

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: _____

General (prime) Contractor
 Sub-Contractor
 Housing Rehab Contractor
 Other

Address: _____

City: _____

Federal Tax ID Number / Social Security Number: _____

List of Building Contractor Principals

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
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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 _____