



**Clackamas County
Housing and Community Development
Housing Rehabilitation Program**

2051 Kaen Rd., Suite 245, Oregon City, OR 97045
503-655-8591

www.clackamas.us/communitydevelopment



Funding is provided by
U.S. Department of Housing & Urban Development (HUD)

CONTRACTOR INFORMATION 2024

COMPANY NAME			
OWNER'S NAME(S)			
ADDRESS OF BUSINESS			
CITY, STATE, ZIP			
WEBSITE			
PHONE		FAX #	
CELL #		EMAIL	
TAX ID #		SOCIAL SECURITY #	
CONTRACTORS BOARD #		CCB EXPIRATION DATE	

CONTRACTOR LISTS

(Check the boxes that apply to your firm)

<input type="checkbox"/> General Contractors Residential rehabilitation and home repair projects	<input type="checkbox"/> Home Access Contractors Home accessibility projects: wheelchair ramps, widen doorways, baths/showers, grab bars, etc.	Specialty Contractors: <input type="checkbox"/> Roofing <input type="checkbox"/> Plumbing <input type="checkbox"/> Heating <input type="checkbox"/> Electrical <input type="checkbox"/> Other _____
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ENVIRONMENTAL CERTIFICATIONS

(Check boxes and attach copies of certifications)

<input type="checkbox"/> ASBESTOS	TYPE	_____
<input type="checkbox"/> LEAD PAINT	TYPE	_____
<input type="checkbox"/> OTHER	SPECIFY	_____

Information concerning minority group categories, sex, marital status, and age is required for statistical purposes so that HUD may determine the degree to which its programs are being utilized by minority families and for other evaluation studies.

Check all boxes that apply:

- Female Owned Business** **Minority Owned Business**
- Ethnicity** (select only **one** of the following): **Hispanic or Latino** **Not Hispanic or Latino**
- Race** (select **any** of the following): White

 American Indian or Alaskan Native American Indian or Alaskan Native & Black
 Black or African American Native Hawaiian or Other Pacific Islander or African American
 Asian American Indian or Alaskan Native & White
 Asian & White Black or African American & White Other Multi Racial: _____

I (we) hereby certify that the above statements are true, accurate, and complete to the best of my (our) knowledge.
I (we) certify that I (we) have read and understand the General Conditions for the Housing Rehabilitation Program.

_____ Signature	_____ Title	_____ Date
_____ Signature	_____ Title	_____ Date