



Mail to: Regional Housing Authority
Planning and Community Development Department
1455 Butte House Road
Yuba City, CA 95993

Return completed form by email to m.conrique@regionalha.org, or fax to (530) 674-8505.

Contractor Reference Form

Business Name: _____

Contractor Name: _____

Business Address: _____

Business Phone: _____ Home Phone: _____

General Contractor's License Number: _____ Expires: _____

Home Improvement License Number: _____ Expires: _____

Social Security Number: _____ Years in Business: _____

Bonding Capacity: _____

(Other than required for Contractor's License)

Bonding Company: _____

Union: _____ Yes _____ No Employer's ID Number: _____

Do you presently have insurance for bodily injury and property damage?

_____ Yes _____ No

If yes, list insurance for: Bodily Injury \$ _____ Property Damage \$ _____

Have you previously contracted work for the Regional Housing Authority?

_____ Yes _____ No

Contract dollar amount interested in: \$ _____

3. _____
Name Address Phone

4. _____
Name Address Phone

Sub-Contractors: (List sub-contractors your firm/company will be using)

1. _____
Name Address Phone

2. _____
Name Address Phone

3. _____
Name Address Phone

4. _____
Name Address Phone

List three most recent remodeling or rehab jobs performed:

1. _____
Name Address Phone

2. _____
Name Address Phone

3. _____
Name Address Phone

All of the information I have given in this Contractor's Reference Form is true and correct. I understand that the Regional Housing Authority (RHA) will confirm the information contained in this document and retain it. I hereby authorize RHA to verify any of the above information as a condition of qualification for participating in the housing rehabilitation program.

Signature

Date