



GENERAL CONTRACTOR APPLICATION

The undersigned contracting firm hereby applies to be placed on the "APPROVED CONTRACTORS REGISTER" maintained by your office for the purpose of performing rehabilitation work in the County's Owner Occupied Home Rehabilitation Program.

Name of Firm: _____

Business Name (if applicable): _____

Business Address: _____

Contact Person: _____

E-mail: _____ Business Phone: _____

Cell Phone _____ Fax Number _____

Principals of Firm: 1) _____ 3) _____

2) _____ 4) _____

Is this Company Incorporated? _____ Tax/Federal ID# _____

INSURANCE REQUIRMENT:

Proof that you have secured and maintain, in your name as the insured, a policy of commercial general liability insurance in a minimum amount of \$500,000 per occurrence. Insurance coverage of no less than \$500,000 Coverage in the event of bodily injury including death and \$100,000 Coverage in the event of property damage arising out of the work performed by the contractor is required.

The contractor, shall at all times during the life of the contract, comply with the Worker's Compensation laws of the State of New Jersey.

Insurance Company: _____

Policy* # _____ (*please attach)

Liability & Comprehensive Insurance Coverage \$ _____

Is Company Bonded? _____ Amount of Bond \$ _____

Do you use Sub-contractors? _____ If yes, include NJ business registration /license #'s for each

Please list: 1) _____ Specialty _____

2) _____ Specialty _____

- 3) _____ Specialty _____
1. Have you ever been debarred from Federal Programs? ____ Y ____ N
 - a. If so, when and through what program?

 2. Have you ever been restricted from or removed from any project? ____ Y ____ N
 - a. If so, when and where?

 3. Are you or any of your employees related to any County Officials? ____ Y ____ N
 - a. If so, Provide name of person and relation:

 4. Are you or any of your employees certified to handle lead paint? ____ Y ____ N
 - a. If yes, please attach certifications

STATISTICAL DATA: The following information is required for Department of Housing and Urban Development reporting purposes only:

Are you a registered MBE/WBE business? ____ Y ____ N
(Minority Business Enterprise/Women Business Enterprise - please provide certification)

Gender: Male owned ____% Female owned ____%

Ethnicity: White ____ Black ____ Native American ____ Asian/Pacific Islander ____
Hispanic ____

SECTION 3 BUSINESS CRITERIA:

* Your business is eligible to apply for preference as a Section 3 Business if, in addition to meeting all applicable state and local regulations, it self-certifies that it meets one or more of the following criteria (you must check at least one):

- A. Fifty-one percent or more of the business is owned by Section 3 Residents;
- B. Thirty percent or more of the business' fulltime employees are Section 3 Residents; or
- C. The business can provide evidence of a firm commitment to subcontract a minimum of 25 percent of the total dollar amount of contracts to a business that meets the criteria listed in (a) and/or (b).

NOTE: Businesses that self-certify that they meet the definition of a Section 3 business may be required to provide verification of their eligibility to recipients of HUD funding and/or the Department.

Section 3 Residents Are:

- A. Residents of Public and Indian Housing; or
- B. Residents of the Metropolitan Area or Non-Metropolitan County that Meet the Definition of Low- and Very Low-Income. (Cannot exceed 80% threshold below)

FY 2019 Income Limit Area	Median Income	FY 2019 Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Gloucester County	\$90,100	Low (80%) Income Limits	\$50,500	\$57,700	\$64,900	\$72,100	\$77,900	\$83,650	\$89,450	\$95,200

LOCAL, STATE AND FEDERAL REFERENCES

1. Name Of Agency: _____
Address: _____
Phone: _____ Contact Person(s): _____
Dates Of Contracts: _____
Type of Work: _____

OFFICE USE ONLY:

2. Name Of Agency: _____
Address: _____
Phone: _____ Contact Person(s): _____
Dates Of Contracts: _____
Type of Work: _____

OFFICE USE ONLY:

3. Name Of Agency: _____
Address: _____
Phone: _____ Contact Person(s): _____
Dates Of Contracts: _____
Type of Work: _____

OFFICE USE ONLY:

PRIVATE WORK REFERENCES

1. Name: _____
Address: _____
Phone: _____ Type Of Work: _____
DATE: From _____ To _____

2. Name: _____
Address: _____
Phone: _____ Type Of Work: _____
DATE: From _____ To _____

3. Name: _____
Address: _____
Phone: _____ Type Of Work: _____
DATE: From _____ To _____

PLEASE LIST THE NAME(S) OF YOUR PRESENT SUPPLIER(S):

_____ Name of Supplier	_____ Phone Number
_____ Name of Supplier	_____ Phone Number

How many years have you had credit with this Supplier? _____

What has been your highest credit limit? _____

How would you describe your present status with the Supplier?

____ Outstanding ____ Good ____ Poor

I certify that the information given is true and complete, and that no unfavorable information has been withheld to the best of my knowledge.

PRINT NAME

SIGNATURE

TITLE

DATE

PRINT NAME

SIGNATURE

TITLE

DATE

PLEASE ATTACH:

- A COPY OF YOUR LIABILITY AND WORKMEN’S COMPENSATION INSURANCE
- A COPY OF YOUR LEAD CERTIFICATION, IF APPLICABLE
- A COPY OF YOUR STATE OF NEW JERSEY REGISTRATION AS A HOME IMPROVEMENT CONTRACTOR
- A COPY OF YOUR STATE OF NEW JERSEY BUSINESS REGISTRATION
- IRS FORM W-9

PLEASE RETURN COMPLETED APPLICATION AND DOCUMENTATION TO:

**GLOUCESTER COUNTY PLANNING DIVISION
HOUSING AND COMMUNITY DEVELOPMENT
1200 N. DELSEA DRIVE, BUILDING E
CLAYTON, NJ 08312
ATTENTION: RENE PISTILLI-LEOPARDI**