



# Qualifications and Experience Questionnaire

## Neighborhood Opportunity Grants Home Rehabilitation Program (NOGHRP)

### Applicant Information

Business Name \_\_\_\_\_ Trade: \_\_\_\_\_

Owner's Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Business Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Do you speak Spanish? YES  NO  Do you hold an active NACHI certification? YES  NO

Please describe your professional experience in your trade

Please list any training or certifications your business holds

How many years have you been in business?

\_\_\_\_\_

### Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to selection of my business for the preferred contractor list under the Neighborhood Opportunity Grants Home Rehabilitation Program, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_