



**CONTRACTOR PROFILE**

Please furnish NHS with the information requested below. This information will be kept in our files and will be kept confidential. Our office will use such information only to verify the qualifications of contractor for contracts.

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

Soc. Sec. #: \_\_\_\_\_ Federal Tax ID#: \_\_\_\_\_

Type of Organization (check one):  Corporation  LLC  Sole Proprietor

Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

How long have you been working in the Beloit area? \_\_\_\_\_ Cell phone #: \_\_\_\_\_

Describe the trades/types of construction your company has current capacity to perform in-house: check all that apply

- General Contractor
- General Labor       Demolition       Building Cleanout
- Electrical       HVAC       Plumbing
- Carpentry (rough/framing)       Finish Carpentry       Windows/Doors
- Masonry       Siding       Roofing       Aluminum/Gutters
- Drywall       Painting       Carpet       Tile
- Other, describe: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Are you a certified lead-safe supervisor? \_\_\_\_\_

Is your company a certified lead-safe company? \_\_\_\_\_

What type of work do you normally subcontract and to whom?

<u>Trade</u>	<u>Subcontractor</u>
_____	_____
_____	_____
_____	_____
_____	_____

List the names, addresses and phone numbers of three references in the Beloit Area for whom you have completed work in the past year:

<u>Name</u>	<u>Address</u>	<u>Phone #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

List two suppliers from whom you purchase most of your materials:

<u>Supplier Name</u>	<u>Address</u>	<u>Phone #</u>
_____	_____	_____
_____	_____	_____

List the financial institutions with whom you have established accounts/credit:

<u>Institution Name</u>	<u>Address</u>	<u>Phone #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Approximately how many jobs have you completed as general contractor? \_\_\_\_\_

What is the smallest job you have completed? \_\_\_\_\_

\_\_\_\_\_

List any certificates, memberships, or licenses you or your employees have in effect.

\_\_\_\_\_

\_\_\_\_\_

How many full-time employees do you have? \_\_\_\_\_ How many part-time employees? \_\_\_\_\_

List any other pertinent information that you might use to show your qualifications as a contractor:

\_\_\_\_\_

\_\_\_\_\_

I do hereby certify that the statements above are true and correct to the best of my knowledge. I also hereby authorize the staff of Neighborhood Housing Services of Beloit, Inc. to verify/validate all information and documents with any contractor, reference, financial institution, supplier, and/or insurer associated with this application. I do hereby hold harmless the staff, coordinators, directors, owners and authorized employees of all named contractors, references, financial institutions, suppliers, Neighborhood Housing Services of Beloit, Inc. and/or insurers, from any and all claims, legal action and/or liability arising from the above stated authorizations.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**You must furnish NHS with a current copy of your certificate of insurance with this application to be considered for contract work.**

**Return Completed  
Contractor Profile and  
Certificate of Insurance to:**

Joy Bosco  
NHS of Beloit  
156 St Lawrence Ave  
Beloit WI 53511

**Or Fax to:  
608/362-7226**