

GENERAL INFORMATION

Company Name				Application Date	
Street Address	City	State	Zip	Phone Number	
Federal Tax ID/Social Security #		# of Tradesmen Employed		Initial Date of Operation	
Email Address				DBA, if applicable	

Check all that apply and provide explanation:

<input type="checkbox"/> Trade/Contractor Association Memberships	_____
<input type="checkbox"/> Defaulted on any contract	_____
<input type="checkbox"/> Judgements filed for any reason	_____
<input type="checkbox"/> Federal or State ineligible	_____
<input type="checkbox"/> Equal employment opportunity policy	_____

Type of Company

Sole Proprietor Partnership Corporation LLC

Specialties (In-House)

Electrical Plumbing Heating Roofing

Masonry Carpentry Excavation Other _____

BUSINESS OWNERS

1.					
Name		Title		Cell Phone Number	
Street Address	City	State	Zip	Email	
2.					
Name		Title		Cell Phone Number	
Street Address	City	State	Zip	Email	
3.					
Name		Title		Cell Phone Number	
Street Address	City	State	Zip	Email	

Please use this space to list relevant licensures and certifications.

1.
2.
3.

CLIENT REFERENCES				
1.				
Individual Name			Date/Type of Project	
Street Address	City	State	Zip	Telephone Number
2.				
Individual Name			Date/Type of Project	
Street Address	City	State	Zip	Telephone Number

PROFESSIONAL REFERENCES				
1.				
Individual Name			Years Known	
Street Address	City	State	Zip	Telephone Number
2.				
Individual Name			Years Known	
Street Address	City	State	Zip	Telephone Number

By signing this document, I / We hereby certify the above information is true and complete, and hereby authorize Home Is The Foundation to verify all information supplied on this application by contacting any and all of the above parties, and/or to obtain a background check.

Owner Signature	Title	Date
Owner Signature	Title	Date
Owner Signature	Title	Date

OFFICE USE ONLY	
<input type="checkbox"/> Insurance Documents Submitted	<input type="checkbox"/> Better Business Bureau
<input type="checkbox"/> Identification Documents Copied	<input type="checkbox"/> Background Check
<input type="checkbox"/> Completed W-9 Submitted	<input type="checkbox"/> Completed Ohio New Hire Submitted Date submitted online _____
QUALIFICATION STATUS:	
<input type="checkbox"/> CONTRACTOR APPROVED	<input type="checkbox"/> CONTRACTOR DISAPPROVED