

**HOUSING REHAB  
CONTRACTOR APPLICATION FORM**



Please fill out this form to be notified of bid opportunities through Hilltown Community Development's Housing Rehabilitation Program

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

**TRADE:** Check all that apply:

- |   |   |
|---|---|
| ___ General Contractor                    | ___ Asbestos/Hazardous Materials Contractor |
| ___ Septic Installer                      | ___ Well Driller                            |
| ___ Lead Paint Abatement Contractor       | ___ Foundation Contractor                   |
| ___ Water/Basement Remediation Contractor | ___ Heating Contractor                      |

\_\_\_\_\_  
Street Address, City, State, Zip

\_\_\_\_\_  
Mailing Address (if different from above)

\_\_\_\_\_  
Employer Tax ID Number

\_\_\_\_\_  
Office Phone Number

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Email address

**ORGANIZATIONAL STRUCTURE**

- Corporation/LLC                       Partnership                       Sole Proprietorship

**PRINCIPALS OF FIRM**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
State and Zip Code

\_\_\_\_\_  
Telephone Number

**HISTORY OF COMPANY**

Number of years in business: \_\_\_\_\_

Construction Supervisor's License Number: \_\_\_\_\_

Home Improvement Contractor's Registration Number: \_\_\_\_\_

Hoisting / Excavating License(s): \_\_\_\_\_

Lead Paint Certification Number: \_\_\_\_\_

**REFERENCES**

Please provide three references for jobs completed over the last year:

**Name of Owner**

Telephone #

\_\_\_\_\_

\_\_\_\_\_

Address

\_\_\_\_\_

Type of Work Done for Customer

\_\_\_\_\_

**Name of Owner**

Telephone #

\_\_\_\_\_

\_\_\_\_\_

Address

\_\_\_\_\_

Type of Work Done for Customer

\_\_\_\_\_

**Name of Owner**

Telephone #

\_\_\_\_\_

\_\_\_\_\_

Address

\_\_\_\_\_

Type of Work Done for Customer

\_\_\_\_\_

**CREDIT**

Indicate credit sources to be utilized to cover the ordering of materials for jobs under this program.

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Note: This application cannot be considered without a current certificate of insurance attached. All contractors must carry general accident and liability insurance with a minimum of \$100,000/\$300,000 coverage and all contractors shall carry full and complete Workmen’s Compensation Insurance for all of his or her employees and shall be responsible for assuring that all subcontractors have all the correct current insurance as requested by the Hilltown Community Development Corporation and the Housing Rehabilitation Program. Final selection of contractors will be at the discretion of property owners and the Hilltown Community Development Corporation. However, contractors must be on the Hilltown Community Development Corporation office list of eligible contractors.

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Signature of Applicant

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Date

In signing this application, I acknowledge the receipt of the letter from the Housing Rehabilitation Manager describing the procurement process and requirements for Contractors in the Housing Rehabilitation Program.

Please mail, fax, or email application to:

Hilltown Community Development Corporation  
P.O. Box 17  
Chesterfield, MA 01012  
Fax: (413) 296-4020  
Email: [marjoriel@hilltowncdc.org](mailto:marjoriel@hilltowncdc.org)