

**WILMINGTON HOUSING AUTHORITY**  
1524 s. 16<sup>TH</sup> Street, Wilmington, NC 28401

**Contractor/Vendor Qualification Statement**  
**For Awards Under \$30,000**

**WHA DEPARTMENT SUBMITTED TO:** Modernization -- Maintenance -- Purchasing -- Other  
(circle one)

**SUBMITTED BY:**

**Company Name:** \_\_\_\_\_ Corporation   
**Street Address:** \_\_\_\_\_ Partnership   
**City, State & Zip:** \_\_\_\_\_ Individual   
**Business Phone:** \_\_\_\_\_ Joint Venture   
**Business Fax:** \_\_\_\_\_ Other   
**Tax Identification Number:** \_\_\_\_\_

**TYPE OF WORK:** (File separate form for each Classification of Work):

\_\_\_\_\_ General Construction                      \_\_\_\_\_ HVAC                      \_\_\_\_\_ Other  
\_\_\_\_\_ Plumbing                                      \_\_\_\_\_ Electrical  
\_\_\_\_\_ Painting                                        \_\_\_\_\_ Maintenance

**ORGANIZATION AND STAFF**

1. How many employees are employed on a full-time basis: \_\_\_\_\_
2. How many years has your organization been in business as a Contractor/Vendor/Supplier: \_\_\_\_\_
3. How many years has your organization been in business under its present business name: \_\_\_\_\_
4. Under what other or former names has your organization operated:  
\_\_\_\_\_  
\_\_\_\_\_

5. If your organization is a corporation, answer the following:
- a) Date of incorporation: \_\_\_\_\_
  - b) State of incorporation: \_\_\_\_\_
  - c) President's name: \_\_\_\_\_
  - d) Vice President's name: \_\_\_\_\_
  - e) Secretary's name: \_\_\_\_\_
  - f) Treasurer's name: \_\_\_\_\_
6. If your organization is a partnership, answer the following:
- a) Date of organization: \_\_\_\_\_
  - b) Type of partnership (if applicable): \_\_\_\_\_
  - c) Name(s) of general partner(s): \_\_\_\_\_
7. If your organization is individually owned, answer the following:
- a) Date of organization: \_\_\_\_\_
  - b) Name of owner: \_\_\_\_\_
8. Is your organization a certified minority owned or woman-owned business?  Yes  No  
If yes, municipality of certification: \_\_\_\_\_
9. Type of Certification:  Minority  Woman
10. Type of Minority:  Black American  Native American  Hispanic American  
 Asian/Pacific American  Hasidic Jew  Other
11. Do you own or rent your equipment?  Own  Rent
12. If the form of your organization is other than those listed above, describe it and name the principals:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**LICENSING**

1. List jurisdictions and trade categories in which your organization is legally qualified to do business, and indicate registration or license numbers, if applicable:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

2. List jurisdictions in which your organization's partnership or trade name is filed:

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3. List the categories of work that your organization normally performs with its own forces:

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**WORKERS' COMP & LIABILITY INSURANCE**

- 1. Have you attached a copy of your Workers' Comp Certificate?  Yes  No
- 2. Have you attached a copy of your Certificate of Liability Insurance?  Yes  No
- 3. Have you attached a copy of your Company Vehicle Insurance?  Yes  No

**CLAIMS AND SUITS** (If the answer to any of the questions below is yes, please attach details)

1. Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers:

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2. Are there any liens filed against you or your company:

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3. Has your organization filed any lawsuits or requested arbitration with regard to construction contracts within the last five years:

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**EXPERIENCE**

1. On a separate sheet, list major construction projects your organization has in progress, giving the name of project, owner, architect, contract amount, percent completed and scheduled completion date:
3. State total worth of work in progress and under contract:

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3. On a separate sheet, list the construction/vendor experience and present commitments of the key individuals of your organization:

**TRADE REFERENCES**

Company Name	Street Address	City & State & Zip	Phone

**BANK REFERENCES**

Bank Name	Street Address	City & State & Zip	Phone

**BONDING COMPANY**

Bonding Company Name	Street Address	City & State & Zip	Phone

**INSURANCE AGENT**

Company Name	Street Address	City & State & Zip	Phone