

Texas Department of Housing and Community Affairs

Colonia Self-Help Center Program



Building Contractor Eligibility Verification Small Repair, Rehabilitation, Reconstruction, and New Construction (Must be submitted prior to contract award)

County:		Contract Number:	
Homeowner Name:		Activity:	
Homeowner Address:		Bid Opening Date:	

Building Contractor Information

Contractor Name:			
Phone:			
<input type="checkbox"/> General (prime) Contractor <input type="checkbox"/> Sub-Contractor <input type="checkbox"/> Housing Rehab Contractor <input type="checkbox"/> Other			
Address:			
City:			
Federal Tax ID Number / Social Security Number:			

List of Building Contractor Principals

Name:		Title:	
Name:		Title:	
Name:		Title:	
Name:		Title:	
Name:		Title:	

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

Name of Authorized Certifying Official	Signature of Authorized Certifying Official	Date

Certification by TDHCA Representative

I hereby certify the above-referenced Building Contractor and all Principals have been reviewed for eligibility clearance and have not been debarred from contracting for federally funded construction projects as demonstrated by the attached printout from the Excluded Parties List System.

Signature of TDHCA Representative	Date