

Homebridge 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 Homebridge 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 Homebridge 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 Homebridge 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?  Yes  No

- If no, please attach a detailed explanation

Has your contractor’s license ever been revoked or suspended?  Yes  No

- If yes, please attached a detailed explanation

Does your company carry General Liability Insurance?  Yes  No

Does your company carry Worker’s Compensation Insurance?  Yes  No

- If no, please provide exemption

Is the company or any member/officer/partner currently involved in litigation?  Yes  No

Has the company or any member/officer/partner discharged a bankruptcy in the last 7 years?  Yes  No

Does the company or any member/officer/partner have any judgments, liens, or garnishments?  Yes  No

Has the company or any member/officer/partner had any foreclosures or deeds-in-lieu in the past 7 years?  Yes  No

**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?  Yes  No

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 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 _____
<b>Company Name:</b>				
<b>Phone #:</b>				

**REFERENCES & AVAILABLE FUNDS**

Please provide three usable references for Homebridge to contact. Reference examples include local suppliers (lumber, masonry, appliances, etc.), sub-contractors, and companies holding business lines of credit and/or assets.

**Please note that 25% of the cost of the project must be available in either business assets or lines of credit.** This can be verified with one or all of the references supplied below. Please ensure at least three references are provided and that this section is completed in its entirety:

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

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

Relationship: \_\_\_\_\_

Available Line of Credit or Assets (if applicable): \_\_\_\_\_

Comments:

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

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

Relationship: \_\_\_\_\_

Available Line of Credit or Assets (if applicable): \_\_\_\_\_

Comments:

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

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

Relationship: \_\_\_\_\_

Available Line of Credit or Assets (if applicable): \_\_\_\_\_

Comments: