



HOUSING AUTHORITY  
OF  
THURSTON COUNTY

503 West 4th Avenue • Olympia, Washington 98501 • Phone (360) 753-8292 • Fax (360) 586-0038

Dear Contractor:

Thank you for your interest in the Housing Rehabilitation Program. Briefly, the program provides low interest or no interest rehabilitation loans to low-income homeowners in unincorporated areas in South Thurston County. The loans are to repair conditions that present a threat to the health and safety of the occupants, or that contribute to neighborhood blight.

The Housing Authority's role in the Program will be to inspect the property and determine what work needs to be completed, assist the homeowner in choosing a contractor, and to monitor the project during construction.

To assist the homeowners in choosing a contractor, the Housing Authority maintains a list of Eligible Contractors to bid on each project. To be eligible as a contractor, you must meet all of the requirements detailed in the enclosed "Contractors Qualifications and Requirements".

When completing the enclosed "Contractors Application" please be sure to answer all of the questions fully and accurately. The "Contractor Evaluation" forms attached to the Application must be completed by each of the three Customer References listed on page two of the Application. The customer must mail these Evaluations directly to the Housing Authority. Your name will not appear on the list of Eligible Bidders until our office receives all three of the Evaluations.

If you have any questions about the Program or your Application, please feel free to call our office at 753-8292.

## CONTRACTORS APPLICATION

Business Name \_\_\_\_\_ Bus. Phone \_\_\_\_\_

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

Name (Owner/Manager) \_\_\_\_\_ Home Phone \_\_\_\_\_

### **BUSINESS DOCUMENTATION**

This firm is a: Corporation \_\_\_ Partnership \_\_\_\_\_ Sole Proprietor \_\_\_

If corporation or partnership, give names and addresses of all principles, partners, officers, etc:

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

Number of years in business: \_\_\_ Federal Employer ID# \_\_\_\_\_

General Contractors License # \_\_\_\_\_

Expiration Date \_\_\_\_\_

State Tax # \_\_\_\_\_

Name of Bonding Co. \_\_\_\_\_ Amount \$ \_\_\_\_\_

Agents Address \_\_\_\_\_

Phone \_\_\_\_\_

Liability Insurance Co. \_\_\_\_\_

Agents Name and Address \_\_\_\_\_

Phone \_\_\_\_\_ Coverage Amount \_\_\_\_\_

**BUSINESS REFERENCES**

Bank Reference \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Type of Account \_\_\_\_\_

Supplier Reference \_\_\_\_\_

Phone \_\_\_\_\_

Supplier Reference \_\_\_\_\_

Phone \_\_\_\_\_

**CUSTOMER REFERENCES**

A "Contractor Evaluation" must be completed by each customer reference listed below.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Date Completed \_\_\_\_\_

Type of Project \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Date Completed \_\_\_\_\_

Type of Project \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Date Completed \_\_\_\_\_

Type of Project \_\_\_\_\_

I, the undersigned, state that the information given is true and correct to the best of my knowledge. I hereby grant permission to the Housing Authority of Thurston County to contact those persons listed above in order to verify eligibility and the quality of work performed.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_

## **CONTRACTOR QUALIFICATIONS AND REQUIREMENTS**

All contractors participating in the program shall be required to comply with all guidelines and procedures detailed in the Construction Contract. Contractors shall also be required to comply with the following:

- a. Hold a current certification of registration with the State of Washington as a General Contractor. For purposes of the Housing Rehabilitation Program, the definition of a General Contractor shall be according to RCW 18.27.010.
- b. Be a firm specializing in remodeling and rehabilitation work who has been in business under the same name and ownership for at least two years.
- c. Provide proof of current contractor liability coverage for protection of personal injury, property damage, and medical coverage in the amount of 100/300/100 for any claims.
- d. Agree to a fifteen percent (15%) retention on all construction contracts prior to executing said contracts.
- e. Be lien free from any work performed under previous contracts.
- f. Submit three verifiable references for work done within Thurston County. References must be for completed projects involving repair and restoration work that encompassed several different trades (e.g. plumbing, roofing, wiring, masonry, structural repair, etc.).
- g. Provide the Housing Authority of Thurston County with a hold harmless agreement against all claims arising from contractor activities in the program. Said agreement is incorporated in all construction contracts.
- h. Provide lien releases for all material, labor, supplies, equipment, and subcontractors used during, or as a result of, the construction project prior to final payment.
- i. Provide proof, if requested, of satisfactory work experiences in previous contracts that are equivalent to the types of projects undertaken by the Housing Rehabilitation Program.
- j. Provide a contractor's warranty against defective materials and workmanship for a period of one (1) year from the date of final inspection and acceptance of the work. Additional manufacturers warranties shall also be provided.

As part of the contractor verification process, the staff will contact the State Licensing Division to obtain a list of any complaints. Any unresolved complaints shall be cause for a contractor to become ineligible to participate in the program.

## CONTRACTOR EVALUATION

CUSTOMERS NAME:

CONTRACTOR:

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The above listed contractor has applied to the Housing Rehabilitation Program to be placed on a list of eligible bidders. Your cooperation in completing this questionnaire will be greatly appreciated.

Briefly describe the nature of the work performed by the above contractor:

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Please rate the above contractor in the following categories:

1. Willingness to discuss possible conflicts or concerns.  
\_\_\_\_\_ Excellent    \_\_\_\_\_ Good    \_\_\_\_\_ Fair    \_\_\_\_\_ Poor
2. Timeliness in completing the project.  
\_\_\_\_\_ Excellent    \_\_\_\_\_ Good    \_\_\_\_\_ Fair    \_\_\_\_\_ Poor
3. Willingness to make repairs or corrections after the project was completed.  
\_\_\_\_\_ Excellent    \_\_\_\_\_ Good    \_\_\_\_\_ Fair    \_\_\_\_\_ Poor
4. Level of professionalism.  
\_\_\_\_\_ Excellent    \_\_\_\_\_ Good    \_\_\_\_\_ Fair    \_\_\_\_\_ Poor
5. Level of workmanship.  
\_\_\_\_\_ Excellent    \_\_\_\_\_ Good    \_\_\_\_\_ Fair    \_\_\_\_\_ Poor

Would you recommend this contractor to other homeowners?    (Yes)    (No)

Were there any characteristics of the above contractor that created problems?    (Yes)    (No)

Comments: \_\_\_\_\_

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Please mail directly to:

Housing Authority of Thurston County  
503 West Fourth Avenue  
Olympia, WA. 98501

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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CONTRACTOR:

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