



VIRGIN ISLANDS HOUSING FINANCE AUTHORITY

3202 Demarara No.3 • Frenchtown Plaza • Suite 200 • St. Thomas, USVI 00802
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Email: vihfa@vihfa.gov

Contractor's Qualification Statement

Name of License Holder: _____

Name of Company/DBA (if any): _____

Legal Status: (check one) Corp. _____ LLC. _____ Partnership _____ Sole Proprietorship _____

Business Location (office): _____

Mailing Address: _____

Phone # _____ Fax # _____ Email: _____

Web Site address (if any): _____

Number of Years as a licensed Contractor in the US Virgin Islands _____

Number of Homes Constructed in the last 3 Years ____, average value of these Contracts \$ _____

What is the Value (dollar amount) of your current Liability Insurance Coverage \$ _____

Have you ever failed to complete a project, been fired, and or sued by one of your Clients: _____

Are there or have there been any; Claims, Arbitration, Judgments, or Liens against you: _____

(If so, explain on another sheet, the circumstances and outcome)

List (up to) three references and their contact numbers of previous clients that can be contacted for their input concerning your ability as a Contractor:

1) _____ Contact #s _____

2) _____ Contact #s _____

3) _____ Contact #s _____

List your current projects under contract, type, value and % of Completion: (Project title or clients name, Type: Single family/Multi-family/ Industrial/ Commercial, New Work/Renovation/ etc., contract value and percentage of completion)

1) _____ Type: _____ Value: _____ % _____

2) _____ Type: _____ Value: _____ % _____

3) _____ Type: _____ Value: _____ % _____

(if you have more contracts, please list on separate sheet)

List the **various types of trade work** your crew typically provides: _____

List the **types of Subcontractors** you will be/typically utilize: _____

Certification of truth of the above Statements, by: _____ Title: _____