

Maine State Housing Authority (MaineHousing)  
2016 HOME REPAIR PROGRAM / HOME RETRO PROGRAM  
LEAD HAZARD REDUCTION DEMONSTRATION PROGRAM  
**CONTRACTOR APPLICATION – PRE-QUALIFICATION**

**TO:**

\_\_\_\_\_  
Community Action Agency (CAA)

\_\_\_\_\_  
CAA Address

\_\_\_\_\_  
CAA City State Zip

The undersigned contracting firm hereby applies to be placed on the "List of Pre-Qualified Contractors" maintained by your office for the purpose of performing rehabilitation work in the Home Repair Program, and it is certified that the information given below is complete, factual, and that no unfavorable information has been withheld:

**SECTION I – CONTRACTOR INFORMATION**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Office Phone: \_\_\_\_\_

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

Authorized Agent: \_\_\_\_\_ Fax: \_\_\_\_\_

Website (if any): \_\_\_\_\_ Email: \_\_\_\_\_

Tax Identification Number or Social Security Number: \_\_\_\_\_

Service Area by County: \_\_\_\_\_

*Please check all that apply:*

- |                               |                           |           |                |
|-------------------------------|---------------------------|-----------|----------------|
| EPA Certified/RRP             | Licensed Plumbing         | Septic    | Weatherization |
| EPA Certified Renovators      | Licensed Heating          | Earthwork | General Rehab  |
| EPA Certified RRP             | Licensed Electrical       | Wells     |                |
| EPA Certified Renovation Firm | Lead Abatement Contractor |           |                |
| Other                         | Other Type                |           |                |

**SECTION II – WORK HISTORY**

*List relevant home repair related work projects with references (use additional pages as needed):*

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**SECTION III – CREDIT HISTORY**

*Please list the name(s) of your present Supplier(s):*

\_\_\_\_\_  
Name of Supplier Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Name of Supplier Phone Number: \_\_\_\_\_

**SECTION IV - INSURANCE REQUIREMENT**

Please furnish this office with a current, in-force certificate of your insurance with the following minimum coverages:

- a.) General Commercial Liability in the amount of \$500,000 per occurrence / \$2,000,000 aggregate or more (Claims Made Policy is acceptable)
- b.) Worker's Compensation - Maine Statutory Limits
- c.) Vehicle Liability Insurance

**SECTION V – LEAD PAINT HAZARDS**

**(Not Required for Septic System, Well Contractors or Earthwork Contractors)**

Please furnish this office with a copy of a certificate showing that your Firm and all workers that will be working in the Home Repair Program have attended the Renovation, Repair, & Painting (RRP) training (formerly Lead Smart Renovator) from a Maine DEP certified trainer (a U.S. Department of Housing & Urban Development requirement for all contractors who potentially could disturb lead-based paint in the course of their work).

**SECTION VI – CERTIFICATION**

Have you or your Firm ever been debarred by any state or federal agency?

Yes No If Yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had a judgment entered against you in a civil action or are you currently involved in court proceedings involving fraud, deceit, theft, dishonesty, bankruptcy, antitrust violations, or any other cause affecting a person's responsibility as a Contractor?

Yes No If Yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned Firm certifies that all the above given information is true and complete to the best of his or her knowledge:

\_\_\_\_\_  
Signature of Authorized Agent of Company Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name of Authorized Agent of Company

FOR CAA USE ONLY		
Recommendation:	Approve	Disapprove
Date:	_____	
Made by:	_____	
Comments:	_____	
	_____	
	_____	

FOR MAINEHOUSING USE ONLY		
Recommendation:	Approve	Disapprove
Date:	_____	
Made by:	_____	
Comments:	_____	
	_____	
	_____	
Contractor Notified:	_____	