



Home Improvement Program CONTRACTOR APPLICATION FORM

City of South Gate
Community Development Dept., Housing Div.
8650 California Avenue
South Gate, CA 90280
(323) 563-9592 * FAX (323) 567-0725

Contractor First-Last Name: _____

Name of Company: _____

Mailing Address: _____

City: _____ State _____ Zip Code _____

Business Phone Number: _____ *this number will be provided to participants

Cell Phone Number: _____ *this number will be for office use only

E-mail address: _____

State License Type: _____

State License No.: _____

DUNS No.: _____

Is your State license in good standing? Yes _____ No _____

If No, please explain: _____

Please provide your insurance information in the table below and **submit copies of certificates or other evidence of insurance with application:**

Insurance	Policy No.	Expiration Date	Amount of Liability	Name of Insurance Company
Liability			\$	
Worker's Compensation			\$	

Do you or any member of your company have any pending judgments?

Yes _____ No _____

If yes, explain circumstances: _____

STATISTICAL DATA

To comply with the Department of Housing and Urban Development (HUD) federally-mandated statistical reporting requirements on minority business growth and development, please provide the following information. This information is for statistical reporting requirements only.

Contractor's Ethnicity:

What is your ethnicity and gender?

- | | |
|--|---------------------------------|
| <input type="checkbox"/> White Americans | <input type="checkbox"/> Female |
| <input type="checkbox"/> Black Americans | <input type="checkbox"/> Male |
| <input type="checkbox"/> Hispanic Americans | |
| <input type="checkbox"/> Asian / Pacific Americans | |
| <input type="checkbox"/> Native Americans | |

ACKNOWLEDGMENT

The undersigned hereby acknowledges that any misrepresentation as to the above information can result in removal of the City of South Gate Home Improvement Program contractor list.

Print Name of Contractor

Signature of Contractor

Date

WHEN COMPLETED MAIL, FAX OR HAND DELIVER TO:

City of South Gate, Community Dev. Dept., Attn: Haydee Becerra, 8650 California Avenue, South Gate, CA 90280
FAX (323) 567-0725/E-mail: hbecerra@sogate.org