



Regional Housing Authority of Sutter and Nevada Counties
Planning and Community Development Department
1455 Butte House Road
Yuba City, CA 95993

Return completed form by email to s.dillree@rhasnc.org, or fax to (530) 674-8505.

Contractor Reference Form

Business Name: _____

Contractor Name: _____

Business Address: _____

Business Phone: _____ Home Phone: _____

General Contractor's License Number: _____ Expires: _____

Home Improvement License Number: _____ Expires: _____

Social Security Number: _____ Years in Business: _____

Bonding Capacity: _____

(Other than required for Contractor's License)

Bonding Company: _____

Union: _____ Yes _____ No Employer's ID Number: _____

Do you presently have insurance for bodily injury and property damage?

_____ Yes _____ No

If yes, list insurance for: Bodily Injury \$ _____ Property Damage \$ _____

Have you previously contracted work for the Regional Housing Authority of Sutter and Nevada Counties? _____ Yes _____ No

Contract dollar amount interested in: \$ _____

Who will be authorized to sign legal documents as a representative of your company?

Name and Title

Email Address: _____

***Please note an email address is required if you are interested receiving information on future projects and walk thru dates/times.

Bank References:

1. _____
Name Address Phone Account#
2. _____
Name Address Phone Account#

Credit References:

1. _____
Name Address Phone Account#
2. _____
Name Address Phone Account#
3. _____
Name Address Phone Account#
4. _____
Name Address Phone Account#

Material Suppliers:

1. _____
Name Address Phone
2. _____
Name Address Phone

3. _____
Name Address Phone
4. _____
Name Address Phone

Sub-Contractors: (List sub-contractors your firm/company will be using)

1. _____
Name Address Phone
2. _____
Name Address Phone
3. _____
Name Address Phone
4. _____
Name Address Phone

List three most recent remodeling or rehab jobs performed:

1. _____
Name Address Phone
2. _____
Name Address Phone
3. _____
Name Address Phone

All of the information I have given in this Contractor's Reference Form is true and correct. I understand that the Regional Housing Authority of Sutter and Nevada Counties (RHASNC) will confirm the information contained in this document and retain it. I hereby authorize RHASNC to verify any of the above information as a condition of qualification for participating in the housing rehabilitation program.

Signature

Date