

**City of Dearborn Heights
Residential Rehabilitation Program
HVAC Contractor Application**

Company Name	Phone	
Address	Fax	
Email Address	Date	
City	State	Zip

Name, Address of Principle owners (List all persons with over 15% interest)

Name: _____ Address: _____
City, State, Zip

Name: _____ Address: _____
City, State, Zip

Name: _____ Address: _____
City, State, Zip

GENERAL INFORMATION (Please answer the following):

1. How long has this company been in existence? _____
(Provide copy of incorporation)
2. What is your Contractor License Number? _____
(Provide copy of contractor license)
When does your license expire? _____
3. Does your company have worker's compensation insurance? ___ Yes ___ No
(Provide copy)
5. Does your company have liability insurance? ___ Yes ___ No
(Provide copy)
6. What is the name of your company's financial institution?
Name: _____
Address: _____
7. Is this company Minority owned? ___ Yes ___ No
Is this company Woman owned? ___ Yes ___ No
Is this company Veteran owned? ___ Yes ___ No
8. Section 3 Contractor ___ Yes ___ No

9. Please list the communities where you participate in HVAC projects:

PERFORMANCE RECORD (Please answer the following)

1. What type of work does your company perform?

2. Check type of construction work the company has completed:

Rehabilitation Contractor Plumbing Windows and Doors

Electrical HVAC Siding/Trim

Insulation Cement Other: _____

3. What trade does the company subcontract?

Trade Name of Subcontractor (Provide copies of all licensing)

WORKFORCE INFORMATION

1. How many employees are employed by this company? _____

2. Is the company workforce unionized? Yes No
(Provide copies of all licensing)

Are you a debarred contractor? Yes No

<https://www.sam.gov/SAM/>

If yes is checked, STOP here you do not qualify.

ADDITIONAL REQUIREMENTS

- 1. Contractor agrees to submit bids per the requirements of the Dearborn Heights Residential Rehabilitation Program**
- 2. Contractor agrees to submit bids within three (3) business days per the time/date stated in the bid packet**
- 3. Contractor agrees to be present at homeowner-contractor agreement signing/loan closing no later than five (5) business days from date of selection by homeowner**

APPLICANTS CERTIFICATION

I certify that all information on this application and all information furnished in support of this application are given for the purpose of qualifying to be placed on the courtesy contractor list for **HVAC** work assisted by the City of Dearborn Heights, and it is true and complete to the best of my knowledge. Verification may be obtained from any source named herein.

Signature: _____

Print name: _____

Title: _____ Date: _____