



COMMUNITY DEVELOPMENT
401 LAUREATE WAY
KANNAPOLIS NC 28081
(704) 920-4332

HOUSING REHABILITATION
CONTRACTOR APPLICATION

APPLICANT: _____

FIRM NAME: _____

BUSINESS ADDRESS: _____

TELEPHONE: _____

IRS ID#: _____

E-MAIL ADDRESS _____

IS YOUR BUSINESS (Check one):

_____ A Sole Proprietorship _____ A Legal Partnership _____ A Corporation

_____ MWBE _____ SECTION 3 CONTRACTOR

Names and addresses of all owners, partners, and if a corporation the name or major stock holders and officers:

(Name)

(Address)

Name, address and phone number of the three customers for whom you have performed major home improvement work recently:

(Name)

(Address)

(Phone #)

1. _____
2. _____
3. _____

Name, address and phone number of at least three suppliers with who you regularly do business and have credit:

- 1) _____
- 2) _____
- 3) _____

The undersigned contractor certifies that all information herein is correct and further agrees that:

- 1. All licenses permits as required by the County and the City will be obtained prior to the start of a rehabilitation contract.**
- 2. The work will be performed in accordance with all codes, standards zoning regulations, and specifications, subject to a final inspection by the County.**
- 3. Required insurance will be provided.**
- 4. Abide by HUD Regulations pertaining to Equal Employment Opportunity.**

Contractors Signature

Date

CONTRACTORS RELEASE STATEMENT

I, _____, do hereby authorize City of Kannapolis or its designated agents to obtain and receive all records and information pertaining to eligibility information from all persons, companies, or firms holding or having access to such information that we can or could obtain from any persons, company or firm on any matter referred to above. I / we agree to have no claim for defamation, violation of privacy, or otherwise against any person, firm or corporation by reason of any statement or information released by them to the City for purposes of this program. The term of this shall commence on the date of signature and be in force for a period of three years.

Signature _____

Signature _____