

**LIVONIA HOUSING COMMISSION – OFFICE OF COMMUNITY DEVELOPMENT
APPLICATION FOR QUALIFIED HOUSING REHABILITATION CONTRACTORS**

Form must be completed in its entirety or application will not be accepted. If the Livonia Housing Commission (LHC) is not satisfied with the sufficiency of the answers submitted, it may reject the placement of the contractor on our list of prospective bidders, disregard the same, or require additional information. Please print clearly.

STATEMENT OF CONTRACTOR'S QUALIFICATIONS

COMPANY NAME: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ EMPLOYER'S TAX ID # _____

Email address: _____

PRINCIPALS IN FIRM

1. Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

2. Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

3. Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

HISTORY OF COMPANY

Number of years in business _____ 18 Month Work Warranty provided? YES NO

Number of Employees: Office _____ Trades _____ (Give average if number fluctuates)

Contractor's License Number _____ Where Licensed _____

Is your company listed as a Minority Business Enterprise? _____ Woman-owned Business? _____

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Have you ever had your contractor's or Home Improvement license revoked?

YES NO If so, give details _____

Have any members of the firm been sued in the last 18 months by subcontractors, suppliers or customers?

YES NO If so, give details _____

Have you ever been debarred from a federal job?

YES NO If so, give details _____

Have you been reinstated?

YES NO If so, give details _____

Area(s) of Expertise Check all that apply

<input type="checkbox"/>	General Carpentry	<input type="checkbox"/>	Lead Abatement	<input type="checkbox"/>	Window/Door Replacement
<input type="checkbox"/>	Roofing	<input type="checkbox"/>	Asbestos Removal	<input type="checkbox"/>	Chimney Repair
<input type="checkbox"/>	Heating & Cooling	<input type="checkbox"/>	Attic & Sidewall Insulation	<input type="checkbox"/>	Environmental Services
<input type="checkbox"/>	Plumbing	<input type="checkbox"/>	Siding	<input type="checkbox"/>	Other (list):
<input type="checkbox"/>	Electrical	<input type="checkbox"/>	Masonry	<input type="checkbox"/>	

Types and Limits of Insurance Coverage

The firm shall, at its own cost and expense, procure and maintain during the entire performance of any contract with the City of Livonia the following types and Limits of Insurance Coverage, which may be subject to change. Each policy shall be for the benefit of the City of Livonia with the City of Livonia named as an additional insured. (Attach copies of Certificate of Insurance)

Type of Insurance	Limits
1. Workers 'Compensation	\$500,000 each accident, \$500,000 disease policy limit and \$500,000 disease each employee regardless of state exclusions
2. Commercial General Liability (Including Contractual Liability)	\$1,000,000 per occurrence \$2,000,000 general aggregate
3. Automobile Liability (covering vehicles owned, non-owned or leased)	\$1,000,000 each accident
4. Excess or Umbrella Liability Insurance	\$1,000,000 over primary insurance may be necessary

Banking Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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Subcontractors

1. Name: _____ Trade: _____
Address: _____
City: _____ State: _____ Zip: _____
Person to Contact: _____ Telephone: _____
2. Name: _____ Trade: _____
Address: _____
City: _____ State: _____ Zip: _____
Person to Contact: _____ Telephone: _____
3. Name: _____ Trade: _____
Address: _____
City: _____ State: _____ Zip: _____
Person to Contact: _____ Telephone: _____

Suppliers

1. Name: _____ Type of Materials: _____
Address: _____
City: _____ State: _____ Zip: _____
Person to Contact: _____ Telephone: _____
2. Name: _____ Type of Materials: _____
Address: _____
City: _____ State: _____ Zip: _____
Person to Contact: _____ Telephone: _____
3. Name: _____ Type of Materials: _____
Address: _____
City: _____ State: _____ Zip: _____
Person to Contact: _____ Telephone: _____

List at least two (2) Residential Rehabilitation jobs performed during the past two years

1. Name: _____ Telephone: _____
Address: _____
City: _____ State: _____ Zip: _____

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Type of Job: _____ Contract Price: _____

Date Completed: _____

2. Name: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

Type of Job: _____ Contract Price: _____

Date Completed: _____

Similar Government Programs in which you have performed Residential Rehabilitation work:

1. Name of City: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Telephone: _____

2. Name of City: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Telephone: _____

The City of Livonia Housing Commission reserves the right to verify any and all of the information given above by the contractor. This includes but is not limited to the listed contractors, firms, and references stated above, as it deems necessary. The contractor also acknowledges that he/she will have to furnish insurance in at least the minimum amount as required by the LHC in accordance with the above stated insurance reference. The contractor, once prequalified, also acknowledges that he/she must comply with the terms and conditions as set forth by this application and the LHC Housing Rehabilitation Program. The contractor also acknowledges that he/she must furnish copies of their Builder's License and/or Mechanical Licenses, Lead Abatement License and/or Lead Certifications with this application.

The above statements are true to the best of my knowledge, information and belief as of the date set forth herein.

BY: _____
(Signature)

NAME: _____

TITLE: _____ DATE: _____
(Type or print)

RETURN TO: City of Livonia Community Development
10800 Farmington Road, Livonia, MI 48150
Attention: Glen Warn, Rehab Specialist [734.421.6450 ext. 104, gwarn@ci.livonia.mi.us]