

REM N must accept, prior to loan closing, all General Contractors who will perform or oversee work to be completed on a 203(k) Standard or Fannie Mae Renovation Loan. This questionnaire should be completed for projects > \$35,000.00.

**Documentation items required in addition to this Questionnaire:**

- Copy of applicable **business license(s)**
  - Principal's/Officer's Driver's License
  - Completed **W-9 Form**, signed and dated
  - Copy of **General Liability Insurance Certificate**
  - Evidence of **Worker's Compensation Insurance** (when applicable, if separate from General Liability policy)
    - If exempt, provide evidence of exemption if provided by the state\*
- \*If the state does not provide, provide explanation for exemption

## Basic Company Information

Legal Company Name: \_\_\_\_\_

Company Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Owner(s) on Record: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Year Established: \_\_\_\_\_ EIN Number: \_\_\_\_\_

**Type of Business Structure:**

Individual/Sole Proprietor      Partnership      Corporation      LLC      Other \_\_\_\_\_

## Authorization to Release Information

**AUTHORIZATION:**

I/we hereby authorize the release of my construction account information for services and/or materials furnished including any current, unpaid, or past due balances. Please release this information to REM N Wholesale to complete the validation process. It should be clearly understood that the information requested is being collected as part of a validation review process. I/we further authorize REM N Wholesale to obtain a business credit report, consumer credit report, and/or other background search through a credit reporting company and/or a background reporting company. Credit or background checks may be made at any time prior to and/or during the construction phase. I/we understand and agree that REM N intends to use such reports for purposes of evaluating financial readiness to perform construction-related services.

Full Name of Authorized Signer: \_\_\_\_\_

Title: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Business Phone: \_\_\_\_\_

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

## Principals / Officers / Members:

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Ownership Percentage: \_\_\_\_\_ Years of Experience in Residential Construction: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Ownership Percentage: \_\_\_\_\_ Years of Experience in Residential Construction: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Background Information:

Is your contractor's license in good standing?

- If no, please attach a detailed explanation

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Has your contractor's license ever been revoked or suspended?

- If yes, please attached a detailed explanation

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Does your company carry General Liability Insurance?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Does your company carry Worker's Compensation Insurance?

- If no, please provide exemption

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Is the company or any member/officer/partner currently involved in litigation?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Has the company or any member/officer/partner discharged a bankruptcy in the last 7 years?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Does the company or any member/officer/partner have any judgments, liens, or garnishments?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Has the company or any member/officer/partner had any foreclosures or deeds-in-lieu in the past 7 years?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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## Residential Renovation Experience:

Type of Renovation Projects:      Single Family      Multi-Family      Other: \_\_\_\_\_

	Year	Average Reno Cost:	Number of Completed Projects
1.			
2.			
3.			

## General Contractor, Subcontractor and Specialty License Information

General Contractor License #: \_\_\_\_\_

No Licensing Available: State/City/Municipality does not require (subject to verification)

Are you exempt from having Worker's Compensation Insurance?

Will subcontractors be employed for this project?

If exempt from Worker's Comp AND employing subcontractors, provide each subcontractor's General Liability Insurance

**Specialty work required** (as defined by State/City/Municipality) - Provide information below regarding who will complete the work (*\*Note: Specialty licenses must meet local requirements for work being performed and are subject to verification*)

	Electric	Plumbing	HVAC	Other _____
Company Name:				
Phone #:				

## REFERENCES

Please provide up to 3 client references for recent projects that have been completed by you and/or your organization that are similar in scope:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cost of Job: \_\_\_\_\_ Date of Completion \_\_\_\_\_

Project Description:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cost of Job: \_\_\_\_\_ Date of Completion \_\_\_\_\_

Project Description:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cost of Job: \_\_\_\_\_ Date of Completion \_\_\_\_\_

Project Description:

## AVAILABLE BUSINESS FUNDS

The Contractor must have at least 25% of Hard Costs available in business assets or lines of credit. Please provide a bank or credit card statement showing available assets, or provide information below for REMN to attempt to contact:

Bank / Creditor Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email (if available): \_\_\_\_\_

Account Holder Name: \_\_\_\_\_

Last 4 of Account Number: \_\_\_\_\_