SHIP HOUSING REHABILITTION & NEW CONSTRUCTION PROGRAM

APPLICATION/CERTIFICATE OF ELIGILIBILITY

Date_____

Company/Contractor Name or Registered DBA_____

Current State or County License Number(s) _____

Issuing State or County _____

CONTRACTOR INSURANCE INFORAMTION

Name and Address of Company_____

_____

_____

Date Obtained: _____

COVERAGE

Per Person_____ Per Accident_____

Property Damage_____

CREDIT REPORT

Contractor Social Security Number_____

Contractor Date of Birth_____

Credit Bureau(s)_____

Date Obtained_____

BUSINESS REFERENCES

1. _____
_____
_____

2. _____
_____
_____

3. _____
_____
_____

SUPPLIER REFERENCES

1. _____
_____
_____

2. _____
_____
_____

3. _____
_____
_____

PERSONAL REFERENCES

1. _____
_____
_____

2. _____
_____
_____

3. _____
_____
_____

APPROVAL/CERTIFICATION

To be completed by County Staff:

- ☐ **Approved**
- ☐ **Denied**

Name_____

Title_____

Building Official / Community Development Director or Designated Staff

Date_____

REMARKS

_____
_____
_____

Building Department Verification

_____

Chief/Deputy Building Official / Director or Designated Staff

Date_____