| **Contractor Eligibility Verification Form** | |
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| **Subrecipient or State Representative’s Name:** | **Contract and/or WO:** |
| **Applicant Name and Address:** | **Activity #:** |
| **WARNING:** Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729. | |

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| **Contractor Information** | | | | |
| General Contractor | Sub-Contractor | Rehab Contractor | | Other |
| **Contractor Name and Address:** | | | **Phone:** | |
| **Federal Tax ID Number/Social Security Number:** | | | | |
| **List of Contractor Principals** | | | | |
| **Name:** | | **Title:** | | |
| **Name:** | | **Title:** | | |
| **Name:** | | **Title:** | | |
| **Name:** | | **Title:** | | |
| **Name:** | | **Title:** | | |
| **Certification of Subrecipient/State Representative** | | | | |
| I hereby certify the above-referenced Contractor has been reviewed for eligibility and has not been debarred from contracting for federally funded construction projects. | | | | |
| **Printed Name of Subrecipient/State Representative:** | | **Title:** | | |
| **Signature of Subrecipient/State Representative:** | | | **Date:** | |
| **Prior to payment:** Form 11.11 will need to be submitted to the GLO along with Form SD-424D (Assurances – Construction Programs) and a complete insurance binder for the Contractor. The Subrecipient/State Representative is responsible for ensuring the Contractor remains insured throughout the project and/or until their work is complete and satisfactorily agreed upon. | | | | |