

Renovation Contractor Questionnaire

This form must be completed accurately and entirely for the contractor to be considered for validation to work on any renovation project.

Project Information

Borrower(s) Name(s):

Loan Number:

Property Address:

Loan Type

- 203(k) Limited
- 203(k) Standard
- HomeStyle Renovation
- CHOICEReno eXPress
- CHOICERenovation
- VA Renovation

Estimated Cost of Renovation

- Less than \$35,000
- Between \$35,001-\$75,000
- Between \$75,001-\$150,000
- More than \$150,001

Contractor Information

Business Name:

Business Owner's Name(s):

Business Address:

Point of Contact:

Phone:

Fax:

Alternate:

Email:

Web Address:

Organization Information

Type of Organization: Corporation Partnership LLC Joint Venture Individual

Number of years in business under present name:

Number of years in the home improvement industry:

If your business is less than 3 years old, list prior home improvement work experience in the space below:

State where your business is organized: _____

Is a contractor's license required in your state? Yes No

How is your business funded? Cash Line(s) of Credit

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License Information

State/Jurisdiction Issued:

License Number:

Issue Date:

Expiration Date:

License Type:

Yes No

Is your contractor's license in good standing? If no, please explain in the space below:

Yes No

Has your contractor's license ever been revoked? If yes, please explain in the space below:

Yes No

Have you, your organization, officer, or partner ever failed to complete a construction project? If yes, please explain in the space below:

Yes No

Have you, your organization, any officer, or partner ever filed or declared bankruptcy in a construction related business? If yes, please explain in the space below:

Yes No

Are you or your organization currently involved in any disputes, lawsuits, judgments, liens or surety claims? If yes, please explain in the space below:

Yes No

Have you previously done business under any other name? If yes, list previous business name(s) in the space below:

Yes No

Will you sub-contract out any work?

If Yes, please note that the General Contractor is responsible for ensuring that all subcontractors are properly licensed.

Liability Insurance Information

General Liability Provider:

General Aggregate Coverage Amount:

Issue Date:

Expiration Date:

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Workers Compensation Information

Workers Compensation Provider:

Number of Employees:

Issue Date:

Expiration Date:

Workers Compensation not required: By certifying below, I/we affirm the following:

1. We do not have employees and therefore are exempt from Workers Compensation Requirement
2. We do not carry Workers Compensation insurance
3. Any persons who we may engage to work will have legal status as independent contractors, and not employees
4. All such independent contractors have been advised that they are not covered for Workers Compensation insurance, and would be responsible for carrying their own such coverage

Accordingly, we hereby apply for exemption from Lender's requirement for carrying Workers Compensation Insurance.

The above statement is true

Work Experience & References

List the types of work performed directly by the organization:

Provide information on the 3 most recent projects completed by the organization within the past 12 months including the name and contact information, type of work, contract amounts, and dates of completion.

Name	Contact Information	Type of Work	Contract Amount	Date of Completion

Bank Reference: Please identify your bank where you have a current business account

Bank Name:

Contact Name:

Phone:

Email:

Supplier Reference: Please identify major trade supplier relationships

Supplier Name:

Contact Name:

Phone:

Email:

Supplier Name:

Contact Name:

Phone:

Email:

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Permission Release

I understand that the lender may make such inquiries as deemed necessary for the purpose of confirming the information contained in this questionnaire. I hereby certify that I am duly authorized to grant consent on behalf of myself, the undersigned and the Contractor named herein for the purposes of becoming validated by the lender. By signing below, I hereby give the lender authorization to obtain and/or verify information, including pulling one or more credit reports and background checks, about myself, the company, responsible managing employees, responsible managing officers, and/or qualifying partners identified herein and all executive officers and/or owners from any source for the purposes of confirming the information contained in this questionnaire. The undersigned hereby releases, discharges and exonerates any person or entity providing information to the lender in connection with this application and any recipient of such information, including the lender or its representatives, from any and all liability of every nature and kind arising from or in connection with the furnishing, receipt, and review of such information.

By signing below, I hereby certify that the information contained in this Contractor Questionnaire is true and correct to the best of my knowledge and belief.

Signature:

Contractor Name:

Title:

Date:

Tax ID or SSN:

Document Checklist

The following items are required to complete the contractor validation review:

- Contractor Questionnaire: completed and signed
- Copy of a valid state, county and/or local municipality contractor's license, as applicable
- Evidence of Commercial General Liability Insurance
- Evidence of Workers Compensation Insurance, as applicable
- Legible copy of the contractor's valid government-issued photo ID
- Completed W-9 Form
- Copy of EPA Lead Based Paint Course Completion Certificate **(203k Only)**
**If home is built prior to 1978 and paint is being disturbed during renovation*
- Evidence of VA Builder ID Registration **(VA Renovation Only)**