

THOMAS R. SUOZZI
COUNTY EXECUTIVE

PATRICK G. DUGGAN
DEPUTY COUNTY
EXECUTIVE



ROSEMARY A. OLSEN
DIRECTOR

KEVIN J. CREAN
TECHNICAL DIRECTOR

OFFICE OF HOUSING AND INTERGOVERNMENTAL AFFAIRS

40 MAIN STREET
HEMPSTEAD, NY 11550
516-572-1915
Facsimile: 516-572-1983

Website: <http://www.nassaucountyny.gov/agencies/OHIA/index.html>

**Residential Rehabilitation Program
Contractor Application**

Name: _____

Address: _____

Telephone Number: _____ Cell Phone Number: _____

Name of Company: _____

Address of Company: _____

1. How long has your company been in business? _____
2. Is your company incorporated, and what type (i.e. LLC, etc.)? _____
3. Nassau County Contractor License and expiration date. _____
4. Are you a lead base paint certified contractor? _____
5. What is the name of your insurance carrier? _____
 - a. What is your worker's compensation plan? _____
6. List subcontractors and specialties. _____

7. Please provide copies of company resume/profile along with licenses and certifications (Incorporation, Lead Paint Certificate, Contractor's Licenses, etc).
8. Please submit a processing fee of \$25.00 made out to "Nassau County OHIA"
***Please note that upon approval there is an annual bid-mailing fee of \$60.00**