

Georgia Department of Community Affairs
Community HOME Investment Program
CONTRACTOR AND SUBCONTRACTOR INFORMATION FORM

State Recipient/ Sub-recipient Name: _____

Grant Number: _____

DCA Project # _____

Name of Homeowner: _____

Address: _____

Contractor Information

Name:

Last: _____

First: _____

Business: _____

Mailing Address: _____

City: _____ State _____ Zip _____

County: _____

Phone Number: _____

Contractor ID #: _____

Type of Entity:

- | | | |
|---|--|--|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Government Entity | <input type="checkbox"/> Housing Authority |
| <input type="checkbox"/> Individual DBA | <input type="checkbox"/> Individual Person | <input type="checkbox"/> Joint Venture |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Non-Profit Organization | |

Minority Code:

- | | |
|---|--|
| <input type="checkbox"/> Black (non-Hispanic) | <input type="checkbox"/> Disadvantaged/DBE |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> MBE/HUB |
| <input type="checkbox"/> Woman/MWBE | <input type="checkbox"/> Other |

Race/Ethnicity:

- | | |
|---|---|
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Black (non-hispanic) |
| <input type="checkbox"/> Hasidic Jew | <input type="checkbox"/> Hispanic (all races) |
| <input type="checkbox"/> Native American | <input type="checkbox"/> White (non-hispanic) |
| <input type="checkbox"/> Not Available | |

Capacity Code:

- | | | |
|---|--|--|
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Attorney, Tax | <input type="checkbox"/> CPA, Tax |
| <input type="checkbox"/> Contractor | <input type="checkbox"/> Developer | <input type="checkbox"/> General Partner |
| <input type="checkbox"/> Sub-Contractor | <input type="checkbox"/> Title Company | |

Trade Type:

- | | |
|---|---|
| <input type="checkbox"/> Education/Training | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Repair | <input type="checkbox"/> Substantial Rehabilitation |
| <input type="checkbox"/> Other | |

Section 3 Contractor:

- Low Income Person or Resident of a low-income area
- 51% or more of business owned by low income individual
- At least 30% of members of full time work force are low-income persons or residents