

Dear	

Thank you for allowing the HomeOwnership Center to review your request for the Landlord repair program.

This packet shows you your steps in the process; you will find the following enclosed:

- 1. Items to be completed and returned (stapled together):
 - a. Steps in the process
 - b. Personal Profile Intake Form- Landlord Repair Program
 - c. Authorization to release information
- 2. Items needed for processing checklist
- 3. Estimate tracking sheet
- 4. RuralEdge / Northeast Community Lending Corporation Privacy Policy and Practices

You must complete and return the items listed under number 1 and 2 above in order to move your request on to the next step. If we receive your packet but it is missing documents you will receive a letter stating what is missing. If we do not receive the information in 30days, your file will be closed.

A checklist of the items needed for processing is enclosed to assist you when gathering the documentation that is required to move to the next step.

The Estimate Tracking Sheet was created to help you keep track of the contractors that you will be calling regarding the project. All contractor(s) working with the program are required to have all necessary licenses, must have full liability insurance coverage, must submit a signed W-9 form and must sign any and all necessary construction agreements and contracts related to the project. Projects started prior to the approval of your request may not be paid. Be sure all contractor(s) meet the listed criteria above.

During the process, please feel free to contact us regarding the request. We are here to help you along the way. We are open for business Monday through Friday 8am to 5:00pm and office hours are Monday through Friday 8am to 4:30pm. The doors to the office lock at 4:30pm. The Homeownership Center can be reached at 1.800.234.0560 or 802.535.3555 ext. 1301 or via email at homeownership@ruraledge.org.

Thank	you,
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HomeOwnership Center







ITEMS NEEDED FOR PROCESSING CHECK LIST

The first step in the process is for us to review your Personal Profile Intake Form to determine if you are eligible for our program, and if the repairs/improvements you want to make qualify for funding. The more information you provide to us directly, the less time it will take us to process your request. Please provide copies of the following information as it pertains to you.

DOCUMENTATION OF INCOME (FOR EVERY MEMBER OF THE HOUSEHOLD):
☐ Most recent 30 days of pay stubs (or one pay stub showing year-to-date income)
\square W2s/1099s for the previous tax year
☐ Most recent Social Security, SSI or Disability benefits statement(s). Or, if your benefits are deposited directly to a bank account, you can send the past 2 months of all checking and savings account statements (all pages). Internet print outs are not acceptable. Statements must be stamped by a bank employee if they do not contain the banks logo or if they are not faxed to us by the bank.
☐ Written documentation of any other income which may include but is not limited to 3SquaresVT (food stamp income), Reach UP income, etc.
☐ Most recent 2 years of Federal income tax returns, including Schedule E
DOCUMENTATION OF DEPOSIT/INVESTMENT ACCOUNTS (FOR EVERY MEMBER OF THE HOUSEHOLD):
☐ Past 2 months of all checking and savings account statements (all pages). Internet print outs are not acceptable. Statements must be stamped by a bank employee if they do not contain the banks logo or if they are not faxed to us by the bank.
☐ Most recent investment/retirement account statements. Internet print outs are not acceptable.





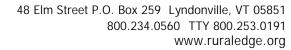


INFORMATION REGARDING YOUR PROPERTY:

☐ Current property tax bill
\Box Warranty Deed or Quit Claim Deed showing the current owner(s) of the property. If you don't have a copy of your warranty deed or quit claim deed, you can get one from your town clerk's office.
☐ Current insurance bill and/or declarations page of your policy (for the rental property)
□Written estimates for work to be completed if you have any.
\Box If you have a mortgage and or any liens on the property we will need a copy of your most recent mortgage statement /or statements.
If you have any questions please call us at 802-535-3555 ext. 1301 or toll-free at 1-800-234-0560. Please return to our offices located at 48 Elm Street (PO Box 259), Lyndonville, VT 05851; via email at homeownership@ruraledge.org; Or via fax at 1-877-689-5754.
Thank you.















RuralEdge/ NORTHEAST COMMUNITY LENDING CORPORATION PRIVACY POLICY AND PRACTICES

RuralEdge / Northeast Community Lending Corporation and the NeighborWorks® HomeOwnership Center value your trust. Protecting your confidential information is important to us.

This notice describes our policy regarding the collection and disclosure of personal information.

RuralEdge / Northeast Community Lending Corporation does not sell or share any personal information with commercial companies for the purpose of marketing their products to you.

What Information We Collect

Personal information means information that identifies an individual and is not otherwise publicly available information. This includes personal financial information, such as credit history, income, employment history, financial assets, bank account information, financial debts, Social Security Number, and other information you provide on a Personal Profile or loan application.

We collect the personal information in order to provide financial fitness, counseling, counseling to prepare you for applying for a home mortgage from a conventional lender, counseling to prevent foreclosure, and our own lending for down payment, closing costs, home rehab, or other purposes related to home purchase or foreclosure prevention.

Restrictions on Disclosure of Personal Information

In general, RuralEdge / Northeast Community Lending Corporation and the NeighborWorks® HomeOwnership Center disclose personal information only when necessary to provide services to you, or when allowed by law. We may disclose the following kinds of personal information about you:

- ❖ Information we receive from you on applications for a loan or other product or service, such as name, address, telephone number, social security number, assets and income;
- ❖ Information about your transactions with us, such as your loan balance, payment history and parties to your transactions; and
- ❖ Information we receive from third parties such as credit bureaus, including information about your credit worthiness and your credit history

We may disclose your personal information to the following types of unaffiliated third parties:

- Financial service providers, such as companies engaged in providing home mortgages, reverse mortgages, or home equity loans;
- ❖ Other service providers with whom we may coordinate efforts in order to make efficient use of resources, such as NETO (Weatherization), PATH (Emergency Assistance), NEKCA, VHCB Lead Abatement, VT Center for Independent Living, or other nonprofit community resources.







❖ Other third parties when the information is provided to help complete a transaction initiated by you, such as reporting a payoff on a loan, or to otherwise administer our business, and Other third parties who are involved in program review, auditing, research, or oversight purposes.

We may disclose personal information about you to third parties as permitted by law, such as auditors in connection with a financial audit of us, to government entities, in response to subpoenas, and to credit bureaus.

In material intended for public distribution, such as newspaper articles, RuralEdge / Northeast Community Lending Corporation publications, press releases, or reports to funding sources, it is sometimes useful to illustrate our services by highlighting our work with a family or individual. In those cases we will specifically seek your permission to use any personal information.

Medical Information

We will not use or share personally identifiable medical information about you for any purpose other than that which is authorized by you.

Protecting the Confidentiality of Your Personal Information

All RuralEdge / Northeast Community Lending Corporation employees are required to use strict standards of care regarding the confidentiality of your personal information as outlined in Personnel Policies. Employees not adhering to our policies are subject to disciplinary action. We maintain physical and electronic security procedures to safeguard the confidentiality and integrity of personal information in our possession and to guard against unauthorized access. Our safeguards comply with federal regulations to guard your personal information.

If You Want More Information

If you have any questions regarding our Privacy Policy, please contact the Manager of the NeighborWorks®

HomeOwnership Center at (802) 535-3555, Toll Free at 1-888-MYVTHOME (888-698-8466) or write to

NeighborWorks® HomeOwnership Center, PO Box 259, Lyndonville, VT 05851.







Personal Intake Form- Landlord Repair Program

Please complete the entire form. The information on this form will be used to make an initial assessment of your eligibility for the Landlord Repair Program.

This is NOT an application for a loan or a grant.

Customer Information

Name:			
First	MI	Last	
Mailing Address			
Mailing Address:	City	State	Zip Code
Dhysical Address			
Physical Address: Street	City	State	Zin Code
Home Phone: (
Cell Phone: ()	E-Mail:		
Date of Birth:/		r Disabled?Y	es No
If you receive disability income, is it for a p	oermeant disabili	ty?Yes or	No
•	•		
Education:No High School Diploma	High School	l Diploma or Equiv	alent
Two- Year Collage Degree	Bachelor's	Degree	
Master's Degree			
Other (describe)			
Marital Status: Unmarried (circle one: S	Single, Divorced, V	Widowed)	
MarriedSeparated			
•			
Veteran?YesNo			
Active Military?YesNo			
· — —			
Current Housing Arrangement:			
RentHomeowner with a mortgage	Homeowner	with mortgage pa	id off
Living with a family member/ Not payi			
	0	\	
Household Type:			
Female-headed single parent household	Male-headed	single parent house	ehold
Single adultTwo or more unrelated			
Married without dependentsOther (







48 Elm Street P.O. Box 259 Lyndonville, VT 05851 800.234.0560 TTY 800.253.0191 www.ruraledge.org

•		Housing Payment A y amount? \$	Assistance:Yes	No		
Number of p	eople living i	n the home:(Please attach a page	e if more spa	ce is nee	ded)
List depende	nts (if applic	able):				
Name:	Age:	Relationship:	Handicapped or	r Disabled:	Yes	No
Name:	Age:	Relationship:	Handicapped or	r Disabled:	_Yes _	No
Name:	Age:	Relationship:	Handicapped or	r Disabled:	_Yes _	No
Are there any If Yes, list not	-		ving in the home? _	_YesNo)	
Name:	Age:	Relationship:	Handicapped or	r Disabled:	_Yes _	No
			Handicapped or			
Name:	Age:	Relationship:	Handicapped or	r Disabled:	_Yes _	No
	Cus	stomer Employ	yment Informa	tion:		
Primary En	mploye <mark>r: _</mark>					
	dress:					
	St	reet City	y State Zip C			
Title or job	description	Part-time o	r Full-time Hire	e Date:/_	/	
Gross Month	aly Income (b	efore deductions): \$	A	\nnual: \$		
Select one: _	Hourly _	Salary Con	mmissionOthe	r:		
Can you be c	ontacted at v	vork?Yes or _	_No			
		(if applicable):				
	St	reet City	y State Zip C or Full-time H			
Title or job	description	_	-			
Gross Month	aly Income (b	efore deductions): \$	<i>P</i>	Annual:\$		
Select one: _	Hourly _	Salary Co	mmissionOthe	r:		
Can you be c	ontacted at v	vork?Yes or	_No			





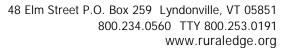


Co-Customer Information (if applicable)

Name:				
	First	MI	Last	
Mailing Address:	Street	City	State	Zip Code
Physical Address:				
Physical Address:	Street	City	State	Zip Code
Home Phone: ()	·		()	
Cell Phone: ()		E-Mail:		
Date of Birth:		Handicapped	or Disabled?	YesNo
If you receive disabi	lity income, is it fo	or a permeant disab	ility?Yes or _	No
Maste	Year Collage Deg er's Degree	na High Schoree Bachelor Above M	's Degree laster's Degree	uivalent
Marital Status:	Unmarried (circle of MarriedSepara	_	l, Widowed)	
Veteran?Yes _ Active Military?				
<u>C</u>	Co-Customer	Employment I	nformation:	
Primary Employe		<u> </u>	<u> </u>	
Employer address: _	Street	City State	e Zip Code Phor	ne (xxx) xxx-xxxx
Title or job descript		or run time	Ime Bute	
Gross Monthly Inco	me (before deducti	ons): \$	Annual:\$_	
Select one:Hou	rlySalary _	Commission	Other:	
Can you be contacte	d at work?Ye	s orNo		
Secondary Emplo Employer address: _	yer (if applicat	ole):		
Employer address: _	Street Part-tim	City State e or Full-time_	e Zip Code Phor	ne (xxx) xxx-xxxx
Title or job descript		c or run-unit_	IIII Datt	//









Gross Monthly Income (before deductions): \$		Annual:\$		
Select one:HourlySalary _	Commission _	Other:		
Can you be contacted at work?Ye	es orNo			
Regarding seasonal employment, haveYes orNo	e you worked in th	is field for two ye	ars or more?	
<u>All l</u>	Household Incom	<u>me</u>		
Type of Income	Customer Monthly Amount	Co-Customer Monthly Amount	Other Household Member(s) Monthly Amount	
Salary/Employment Income				
Self-employment Income				
Seasonal Employment Income				
Unemployment Income				
Alimony/Child Support Income				
Public Assistance Income				
Food Stamps Income				
Social Security Income				
Supplemental Security Income				
Dependent SSI Income				
Disability Income				
Pension Income				
Rental Income				
Other Income:				
Total yearly household income before Can you document your child support If Yes, how long will it continue?	t/alimony income?	Yes orNo		
If your child or family member receive continue?	,	•	he payments	







Liabilities /Debits

Please list any debts you have, including credit cards, loans and auto loans.

	Paid To	Current Balance	Monthly Payment	Whose Debt? C=Customer CC=Co-Customer
1.				
2.				
3.				
4.				
5.			_	

		Customer	Co-Customer
Have your payments been made on time?		YesNo	YesNo
Are you currently in Chapter 13 bankruptcy	y?	YesNo	YesNo
If yes, date it began?		/	//
If yes, how much in the payment?		\$	\$
Have you ever had a Chapter 7 bankruptcy?	?	YesNo	YesNo
If yes, when was it discharge?		/	/
Comments:			
Automobiles Owned:			
Make:	Make:		
Year:	Year:		
Mileage:	Mileage:		
Approximate Value: \$	Approxin	nate Value:\$	





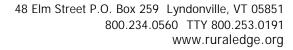


Liquid Funds / Savings / Investments

Type of Account	Customer	Co-Customer
Cash	\$	\$
Checking Accounts:		
Bank	\$	\$
Bank	\$	\$
Savings Accounts:		
Bank	\$	\$
Bank	\$	\$
CDs/Money Market Accounts:		
Bank	\$	\$
Bank	\$	\$
Retirement Accounts:		
	\$	\$
Non-Retirement Investment Accounts:		
	\$	\$
	\$	\$









Property to be Rehabilitated Information

Physical Address of	of the property:				
		Street	City	State	Zip Code
Applicant Legal S	tructure:				
		□Do utu o u ob iu	□Cala Duas	. wi at a walain	
□ Corporation	LLLC/LLP	□Partnersnip	□Sole Prop	prietorsnip	
Do you have any lo	oans on the proj	perty:Yes or _	No		
If Yes, with who:_ If Yes what was th	e original loan l	nalance: \$			
If Yes what is the	current loan bal	ance: \$			
How much is the n					
Are you current or					
If you are not curr	Tent piease expia	1111:			
Are the taxes and	incurance eccre	wod? Voc.or	No		
Are the taxes curr			110		
			towar? ¢		
If no, how much d	_				
How much is the t	otai year taxes?	D			
Do you currently l	hovo incuronco (on the preparty?	Voc N		
•				U	
How much is your					
Insurance agency'	s name:				
Insurance agency'	s pnone number	:: ()			
When does the pol	icy expire?	_//			
T. 41	4 . 1	3 7	NT.		
Is the property loc				NT	
Do you currently l					
How much is your		- •			
Insurance agency'					
Insurance agency'	s phone number	:: (
When does the pol	licy expire?	_//			
T0 4		•	4.	0 1.	
If you not current	•	· -			_
Condition of the	ne building	Cannot afford the	e insurance _	Other	
W/h o orange 41		a (a) a m 41 1 1			
Who owns the pro	perty: List nam	ie(s) on the deed:_			
Have you ever had	l NETO (Northe	east Employment	and Training	Org Incles	nd /or
NEKCA (Northeas	1.5	2 0	_	, 0,	
If yes, when?	sı Miliguvili Col	mnumty Action)	work ou your	broberry.	169110
ii yes, when:					





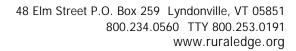


Number of units at t	ie property:
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Unit #					Amount of rent per month (\$)
☐ None	cluded in ro]Hot water		ter □Sewer □Other		
Has there	been any m	•	to the building? □Yes or	□No	
,	nen? n of renova				
		Site and Ur	nit Conditions:		
Has the pr	operty been	n condemned or deeme	ed unfit for occupancy?	□Yes	□No
		d Based Paint (LBP) ri yes, please provide a c	sk assessment preformed copy.)	□Yes	□No
Has there	been an ask	oestos assessment comp	oleted for this property?	□Yes	□No
Other com	ments:				
property?_					









Where does the properties water come from?	
Drilled wellSpringCity TownVillageOther (describe)	
How much money do you believe you could spend monthly on a loan payment for the	
How much money do you believe you could spend monthly on a loan payment for the repairs?	

RuralEdge wants to help you with your repair plan.

These Steps will help you follow the process and requirements regarding the program.

Step 1: Filling Out the Forms and Returning the Following Items

You **must** complete the following to determine eligibility for the program, because our funders require us to follow certain rules, not everyone who considers this program will be eligible:

- A. Personal Profile Intake Form and Additional Questions for Home Repair
- B. Authorization to Release Information Form
- C. Items Needed for Processing Checklist

Step 2: Visiting Your Building/ Units in the Building

If you are determined eligible for the program, we will come to your property to develop a thorough scope of work and see if your project meets the requirements of the program. This visit may require photographs of your property and a discussion with you.

Step 3: Application Process

<u>If your project meets the requirements of the program</u>, and you decide to file a formal application, we will then ask you for additional information as needed.

Step 4: Loan Review Committee Decision

The Loan Review Committee will meet to consider your application.

If funding is approved for a loan, a commitment letter will be mailed to you with the details of the decision. At this point, you can either accept or reject the offer. Accepting the offer requires you to send back the signed commitment letter. A title search will be ordered by GHT, if needed. You may be required to sign a mortgage deed or other necessary documents for







filing with your city or town and or the State of Vermont at closing. This means we may need to place a lien on your property.

Under certain circumstances you may qualify for a grant. If you do qualify, a grant letter will be mailed to you with the details. At this point you can either accept or reject the offer. Accepting the offer requires you to send back the signed grant letter. **Grant monies are very limited and are distributed under very strict guidelines.**

Other Important Information

Fees

These funding services may require fees such as: credit report; document recording; title search; historic preservation consultation; flood zone determination; and property inspections. The cost of fees can usually be included in the loan or grant.

Our Waiting List

<u>Due to high demand for these services, requests for emergency situations will take priority</u>. In those cases, a letter will be mailed defining the current waiting period.

Helping You Manage the Rehab Project

Our Housing Rehab Specialists will work with you to help you find a qualified professional of your choice.

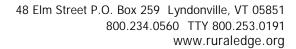
These qualified professionals are to be licensed (if applicable), fully insured and qualified to do the work. NOTE: Unless you have professional building experience or are a licensed tradesperson, please do not assume that we can always allow our property owners, their friends or family members to perform the renovations themselves.

It is the property owner's responsibility to approve all plans and specifications for the rehab work, and to review bids, select the contractor(s), sign contracts, and approve all payments that are made. GHT/NCLC must approve all their contracts and bids. All contractors must show proof of liability insurance, signed W-9, and applicable licenses prior to signing the construction contract.

Contractors who fail to supply proof of liability insurance, signed W-9, and applicable licenses will not be eligible to provide services due to our funding requirements.









No funds will be paid out to contractors until the request has gone through the steps listed above and you have been approved, a construction contract has been signed by the contractor, property owner and GHT, and the contractors has shown proof of liability insurance, signed W-9 and any applicable licenses.

GHT/NCLC reserves the right to withhold funds to ensure compliance with: all federal and state requirements; building codes; funder requirements; health and safety requirements; and contractor agreements. Payments for work and materials are authorized only with written approval by BOTH the Homeowner(s) and an authorized GHT representative.

GHT/NCLC is not the "Contractor". GHT/NCLC provides no guarantee regarding the rehab work to be performed. The contractors are responsible for the quality and/or timeliness of their work.

I/We agree to release and hold harmless GHT/NCLC, its employees, members, officers, and directors in connection with their actions reasonably associated with property inspection, consultation, technical advice, financial consultation, loan processing, and any defects in construction work performed as part of the project.

"This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law. Complaints of discrimination may be filed with USDA, Director, Office of Civil Rights, Room 326-W, Whitten Bldg., 14th and Independence Ave., SW, Washington, DC 20250-9410".

By signing this document I have read and understand the terms and conditions and agree

to its terms and conditions.		
Customer:	Date:	
Co-Customer:	Date:	
	Authorization	

Authorization

I authorize RuralEdge and Northeast Community Lending Corporation to:

- (a) pull my/our credit report to review my/our credit file for program eligibility in connection with my/our pursuit for funding to repair or improve real property.
- (b) Pull my/our credit report and review my/our credit file for informational inquiry purposes.

Customer:	Date:
Co-Customer:	Date:







The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating you application or to discriminate against you in any way. However, if you choose to not furnish it, we are required to note the race/national origin of the individual applicant(s) on the basis of visual observation or surname."

Customer	Co-Customer	
Ethnicity: (select one)	Ethnicity: (select one)	
Hispanic or Latino	Hispanic or Latino	
Not Hispanic or Latino	Not Hispanic or Latino	
Race (select one or more):	Race (select one or more):	
White	White	
American Indian/Alaskan Native	American Indian/Alaskan Native	
Native Hawaiian/Other Pacific Islander	Native Hawaiian/Other Pacific Islander	
Asian and White	Asian and White	
American Indian/Alaskan Native and Black	American Indian/Alaskan Native and Black	
Black or African American	Black or African American	
Asian	Asian	
American Indian/Alaskan Native and White	American Indian/Alaskan Native and White	
Black/African American and White	Black/African American and White	
Other	Other	
Gender (select one):	Gender (select one):	
Male	Male	
Female	Female	
Were you born in the US? (Circle one) Yes No	Were you born in the US? (Circle one) Yes No	

"In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, familial status, sexual orientation, and reprisal. To file a complaint of discrimination, write to: USDA, Assistant Secretary for Civil Rights Office of the Assistant Secretary for Civil Rights 1400 Independence Ave, S.W., Stop 9410 Washington, DC 20250-9410. Or call Toll Free at (866) 632-9992 (English) or (800)877-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-Relay). USDA is an equal opportunity provider and employer."

Privacy Policy and Practices.	
Customer	Date
Co-Customer	

I have received a copy of the Rural Edge/ Northeast Community Lending Corporation

Thank you for providing this information. If you have any questions, please feel free to contact us at: 802-473-3923







AUTHORIZATION TO RELEASE INFORMATION

Name:_			Social Security #	
Name:_			Social Security #	
NMLS amortgagincluding the purp	223009, Rural Edge and the ge, rent, employment, home ge the procurement of a creposes of assisting in the acq	e HomeOwners cowners/hazard dit report at any uisition, finance	ship Center (HOC) regarding n insurance, housing situation a y time, in order to obtain, verif	ity Lending Corporation, (NCLC) ny/our income, debt, credit, nd any other necessary information, y or re-verify any information for epair of housing. I/We further agree
RuralE			following organization(s) to redge and the HOC to release inf	elease information to NCLC, formation to said organization(s), for
	Community Connections Caledonia Home Health C Credit Bureau Services of Creditors and/or collectio Efficiency Vermont Habitat for Humanity Homeowner's insurance / Northern Counties Health Northeast Employment ar Community Action ("NEI Social Security Administr USDA Rural Development Vermont Agency of Hum Vermont Department for Vermont Department of D Vermont Housing and Co Vermont State Housing A Visiting Nurses Association	nstitutions associated (NVRH) Care & Hospice Vermont ("CE an agencies") hazard Insurar Care at Training Org (CA") Northeation ant ("RD") an Services (Al Children and Folisabilities, Aginservation Boauthority ("VSF on and Hospice)	ciated with the transaction(s) BC") and Equifax, Experian and the agencies and/or companies and the agencies and/or companies and the agencies ("NETO") Northeast Kingdom Human Services HS) Vermont Center for Independing and Independent Living ("Independent Living ("Independent Company and Independent Company and Indepen	ingdom endent Living("VCIL") DAIL")
HOC ar	nd/or the above organization or repair of housing. This	ns in connection consent is in a	n with my/our pending acquisi	nation as provided for in my/our
with you NCLC, services	ur request for promoting th Rural Edge and the HOC.	e Home Owner I/We also autho	ship Center, and for the prepar orize the Home Ownership Cer	ry, and photos taken in connection ration of proposals to the funders of atter to share information about the ang Finance Agency for research and
		_ Date:	Signature:	Date:
				s of discrimination may be filed with USDA, , SW, Washington, DC 20250-9410".







ESTIMATE TRACKING SHEET

It is the property owner's responsibility to approve of and select all contractors, plans and specifications for the work that you are requesting to have done to your property.

Any contractors that are selected MUST have insurance, willing to complete and submit a W-9 form and complete all required construction agreements prior to the work starting.

Work that I am
requesting:
Contractor's name:
Phone Number:
Date and Time:
Do you have insurance?Yes orNo
Are you able to submit a W-9 from?No
Outcome:
Contractor's name:
Phone Number:
Date and Time:
Do you have insurance?Yes orNo
Are you able to submit a W-9 from?Yes orNo
Outcome:
Contractor's name:
Phone Number:
Date and Time:
Do you have insurance?Yes orNo
Are you able to submit a W-9 from?Yes orNo
Outcome:
Contractor's name:
Phone Number:
Data and Time.
Do you have insurance?Yes orNo
Are you able to submit a W-9 from?Yes orNo
Outcome:



