

General Contractor Qualifications Form

Each General Contractor must complete this form prior to the Pre-Closing Meeting. The following information must be provided by the General Contractor for OTS review.

Project Ov	/ner:				
Rusiness N	ame:				
		orp LLC Partnership dba			
	Telephone: Mobile:				
Mailing Ad		Physical Address:			
Street:		Street:			
	[/] Zip:				
		Officers or Principals			
Name:					
	:				
 How many What is th 	homes have you built in the price range on the homes y	past 3 years?			
		iens pending against the business or its pri	· —— ——		
		ood standing with the State? Yes N			
7. Have you		projects previously? If so, please name the			
Landan N	#1	#2	#3		
Lender Name:					
Lender Address:					
Telephone: Year of Project:					
rear or Project:					



<u>General Contractor References</u> Contact for projects Completed by you / Project References

Name:						
Telephone:						
Name:						
Telephone:						
Name:						
Telephone:						
Name:						
Telephone:						
	Subcontract	or References				
Name:		Trade:				
Telephone:						
Name:		Trade:				
Telephone:						
Name:	Trade:					
Telephone:						
Name:	Trade:					
Telephone:						
	Supplier F	References				
	#1	#2		#3		
Business Name:						
Town:						
Telephone:						
Account Number:						
Contact Name:						
Comments:						
To the This form serves as my authorinformation provided above.	best of my knowledge all info	-	s true and o			
Business Name:						
Signature:	nature: Date:					