

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

Documentation items required in addition to this form:

- Complete **Bid for work** (must not be marked as "Estimate" or indicate any expiration date)
 - Copy of applicable **business license(s)**
 - Completed **W-9 Form**, signed and dated
 - Copy of **General Liability Insurance Certificate**
 - Copy 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, please 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: _____

Type of Business Structure:

Individual/Sole Proprietor Partnership Corporation LLC Other _____

History & Experience:

***Note:** Business registration and licensing must meet State/City/Municipal requirements

Number of years organization has been in business under present name: _____

Number of years as a contractor: _____

If project costs > \$15K and business/licensing history is < 12 months - Please indicate any prior work experience:

Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against you or your organization or officers?

YES NO

Have you or your organization filed any lawsuits or requested arbitration regarding construction contracts within the last 5 years?

YES NO

General Contractor and Specialty License Information

General Contractor License #: _____

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

Will subcontractors be employed for this project? Yes ☐ No ☐

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 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

Provide information on 3 projects completed by you or your organization within the last 12 months that are similar in scope to this project. Please indicate contact information, contract amounts, and a description of the project and dates of completion.

Client Name: _____

Phone Number: _____

Project Location: _____

Date of Completion: _____

Cost of Job: _____

Project Description:

Client Name: _____

Phone Number: _____

Project Location: _____

Date of Completion: _____

Cost of Job: _____

Project Description:

Client Name: _____

Phone Number: _____

Project Location: _____

Date of Completion: _____

Cost of Job: _____

Project Description:

Attestation and Signature

Contractor represents and warrants that all information in this questionnaire is complete and accurate. Contractor authorizes the Borrower and REMN to contact the references listed in order to verify the information is complete and accurate.

Printed Name: _____

Title: _____

Signature: _____

Date: _____