

## EXHIBIT A: CONTRACTOR APPLICATION

### **Rebuilding Together Sandoval County (RTSC) HOME Rehabilitation & Repair Program**

#### Business Information

Business Name: \_\_\_\_\_  
Federal Tax ID: \_\_\_\_\_ DBA Name (if applicable): \_\_\_\_\_  
Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

#### Service Areas

Sandoval County  Bernalillo County  Santa Fe County  Statewide  
 Tribal Lands (Specify): \_\_\_\_\_

#### Trade Specializations (Check all that apply):

General Contractor (GB-98)  
 Electrical  Plumbing  HVAC  Roofing  
 Accessibility Modifications  Lead Abatement  Other: \_\_\_\_\_

#### Licensing & Insurance

- NM Contractor License #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_
- General Liability Insurance: \$ \_\_\_\_\_ Exp. Date: \_\_\_\_\_
- Workers' Comp:  Yes  No (Attach certificate)

#### Experience & Capacity

1. Years in Business: \_\_\_\_\_
2. Number of Employees: \_\_\_\_\_
3. Describe experience with HUD-funded projects (attach additional sheets if needed):

References (Minimum 3)

Client Name	Project Description	Year Completed	Contact Phone/Email
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Certification

I CERTIFY THAT ALL INFORMATION IS ACCURATE AND THAT I MEET RTSC'S MINIMUM QUALIFICATIONS. I UNDERSTAND FALSIFICATION MAY RESULT IN REMOVAL FROM THE APPROVED PROVIDER LIST.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_