

## CONTRACTOR ELIGIBILITY FORM

All information received will be considered confidential. If you have any questions concerning the rehabilitation program, please call the Housing Program Office at 1-800-552-6330

Date \_\_\_\_\_

Company Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Email Address: \_\_\_\_\_

Type of construction done by your company  
(general, masonry, heating, plumbing, etc.) \_\_\_\_\_ Tax Identification Number: \_\_\_\_\_

How long have you been in business? \_\_\_\_\_

Average number of employees during construction season \_\_\_\_\_

Do you employ a licensed plumber? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you employ a licensed electrician? Yes \_\_\_\_\_ No \_\_\_\_\_

**Insurance Information\*:**

Agency \_\_\_\_\_ Phone # \_\_\_\_\_

Amount of coverage \_\_\_\_\_

\*Include copy of insurance certificate or have a copy sent or faxed directly from your Agent.

Our fax number is 920-887-4250.

As a requirement in the use of these funds, MSA must comply with Section 3 of federal regulations, which requires, to the greatest extent feasible, opportunities for training and employment be given to low income residents, including contractors. Please review the Household Income Limits at <https://www.huduser.gov/portal/datasets/il.html#null> and let us know, without disclosing actual income, the total number of employee households that fall within these income guidelines. Please enter number below.

\_\_\_\_\_ # of households

**Contractor application will be considered incomplete until Section 3 income information is provided.** In the case of all other elements of a bid being equal, preference will be given to contractors employing Section 3 households. Signature below acknowledges receipt of MSA Professional Services Section 3 Clause and contractor agreement to abide by all requirements of said Section 3 Clause.

Is at least 51% of the company owned by a minority? Yes \_\_\_\_\_ No \_\_\_\_\_

Is at least 51 % of the company owned by a female? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Signature of Contractor

\_\_\_\_\_  
Date

**Please see the reverse side of this form to specify the communities with which you are willing to work.**

**Please include copies of the following (as applicable)**

**1) Insurance Certificate**

**2) Lead Safe Renovator Card(s) and Lead Company Certificate**

**3) Asbestos Card(s) and Asbestos Company Certificate**

**4) Sub-contractor licenses and insurances**

**Return to:**

**MSA Professional Services  
201 Corporate Drive  
Beaver Dam, WI 53916**

Southern Housing Region Participating Counties  
Income Limits

<b>Household Size</b>	<b>1 Person</b>	<b>2 Person</b>	<b>3 Person</b>	<b>4 Person</b>	<b>5 Person</b>	<b>6 Person</b>	<b>7 Person</b>	<b>8 Person</b>
Columbia	\$60,100	\$68,700	\$77,300	\$85,850	\$92,750	\$99,600	\$106,500	\$113,350
Dodge	\$56,950	\$65,100	\$73,250	\$81,350	\$87,900	\$94,400	\$100,900	\$107,400
Jefferson	\$62,550	\$71,500	\$80,450	\$89,350	\$96,500	\$103,650	\$110,800	\$117,950
Kenosha	\$65,700	\$75,100	\$84,500	\$93,850	\$101,400	\$108,900	\$116,400	\$123,900
Ozaukee	\$60,700	\$69,400	\$78,050	\$86,700	\$93,650	\$100,600	\$107,550	\$114,450
Racine	\$58,450	\$66,800	\$75,150	\$83,450	\$90,150	\$96,850	\$103,500	\$110,200
Rock	\$53,800	\$61,450	\$69,150	\$76,800	\$82,950	\$89,100	\$95,250	\$101,400
Sauk	\$57,750	\$66,000	\$74,250	\$82,500	\$89,100	\$95,700	\$102,300	\$108,900
Walworth	\$66,600	\$76,100	\$85,600	\$95,100	\$102,750	\$110,350	\$117,950	\$125,550
Washington	\$60,700	\$69,400	\$78,050	\$86,700	\$93,650	\$100,600	\$107,550	\$114,450

**The following is a list of the counties included in the Southern Housing Region (SHR). Please circle the counties in which you would like to work.**

**Columbia County**

**Dodge County**

**Jefferson County**

**Kenosha County**

**Ozaukee County**

**Racine County**

**Rock County**

**Sauk County**

**Walworth County**

**Washington County**