

Contractor Application

LaCasa, Inc.
202 N. Cottage Ave.
Goshen, IN 46528
574-533-4450

1. Name of Company: _____

2. Name of Owner: _____

3. Business Address: _____

4. Business Telephone: _____

5. Business Fax: _____

6. Business E-Mail: _____

7. Number of years business in operation: _____

8. Types of Jobs Preferred: _____

9. Suppliers you do business with:

<u>Name</u>	<u>Address</u>	<u>Phone</u>
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10. List of Sub-Contractors with whom you regularly do business with, if any:

A. Carpentry: _____

B. Electrical: _____

C. Plumbing: _____

D. Roofing: _____

E. Masonry: _____

F. Mechanical: _____

G. Painting: _____

H. Other _____

11. List of private customers you have recently done work for:

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. List Federal and/or City contracts you have completed:

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. Bank References

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

14. Have you ever been convicted of violating Federal, State or Local Law in the course of discharging your duties as a contractor? Yes _____ No _____

If yes, please explain: _____

15. Have you ever been disbarred from participating as a contractor in any Federal, State or Local Housing program? Yes _____ No _____

If yes, please explain: _____

16. Do you qualify as a small business under SBA guidelines? (Annual volume of less than \$12 million gross receipts for special trades, \$28.5 million for general construction). Yes _____ No _____

17. Is your business minority or woman owned? Yes _____ No _____

Owner or Officer's Social Security Number: _____

Federal Tax ID Number: _____

Contractor License Number: _____

License Expiration Date: _____

Amount of Liability Insurance: \$ _____

Policy Number of Liability Insurance: _____

Expiration Date of Liability Insurance: _____

Include a copy of Liability and Worker's Compensation Insurance with this application

****if you do not carry Worker's Compensation a state waiver will be necessary****

I attest that the above information is accurate.

Company Owner/Representative

Date