

**City of San Jose
Housing Rehabilitation Program**

CONTRACTOR QUESTIONNAIRE

1. Name of Company _____
Address _____
Phone # _____

2. Class of Construction _____
Contractor's License Number _____

Type of Organization:

_____ Proprietorship _____ Partnership _____ Corporation

Years of related business experience _____ Years in this business _____

3. Social Security Number _____ Employer ID Number _____

4. Ethnicity (if not incorporated) _____

(This if for reporting purposes only and will not impact your ability to bid or receive job awards.)

5. What scope of work are you most interested in? _____

6. The City of San Jose requires that you carry appropriate insurance as described in the Insurance Requirements page, including naming the City of San Jose as an additional insured and loss payee. This documentation must be on file prior to award of any bid.

I HEREBY DECLARE that I have, in the replies made above, stated the truth. I authorize the City of San Jose to make whatever inquiries about me deemed necessary and appropriate for the purposes of evaluating this questionnaire.

Please provide last three completed projects as reference:

Name Phone Number (daytime)

Name Phone Number (daytime)

Name Phone Number (daytime)

Signature _____

Print Name _____

Title _____

Date _____