



KIMBERLEY DRISCOLL  
MAYOR

TOM DANIEL, AICP  
DIRECTOR

CITY OF SALEM, MASSACHUSETTS  
DEPARTMENT OF PLANNING AND  
COMMUNITY DEVELOPMENT

98 WASHINGTON STREET, 2<sup>ND</sup> FLOOR ♦ SALEM, MASSACHUSETTS 01970  
TELE: 978-619-5685

HOUSING REHABILITATION LOAN PROGRAM  
APPLICATION FOR PLACEMENT ON  
QUALIFIED CONTRACTORS LIST

**COMPANY INFORMATION:**

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Phone: ☐ n/a \_\_\_\_\_

Email Address: ☐ n/a \_\_\_\_\_ Website Address: ☐ n/a \_\_\_\_\_

Federal Employer ID # \_\_\_\_\_ MBE/WBE: YES / NO

Number of Full-Time Employees: \_\_\_\_\_ Part-Time: \_\_\_\_\_

**MAJOR TRADE PERFORMED BY BUSINESS:**

☐ General Carpentry ☐ Deleading ☐ Electrical ☐ Plumbing

☐ Painting ☐ Masonry ☐ Other

**MAJOR TRADES NORMALLY SUBCONTRACTED:**

☐ General Carpentry ☐ Deleading ☐ Electrical ☐ Plumbing

☐ Painting ☐ Masonry ☐ Other

**LICENSE INFORMATION:**

Contractor's License #: \_\_\_\_\_ Title: \_\_\_\_\_

HIC License #: \_\_\_\_\_ Deleader Contractors License #: \_\_\_\_\_

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**INSURANCE COVERAGE:**

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INSURANCE TYPE	POLICY NUMBER	LIMITS	CARRIER
Property Damage			
Liability			
Workers' Compensation			

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**PLEASE LIST THREE REFERENCES FROM JOBS RECENTLY COMPLETED:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Type of work: \_\_\_\_\_ Estimated cost: \$ \_\_\_\_\_

Contact person: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Type of work: \_\_\_\_\_ Estimated cost: \$ \_\_\_\_\_

Contact person: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Type of work: \_\_\_\_\_ Estimated cost: \$ \_\_\_\_\_

Contact person: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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**COMPANY HISTORY:**

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Number of years in business: \_\_\_\_\_ Has your contractor's license ever been revoked? ☐ No ☐ Yes (explain)

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Are you presently, or have you ever been debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal debarment or agency? ☐ No ☐ Yes

Are you a member of a trade or civic association? ☐ No ☐ Yes (Please List) \_\_\_\_\_

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**PLEASE READ BEFORE SIGNING:**

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**AUTHORITY TO OBTAIN VERIFICATION:**

I understand that signing this application gives the City of Salem's Housing Rehabilitation Loan Program Staff the authority to obtain verification from any source provided herein.

The undersigned certifies that all information provided on this application is true and correct to the best of his or her knowledge and belief and that no information has been excluded, which might reasonably affect a judgment regarding eligibility.

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Signature

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Date

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Name (please print)

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Title

**PLEASE SUBMIT APPLICATION AND COPIES OF REQUIRED DOCUMENTS TO:**  
**CITY OF SALEM**  
**HOUSING REHABILITATION LOAN PROGRAM**  
**DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT (DPCD)**  
**98 WASHINGTON STREET, 2<sup>nd</sup> FLOOR**  
**SALEM, MA 01970**  
**TEL: (978) 619-5685**

**DOCUMENT CHECKLIST:**

Copies of the following documents must accompany this application:

- ☐ H.I.C. License
- ☐ Construction Supervisor's License
- ☐ Liability Insurance Certificate
- ☐ Workers' Compensation Insurance Certificate

If applicable, the following documents must also accompany this application:

- ☐ Electrical License
- ☐ Plumber's License
- ☐ Certificate of Completion from U.S. Department of Housing and Urban Development sponsored course Lead-Based Paint Hazards Course
- ☐ Deleader Contractor's License from the Massachusetts Division of Occupational Safety