| **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. |