

Urban Neighborhoods Community Land Trust

General Contractor Application

Contractor Name: _____ Business Number: _____
Business Name: _____ Cell Number: _____
Address: _____ Federal ID #: _____
City/State/Zip: _____ SSN: _____
Phone Number: _____ E-Mail: _____
D.O.B.: _____

List of Subcontractors Previously Employed:

1. Name: _____	2. Name: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip _____
Phone: _____	Phone: _____
3. Name: _____	4. Name: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip _____
Phone: _____	Phone: _____

Materials Suppliers Previously Employed:

1. Name: _____	2. Name: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip _____
Phone: _____	Phone: _____
3. Name: _____	4. Name: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip _____
Phone: _____	Phone: _____

Previous Rehabilitation Project(s) Reference:

1. Name: _____	2. Name: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip _____
Phone: _____	Phone: _____
3. Name: _____	24 Name: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip _____
Phone: _____	Phone: _____

Previous New Construction Project(s) Reference:

1. Name: _____	2. Name: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip _____
Phone: _____	Phone: _____

Do you have any relative(s) working for the Urban Neighborhoods Alliance or City of Springfield?

_____ Yes _____ No

Additional Information:

The undersigned is providing information on this form to serve as a contractor on a project which is financed by the City of Springfield through the Federal Neighborhood Stabilization Program. I understand that the City of Springfield or Urban Neighborhoods Alliance may obtain information from any source names in this application including reference checks, background checks, and procurement of a credit report.

Contractor's Signature

Date