



NEIGHBORHOOD STABILIZATION PROGRAM

26000 Evergreen Road, Southfield, MI 48076

(248) 796-5124, Δ FAX (248) 796-5135

CONTRACTOR LIST APPLICATION

Contractor: _____ Yrs. in Bus. ____ Date: ____/____/____

Address: _____ City _____ ZIP _____
[no P.O.Boxes]

Phone: _____ FAX: _____ Pager/Cell: _____

Please indicate if you are a minority owned business , *a woman owned business*

Please provide copies of the following information:

- | | |
|---|--|
| <input type="checkbox"/> Residential Builders license. | <input type="checkbox"/> Taxpayer I.D. No. – Complete attached Form W-9 |
| <input type="checkbox"/> Certificate of General Liability Insurance | <input type="checkbox"/> Certificate of Workman's Compensation Insurance |

LEAD-BASED PAINT CERTIFICATION (as applicable)

- | | |
|---|---|
| <input type="checkbox"/> Certified Abatement Contractor | <input type="checkbox"/> Certified Supervisor |
|---|---|

List two (2) of your biggest supplier accounts:

Name: _____ Phone: _____ Acct # _____

Address: _____ City _____ ZIP _____

Name: _____ Phone: _____ Acct # _____

Address: _____ City _____ ZIP _____

List two (2) home improvement jobs completed within the last 12 months:

Homeowner: _____ Phone: _____

Address: _____ City _____ ZIP _____

Work Performed: _____

Homeowner: _____ Phone: _____

Address: _____ City _____ ZIP _____

Work Performed: _____

I have read the general conditions and agree to abide by them. _____
Owner

The City of Southfield is an Equal Opportunity Employer.