LEAD HAZARD CONTROL & HEALTHY HOMES PROGRAM

NEW CONTRACTOR CHECKLIST

- ☐ Contractor Prequalification Form
- ☐ Registered at SAM.Gov with a UEI (Unique Entity Identification)
- ☐ Certificate of Insurance (COI) naming New Hampshire Housing Finance Authority (NHHFA) as the certificate holder with the following coverage:
  - General Liability $1M/$2M aggregate
  - Auto/Vehicle $1M
  - Worker's Comp (if applicable)
  - Pollution Coverage

  Additional COI for EACH project awarded naming property owner as the certificate holder as well as NHHFA and the Lead Inspector/Risk Assessor as additional insured with respect to general liability.
- ☐ Lead Abatement Contractor License Certificate for the firm (DC-000###)
- ☐ Lead Abatement Supervisor licenses for all supervisors (DS-000###)
- ☐ NH Secretary of State Business in "Good Standing" status
- ☐ Referrals from clients and suppliers
- ☐ EPA Renovate Repair and Paint Firm Certification
- ☐ PaymentWorks registration for payment (not needed at time of application)

Please send all completed documents to:

LAURA POOLE
Associate Program Manager, Lead & Special Projects
Multifamily Housing Division
New Hampshire Housing
PO Box 5087, Manchester, NH 03108
D/F 603.310.9387
lpoole@nhhfa.org | **NHHousing.org**

2.17.2026

NEW HAMPSHIRE HOUSING

LEAD HAZARD CONTROL & HEALTHY HOMES PROGRAM

Contractor Pre-qualification Form

The following information will be used to pre-qualify contractors to bid on projects. Eligible contractors will be added to a contractor list used by the program and given to property owners. Property owners will use this list to choose contractors to bid on their job. Please fill out as completely as possible to assist with their selection.

Company Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Number of Years in Business: _____ **Specialty:** _____

Company Website: _____

Contact Name: _____

Title: _____

Phone: _____ **Email:** _____

Minority owned business? ☐ Yes ☐ No

Female owned business? ☐ Yes ☐ No

UEI #: _____ **TIN #:** _____

1) Please list all licenses and license numbers the company holds – i.e., Lead Abatement, Electrical, Plumbing, Gas Fitters, etc. (Attach additional sheets as necessary) Copies of licenses shall be available upon request:

License: _____ **License #:** _____

License: _____ **License #:** _____

License: _____ **License #:** _____

License: _____ **License #:** _____

License: _____ **License #:** _____

2) Please list all licensed abatement Supervisors and/or Workers employed by your company:

Name: _____ **License #:** _____

Name: _____ **License #:** _____

Name: _____ **License #:** _____

Name: _____ **License #:** _____

NEW HAMPSHIRE HOUSING

LEAD HAZARD CONTROL & HEALTHY HOMES PROGRAM

3) Has your firm filed bankruptcy in the past 7 years? ☐ Yes ☐ No

4) Has your firm been cited for any safety violations in the past 3 years? ☐ Yes ☐ No

5) Has your firm ever failed to complete a contract? ☐ Yes ☐ No

6) Please list the geographical areas (counties) your company can service:

☐ **Belknap** ☐ **Carroll** ☐ **Coos** ☐ **Cheshire** ☐ **Grafton**

☐ **Hillsborough** ☐ **Merrimack** ☐ **Rockingham** ☐ **Strafford** ☐ **Sullivan**

7) Please provide independent vendor and customer references:

Business Name: _____ **Phone:** _____

Business Name: _____ **Phone:** _____

Business Name: _____ **Phone:** _____

Customer Name: _____ **Phone:** _____

Address: _____ **Project Cost:** $ _____

Customer Name: _____ **Phone:** _____

Address: _____ **Project Cost:** $ _____

Customer Name: _____ **Phone:** _____

Address: _____ **Project Cost:** $ _____

8) Please provide the following insurance information and attach a copy of your policies:

	Policy Number	Amount	Expiration Date
Worker's Comp. (as required by state law)		$	
General Liability - Must not exclude coverage for lead (required)		$	
Auto - Including non-owned/hired (required)		$	
Pollution/Lead		$	

9) Please list any past or pending Civil, Regulatory, Legal, Federal, State, or Local claims or violations against your company:

_____

_____

_____

LEAD HAZARD CONTROL & HEALTHY HOMES PROGRAM

10) Please provide current jobs you are working on now or have scheduled to start in the next thirty days and the dollar value of these jobs:

Job: _____ **Dollar Value:** **$** _____

Job: _____ **Dollar Value:** **$** _____

Job: _____ **Dollar Value:** **$** _____

Job: _____ **Dollar Value:** **$** _____

11) Has your company done business under a different name(s)? If 'Yes', please list below.

_____

_____

12) Please provide a statement summarizing your company's qualifications for working on projects funded through New Hampshire Housing's Lead Hazard Control Program. Also, please provide any additional information about your company:

_____

_____

_____

PLEASE SEND COMPLETED FORM TO:
Laura Poole by email or fax
lpoole@nhhfa.org / (603) 310-9387

I certify that the statements made, and information supplied are true and complete to the best of my knowledge. I understand that knowingly providing false or incomplete information is unlawful and can lead to prosecution for fraud. I authorize the agents of New Hampshire Housing's Lead Hazard Control Program to verify the information supplied on this form. I understand that if the work performed by the contractor is found to be unsatisfactory or if the contract relations between the contractor, property owner, or other parties are found to be unsatisfactory, New Hampshire Housing may remove the company name from the list of selected contractors without notice.

_____ _____

Company Representative's Signature **Date**