

**CITY OF VISTA  
REHABILITATION LOAN PROGRAM  
CONTRACTORS QUALIFICATION STATEMENT**

Name \_\_\_\_\_ Date \_\_\_\_\_

DBA \_\_\_\_\_

Business Address \_\_\_\_\_ Business Phone \_\_\_\_\_

\_\_\_\_\_ ZIP \_\_\_\_\_

California State Contractor License Number: \_\_\_\_\_

(Attach a copy of Pocket License)

California State Home Improvement Certificate Number: \_\_\_\_\_

Tax ID Number or Social Security Number: \_\_\_\_\_

Subcontractors:                      Name                      Address and Phone Number

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

List three (3) most recent remodeling jobs by Name, Address and Phone Number.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

How long in business: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

**Please have your insurance carrier send us proof of the following policies:**

Minimum \$1,000,000 Liability (Carrier): \_\_\_\_\_

Workers' Compensation (Carrier): \_\_\_\_\_

Address \_\_\_\_\_ Phone Number (    ) \_\_\_\_\_

Name of Bonding Agent or Company \_\_\_\_\_

Address \_\_\_\_\_ Phone Number (    ) \_\_\_\_\_

**All the information I have given in this Contractors Qualification Statement is true and correct. I understand that you will confirm the information contained in this document and retain it. I hereby authorize the City of Vista to verify any of the above information as a condition of qualification for participating in City-sponsored housing rehabilitation programs.**

Contractor Comments: \_\_\_\_\_

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\_\_\_\_\_  
Contractor Signature

\_\_\_\_\_  
Date Signed

PROGRAM STAFF COMMENTS: \_\_\_\_\_

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