

**CITY OF REDDING, HOUSING DIVISION
Contractor's Information Sheet**

Contractor's Name: _____ **Title:** _____
(Print)

Firm Name: _____
(As licensed under)

Address: _____

Contractor State License Board License No.: _____ **Social Security No.:** _____

Business Phone No.: _____ **Pager/Cell No.:** _____ **Fax No.:** _____

Federal Employers I.D. No.: _____ **City Business License No.:** _____

E-mail address: _____ **Do you work on mobile homes?:** ____ Yes ____ No

Do you presently have insurance for bodily injury and property damage? ____ Yes ____ No

If yes, list insurance company: _____
(Name)

(Address)

Bank Name & Address: _____

Bonding capacity performance: _____ **Payment:** _____

Companies which you presently have business accounts with:

1. _____
2. _____
3. _____

List two recently completed remodeling or home-improvement projects:

1. **Owner:** _____ **Phone No.:** _____
2. **Owner:** _____ **Phone No.:** _____

A credit report of your business accounts will be ordered by the City of Redding Housing Division. A verification of your contractor's license will be made through the State's License Board.

Contractors Signature: _____ **Date:** _____

Racial, ethnicity, or disability data you provide herein is used for governmental reporting purposes to monitor compliance with equal opportunity laws. Self-identification is VOLUNTARY, and is not used to determine your eligibility.			
RACE OF HOUSEHOLD (check all that apply):			
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> American Indian or Alaskan Native & White	<input type="checkbox"/> American Indian or Alaskan Native & Black/African American	
<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Black/African American & White	
<input type="checkbox"/> White	<input type="checkbox"/> Asian	<input type="checkbox"/> Asian & White	<input type="checkbox"/> Other
HISPANIC/LATINO ETHNICITY			
<input type="checkbox"/> Yes, Mexican/Chicano	<input type="checkbox"/> Yes, Cuban	<input type="checkbox"/> Yes, Puerto Rican	<input type="checkbox"/> Yes, Other Hispanic/Latino: _____