



CONTRACTOR APPLICATION

for inclusion on

(Revised 11/2013)

THE ELIZABETH HOME IMPROVEMENT PROGRAM (EHIP) CONTRACTOR'S LIST

COMPANY NAME: _____

COMPANY ADDRESS: _____

TELEPHONE # _____ FAX# _____ Cell# _____

OWNER'S NAME: _____ Social Security# _____

Email Address: _____ HISPANIC: YES / NO

RACE/ETHNICITY OF OWNER(S) Please Circle:

- 11 - white 12 - Black/African American 13 - Asian 14 - American Indian/Alaskan Native
- 15 - Native Hawaiian/Other Pacific Islander 16 - American Indian/Alaskan Native & White 17 - Asian & White
- 18 - Black/African American & White 19 - American Indian/Alaskan Native & Black/African American
- 20 - Other Multi-Racial 21 - Asian/Pacific Islander

TYPE OF WORK PERFORMED BY YOUR COMPANY:

- | | | |
|---------------------------|---------------------|-----------------------|
| _____ Asbestos/Lead | _____ Masonry | _____ Other |
| _____ Electrical | _____ Painting | Please Describe _____ |
| _____ General Contracting | _____ Plumbing | _____ |
| _____ Heating | _____ Roofing | _____ |
| _____ Iron Work | _____ Waterproofing | _____ |

NJ Home Improvement Contractor Registration # _____ Federal Tax Id. # _____

Plumber's License # _____ Electrician's License # _____

Other Licenses/Certifications & #'s: _____

References (Last Three Jobs):

Name	Address	Phone	Type of Work	Cost

- Attached is a Certificate of Insurance indicating Worker's Compensation & General Liability Insurance. (Minimum combined single limit for bodily injury & property damage \$1,000,000.)
- Notice of Completion of addressing Lead-Based Paint Hazards during Renovations, Remodeling and Rehabilitation in Federally Owned and Assisted Housing.
- EPA Certification (EPA Renovation, Repair and Painting (RRP)).

I, _____, owner of the above named company, hereby certify that the information contained herein is, to the best of my knowledge, true and correct. Should any information change from that originally submitted, I agree to promptly advise the Elizabeth Home Improvement Program (EHIP). I also agree to provide FREE ESTIMATES to potential EHIP participants.

Owner's Signature _____

Date _____