

**CITY OF WESTLAND COMMUNITY DEVELOPMENT DEPARTMENT  
APPLICATION FOR QUALIFIED HOUSING REHABILITATION CONTRACTORS**

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**STATEMENT OF CONTRACTOR'S QUALIFICATIONS**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email address: \_\_\_\_\_

EMPLOYER'S TAX ID # \_\_\_\_\_ DUNS # \_\_\_\_\_

**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)

Michigan Builder's License Number \_\_\_\_\_ Other State License?  YES  NO

Michigan Lead Certification # \_\_\_\_\_ Category \_\_\_\_\_

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

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Have you ever had your Builder'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 Westland 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 Westland with the City of Westland 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 two 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 Westland reserves the right to verify all of the information given above by the contractor.**

**Contractor acknowledges the following:**

- furnish insurance in at least the minimum amount as required, in accordance with the above stated insurance reference;
- must comply with the terms and conditions as set forth by this application and the Rehabilitation Program;
- 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.**

BY: \_\_\_\_\_  
(Signature)

NAME: \_\_\_\_\_  
(Type or print)

TITLE: \_\_\_\_\_  
(Type or print)

DATE: \_\_\_\_\_ CDSpecialist/Rehab/Contractors/contractor application