

# Village of Arlington Heights General Contractor Qualification Form Single-Family Rehabilitation Program

1. Name of Company: \_\_\_\_\_

2. Name of Owner: \_\_\_\_\_

3. Address: \_\_\_\_\_

(A street address is required. A P.O. Box is not acceptable)

4. Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

5. How many years have you been engaged in the contracting business under your present firm or trade name: \_\_\_\_\_

6. Is your business, or are any subcontractors with whom you regularly work, a woman-owned or minority-owned contractor? Please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Is your company an Illinois licensed lead-based paint contractor? \_\_\_\_\_ If yes, attach a copy of your license.

8. Types of contracting services you provide (e.g. roofing, plumbing, general carpentry, etc.)

\_\_\_\_\_  
\_\_\_\_\_

9. Work Reference (at least 3) for residential projects. Please provide the references' names, addresses and telephone numbers.

\_\_\_\_\_  
\_\_\_\_\_

9 cont.

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10. Provide the names of any other municipalities or non-profit agencies, if any, for which your company has provided single-family rehabilitation services.

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The undersigned contractor certifies that all information given herein is correct and further agrees to the following commencing with inclusion in the Village of Arlington Heights Single-Family Rehabilitation Program:

1. That the contractor agrees to maintain current status of all licenses and bonds as required by the Village of Arlington Heights.
2. That the contractor will perform the work in accordance with the description of work, general specifications and all applicable Village of Arlington Heights codes and zoning regulation and be subject to final inspection by the Village of Arlington Heights.
3. That if the work performed by the contractor is found to be unsatisfactory or if the contract relations between contractor, homeowner or other parties are found to be unsatisfactory, the Village of Arlington Heights may remove his/her name from the list of selected contractors without notice.
4. That any required insurance and workman's compensation will be kept current and that the contractor has current insurance coverage in the amounts of: Comprehensive Public Liability – not less than \$1,000,000 for injuries, including accidental death to any one person, and subject to the same limits for each person, in an amount not less than \$1,000,000 on account of any one accident; and Property Damage – Not less than \$1,000,000 for damages to property in any one accident with an aggregate limit of not less than \$2,000,000.
5. That the contractor will abide by all applicable equal employment opportunity regulation.
6. That the contractor will not perform work at homes involved in the Village's program beyond the scope of work established by the Village until the work being financed by the Village is completed, passes final inspection, and final lien waivers have been provided.

The undersigned hereby authorizes and requests any person, firm or corporation to furnish any information requested in verification of the recitals comprising this Statement of Contractor Qualification.

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Company Name

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FEIN # of Company

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Signature of Company Owner

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Print or Type Name of Company Owner

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Date

**ATTACH COPIES OF ANY PERTINENT LICENSES AND EVIDENCE OF  
INSURANCE COVERAGE**

Return to:

Village of Arlington Heights  
Attention: Nora Boyer  
33 S. Arlington Heights Road  
Arlington Heights, IL 60005  
or by fax to 847-368-5988 or by email to [nboyer@vah.com](mailto:nboyer@vah.com)