



# HOME Rehabilitation Small Works Roster Application

Yakima County Public Services  
128 North Second Street · Fourth Floor Courthouse · Yakima, Washington 98901  
(509) 574-2300 · 1-800 572-7354 · FAX (509) 574-2301 · [www.co.yakima.wa.us](http://www.co.yakima.wa.us)

## CONTRACTOR APPLICATION FORM

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

Business Name: \_\_\_\_\_

Business Type:  General  Specialty If Specialty, Specify Trade: \_\_\_\_\_

Business Address: \_\_\_\_\_

Owner/Manager: \_\_\_\_\_

Home Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

### ***BUSINESS DOCUMENTATION:***

A. Contractor's License # \_\_\_\_\_ Exp. Date \_\_\_\_\_

B. Washington State Industrial Insurance ID # \_\_\_\_\_

C. Current UBI # \_\_\_\_\_

D. Employment Security Department \_\_\_\_\_ or  Sole Owner

E. Bond # \_\_\_\_\_ Amount \$ \_\_\_\_\_ Bonding Co \_\_\_\_\_

F. Liability Ins. \$ \_\_\_\_\_

G. Insurance Agency \_\_\_\_\_

H. Agent's Name \_\_\_\_\_ Phone # \_\_\_\_\_

### ***EXPERIENCE:***

A. Length in Business \_\_\_\_\_ B. # Rehab. completed in past 2 years \_\_\_\_\_

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**REHABILITATION CUSTOMER REFERENCES:**

A. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Contract Amount \_\_\_\_\_  
 Date Completed \_\_\_\_\_

B. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Contract Amount \_\_\_\_\_  
 Date Completed \_\_\_\_\_

C. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Contract Amount \_\_\_\_\_  
 Date Completed \_\_\_\_\_

Have you ever performed contract work for Yakima County?  YES or  NO

IF yes please list contract work done: \_\_\_\_\_

I, the undersigned, authorize the Yakima County HOME Consortium Rehabilitation Loan Program staff to contact all persons, businesses and governmental agencies necessary for the purposes of: 1) Verifying the information listed herein and obtaining additional information relating to this application; 2) To assist in establishing the quality of work performed by the contractor-applicant; and 3) To assist in determining the qualifications of the herein-listed contractor-applicant. Further, should I and the company I represent be approved by the Yakima County HOME Rehabilitation Loan Program and placed on the HOME Rehabilitation Small Works Roster, I hereby state that I shall conform to all policies and procedures dictated in the Rehabilitation Policy Plan Book, including any and all revisions and additions. By signature hereon, I hereby state that I have been informed of the HOME Rehabilitation Small Works Roster criteria for Contractors, and have received a copy of form HR-46a, "Contractor Qualifications and Requirements".

Signature & Title \_\_\_\_\_ Date \_\_\_\_\_

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## REQUEST FOR VERIFICATION OF INFORMATION

**Contractor to complete name and address of banking institution and sign authorization:**

<b>TO: (Name and address of bank)</b>	<b>FROM:</b> Yakima County Department of Public Services HOME Rehabilitation Loan Program Yakima, WA. 98901 509-574-2239	
Signature of HOME staff	Employee title	Date

Authorization to verify credit information to the Yakima County HOME Rehabilitation Loan Program:

<b>Applicant's business name and address</b>	<b>Signature of applicant/contractor</b>
	<b>Date:</b>
	<b>Account :</b> _____

### TO BE COMPLETED BY DEPOSITORY

The above applicant has applied for our HOME Small Works Roster list. The applicant has authorized the Yakima County HOME Rehabilitation Loan Program to verify this information. Please complete and return to Yakima County HOME Consortium Rehabilitation Loan Program via fax at 509-574-2301 as soon as possible:

Checking Account       Yes     No    Date opened \_\_\_\_\_  
 Savings Account       Yes     No    Date opened \_\_\_\_\_  
 Line of Credit         Yes     No    Date opened \_\_\_\_\_

Has the account(s) been maintained satisfactorily?     Yes     No

<b>Signature of Depository Representative</b>	Title (please print or type)	Date
Please print or type name signed above	Phone #	