHA ☐ City of San Antonio  LICENSING			mployment		
☐ FHA☐ City of San Antonio  LICENSING  1. City Contractors License		Exp. Date(s):			

## **REFERENCES**

, , ,	ADDRESS	
NAME a.	ADDRESS	PHONE
). 		
i		
List two financial institution	ns with which you have established credit:	
a. Company Name:		
h Company Name		
	DI.	
Contact Person:	Phone:	
List subcontractors you not subcontractors for a given	ormally use for the following trades. If you on trade, indicate with N/A:	do not use
NAME	ADDRESS	PHONE
Electrical:		
Plumbing:		
HVAC:		
Masonry:		
navall:		
_		
Foundation:		

4.	Do you carry  ☐ Yes	lo you carry a Performance Bond or Letter of Credit from a financial institution? ☐ Yes ☐ No			
	Company	or Agency:			
5.	Claims and S separate she	Suits. (If you answer yes to any of the folloet.)	owing questions, please explain on a		
6.	Have you eve	er declared bankruptcy? □ Yes □ No	Year		
7.	Have you eve	er had a judgment filed against you or ma □No	de settlement with creditors?		
8.	Do you or you  ☐ Yes	ur company have any suits or other legal □ No	proceeding pending?		
9.	Has your con □Yes	npany ever failed to complete any work av □No	warded to it?		
SU NO ST INI AF	JFFICIENTLY OTIFY MERCE ATEMENTS. FORMATION PPLICATION	TE THAT THE INFORMATION PROVIDE COMPLETE SO AS NOT TO BE MISLE ED HOUSING TEXAS OF ANY MATERIA I AUTHORIZE MERCED HOUSING TEXAS IT MAY REQUIRE CONCERNING TI AND AGREE THAT THE APPLICATION DUSING TEXAS WHETHER OR NOT AF	ADING. FURTHER, I AGREE TO AL CHANGE IN THE ABOVE (AS TO OBTAIN SUCH HE STATEMENTS MADE IN THIS SHALL REMAIN THE PROPERTY		
Сс	ompany Name				
Ad	ldress				
Ву	By (Signature) Title				
Pri	inted Name _		Phone		
Da	ate				

## ATTACHMENT A

## **CURRENT PROJECTS**

Project Description	Address	Owner	Contract Amount	Percent Complete	Scheduled Completion Date