

WX-10

(REV. 08/09)

Kentucky Housing Corporation (Weatherization)

Contractor Application:

Date: _____

The undersigned contracting firm hereby applies to be placed on the "APPROVED CONTRACTORS LIST", maintained by the _____ (agency name) for the purpose of performing weatherization work for the Weatherization Assistance Program. It is certified that the information given below is complete, factual and that no unfavorable been withheld.

BUSINESS NAME: _____, TELEPHONE: _____

BUSINESS ADDRESS: _____

DESCRIPTION OF SERVICE: _____

Names, address and years of experience in construction and or HVAC of all owners, partners and stock holders: (use additional sheets if necessary)

NAME: _____, YEARS: _____
ADDRESS: _____

NAME: _____, YEARS: _____
ADDRESS: _____

NAME: _____, YEARS: _____
ADDRESS: _____

REFERENCES

Bank: _____ Acct Number: _____ Phone: _____

Bank: _____ Acct Number: _____ Phone: _____

Material Dealers (1) _____ Phone: _____

(2) _____ Phone: _____

(3) _____ Phone: _____

Sub-Contractors (1) _____ Phone: _____

(2) _____ Phone: _____

(3) _____ Phone: _____

List three customers for whom you have done major heating system repair or maintenance:

(1) NAME: _____, TELEPHONE: _____
ADDRESS: _____

(2) NAME: _____, TELEPHONE: _____
ADDRESS: _____

(3) NAME: _____, TELEPHONE: _____
ADDRESS: _____

List three customers for whom you have done major weatherization work:

(1) NAME: _____, TELEPHONE: _____
ADDRESS: _____

(2) NAME: _____, TELEPHONE: _____
ADDRESS: _____

(3) NAME: _____, TELEPHONE: _____

ADDRESS: _____

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Date: _____

INSURANCE

Liability insurance ___ (yes) ___ (no) Policy Number _____

Insurance Firm Name _____

The undersigned contracting firm agrees that in consideration of being placed on the "APPROVED CONTRACTORS LIST", he/she will comply with the following conditions on all weatherization work performed within the _____ area
(Agency Name)

1. To use only forms approved by the Kentucky Housing Corporation.
2. That all work will be approved by thee _____ (Agency Name).
The Weatherization Operation Manual will be used as a guide for work performance, and all work will be subject to such inspections as deemed necessary by _____
(Agency Name).
3. That if such work performed by the contractor is found to be unsatisfactory by _____ (Agency Name) or if contract relations between contractor, client, or other parties are found to be unsatisfactory, that the _____ (Agency Name) may remove contractors name from the "APPROVED CONTRACTORS LIST".
4. That adequate Liability Insurance and Workers Compensation (where applicable) will be provided.
5. That the contractor will abide by the EQUAL OPPORTUNITY provisions of the Civil Rights Act.

Firm Name

Authorized Signature/Title

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Date: _____

- I do hereby request and authorize my bank, material dealers, sub-contractors, and others who have information concerning my credit history, work performance, and insurance coverage to release such information to the _____ (Agency Name) for professional use only.

Firm Name

Authorized Signature/Title

Title

Date