

Maine State Housing Authority (MaineHousing)
HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP)
QUALIFIED CONTRACTOR APPLICATION

TO:

Community Action Agency (CAA)

CAA Mailing Address

City State Zip

The undersigned contracting firm hereby applies to be placed on the list of "Qualified Contractors" maintained by your office for the purpose of performing rehabilitation work in the Home Accessibility and Repair Program. The undersigned hereby certifies 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:

- | | | | |
|--|--|------------------------------------|---|
| <input type="checkbox"/> EPA Certified/RRP | <input type="checkbox"/> Licensed Plumbing | <input type="checkbox"/> Septic | <input type="checkbox"/> Weatherization |
| <input type="checkbox"/> EPA Certified Renovators | <input type="checkbox"/> Licensed Heating | <input type="checkbox"/> Earthwork | <input type="checkbox"/> General Rehab |
| <input type="checkbox"/> EPA Certified RRP | <input type="checkbox"/> Licensed Electrical | <input type="checkbox"/> Wells | |
| <input type="checkbox"/> EPA Certified Renovation Firm | <input type="checkbox"/> Lead Abatement Contractor | | |
| <input type="checkbox"/> 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 \$1,000,000 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 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:

Date: _____

Signature of Authorized Agent of Company

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: _____