



DOMINICK PANGALLO
MAYOR

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CITY OF SALEM, MASSACHUSETTS

DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT

98 WASHINGTON STREET, 2ND 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 #: _____

INSURANCE COVERAGE:

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

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 #: _____

COMPANY HISTORY:

Number of years in business: _____ Has your contractor's license ever been revoked?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

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) _____

PLEASE READ BEFORE SIGNING:

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.

Signature

Date

Name (please print)

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, 2nd 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