

**City of Omaha Housing and Community Development Division**  
**CONTRACTOR APPLICATION FORM**

<b>Check all that you choose:</b>	<b>Lead-based Paint Hazard Control -----</b>	<input type="checkbox"/>
	<b>Exterior Paint Stabilization -----</b>	<input type="checkbox"/>
	<b>Rehabilitation Program -----</b>	<input type="checkbox"/>
	<b>Energy Conservation/Healthy Homes Program -----</b>	<input type="checkbox"/>
	<b>Emergency Rehab Program -----</b>	<input type="checkbox"/>
	<b>Home Accessibility -----</b>	<input type="checkbox"/>

**Company Information:**

Owner's Name: \_\_\_\_\_

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

Company Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_

Company Federal Tax Identification Number: \_\_\_\_\_

(If your company does not have a Federal Tax Identification Number, then provide the Owner's Social Security Number.)

Minority Information: The Company Owner meets the following criteria

Minority  Woman  N/A

(You may check one or more of the above.)

**Other Contracting Firm names under which the Principals have operated:**

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

Address: \_\_\_\_\_

City & State: \_\_\_\_\_

**Schedule of Insurance and Bonding:**

Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Agent: \_\_\_\_\_

Insurance Types: \_\_\_\_\_

Bonding Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Agent: \_\_\_\_\_

Bondable Amounts (excluding Paint Stabilization Program): \_\_\_\_\_



**City of Omaha Housing and Community Development Division**  
**BUSINESS QUALIFICATION RESUME**

**I. FIRM IDENTIFICATION:**

COMPANY NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

MONTH & YEAR ESTABLISHED: \_\_\_\_\_

**II. OWNERSHIP OF FIRM:**

IS THE FIRM OWNED AND CONTROLLED BY MEMBER OF MINORITY OR OTHER DISADVANTAGED GROUP: YES  NO  IF SO, WHAT MINORITY? \_\_\_\_\_

WOMAN  N/A

TYPE OF OWNERSHIP: INDIVIDUAL  PARTNERSHIP  CORPORATION

IS 51% OWNED BY A MINORITY? YES  NO

**NAME AND ADDRESS OF ALL STOCKHOLDERS AND/OR PARTNERS:**

NAME, TITLE, HOME ADDRESS	% OF OWNERSHIP
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**III. MANAGEMENT (USE SAME FORMAT FOR ADDITIONAL MANAGEMENT PERSONNEL)**

NAME \_\_\_\_\_ POSITION: \_\_\_\_\_

EDUCATION: \_\_\_\_\_

MANAGEMENT OR TECHNICAL TRAINING: \_\_\_\_\_

\_\_\_\_\_

**IV. Lead Training, Certifications or Licenses:**

YES \_\_\_\_ NO \_\_\_\_

Type of Certification or License:

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**REFERENCES**

**Previous Work as applicable that has been completed within the last year, references are preferred in the local area. References will be contacted and a physical review conducted:**

**Lead-based Paint Hazard Control and/or Housing Rehabilitation:**

Contact, Address and Phone:

Date of Completion:

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**Exterior Painting:**

Contact, Address and Phone:

Date of Completion:

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**Rehabilitation Program**

(Please provide the addresses and dates of completion of three (3) rehabilitation projects with construction costs of \$30,000.00 or above. For Energy Conservation Program & Emergency Rehab Program list 3 projects for \$5000 or less.)

Contact, Address and Phone:

Date of Completion:

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**ADDITIONAL REFERENCES**

**Building Material Suppliers:**

Contact, Address and Phone:

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**Sub-Contractors (contact, address and phone):**

Plumbing:

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

Electrical:

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

HVAC:

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

**BANK ACCOUNT INFORMATION**

(Submit copies of statements for previous two months)

Name/Address of Bank: \_\_\_\_\_

Account Numbers: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Current Acct. Balance: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Name/Address of Bank: \_\_\_\_\_

Account Numbers: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Current Acct. Balance: 1. \_\_\_\_\_ 2. \_\_\_\_\_

The undersigned contracting firm agrees that in consideration for being placed on the “City of Omaha Planning Department’s Approved Contractors List” he/she/they will comply with the following conditions on all rehabilitation work:

1. To use provided forms approved by the City of Omaha’s Housing & Community Development Department and to comply with reporting and payment requirements.
2. That work will be performed in accordance with Rehabilitation standards, subject to such inspections.
3. That if work performed by the contractor is found to be unsatisfactory or if contract relations between the contractor, homeowner or other parties is found to be unsatisfactory, the Rehabilitation Section Manager may remove the Contractor’s name from the “City of Omaha Planning Department’s Approved Contractors List”.
4. That adequate Comprehensive Liability and Workmen’s Compensation insurance will be provided.
5. That the contractor will abide by the Equal Opportunity provision of the Civil Rights Act.
6. I/we authorize the City of Omaha to obtain personal and business credit reports as may be deemed necessary. Permission is granted to contact any source named in this application. I understand that I/we will be subject to removal from the Contractor List if my performance is unsatisfactory.

\_\_\_\_\_  
Firm Name

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**\*\*Evidence of authorization to act on behalf of firm must be submitted.**