



**Contractor Application for the Homeowners Energy Efficiency Loan Program**

**Instructions:** Registration with PHFA is required to do work paid for with the Homeowners Energy Efficiency Loan Program. It is also a great way to get your name in front of new customers. PHFA’s website has as many as 70,000 visitors per month – many of those from people looking to buy or repair homes. Please complete the following application:

Owner’s Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Email: \_\_\_\_\_  
\_\_\_\_\_ Driver’s License No. \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_ Years of Experience: \_\_\_\_\_  
\_\_\_\_\_ PA Registration # \_\_\_\_\_  
Registration Expiration: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer ID No., (if applicable): \_\_\_\_\_ Email: \_\_\_\_\_

Prior Business Name(s): \_\_\_\_\_

**Additional requirements for Corporations/ Limited Liability Companies/ Partnerships and Limited Partnership Applicants:** Please attach a separate sheet providing the appropriate additional information about your company based on its business registration with the Commonwealth.

**Partnerships**

The partnership name, address, and phone number, and the names, phone numbers, home addresses, driver’s license numbers and years of experience for all partners.

**Corporations, Limited Liability Company or Limited Partnerships**

The entity’s business name, address and telephone number, and the name, home address, home phone number and driver’s license number of each officer, each director or each individual holding greater than a 5% stake in the business.

**Out-of-State Corporation, Limited Liability Company or Limited Partnerships**

In addition to the information above, the name and address of the entity’s resident agent or registered office provider within Pennsylvania and any registration number of license number issued to the entity by its home state or political subdivision of the other state, if applicable.

**Joint Venture Applicants:**

The name, address and phone number of the joint venture, as well as the name, address and telephone number of each party to the joint venture. If these parties are business entities please include the appropriate information, specified above, about the business (based on its corporate structure.).

**All Applicants please answer the following:**

Please specify your anticipated service area (**specific counties**) within Pennsylvania:

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Briefly describe the complete nature of your contracting business. Feel free to attach a separate page if more space is needed:

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Have you ever been convicted of a criminal offense related to a home improvement transaction, fraud, theft, or a crime of deception or a crime involving fraudulent business practices?

**Yes                      No**

Has your organization ever filed a petition in bankruptcy or, within the last ten years, received a final civil judgment related to a home improvement transaction?

**Yes                      No**

Have you been suspended or debarred from participating in any federal, state, or local program through which public funding or other assistance is provided for home improvements?

**Yes                      No**

Are your federal, state, and local business taxes currently paid in full?

**Yes                      No**

Do you have proof of insurance covering personal injury **and** insurance covering property damage caused by the contractor, in amounts of \$500,000 or more for each policy?

\*\* (Attach a copy of the declaration page of your policy or policies to this application)

**Yes**                      **No**

Has your authorization or the authorization of a business you hold or held interest in ever been revoked or suspended by court order in Pennsylvania or any other state?

**Yes**                      **No**

If yes what is your company's current status? \_\_\_\_\_

Is the company a certified MBE/WBE/DBE/Section 3 entity? (These are descriptions of businesses indicating their percentage of recognized minorities employed or in leadership positions.)

**Yes**                      **No**

Has the company provided accessibility modifications to benefit persons of limited mobility or other disabilities that comply with ADA and/or Section 504 guidelines?

**Yes**                      **No**

Has the company provided accessibility modifications in privately owned single family housing?

**Yes**                      **No**

Have the company's workers received training at the Weatherization Training Center (Penn State College of Technology in Williamsport); through KeystoneHelp; BPI/RESNET; or HERS? (These are energy efficiency training and rating entities.)

**Yes**                      **No**

Is the company or are any of its principal owners currently members of a construction-related professional organization, such as a builders' or remodelers' association?

**Yes**                      **No**

If yes, please specify the organization and provide a membership number.

<b>Organization</b>	<b>Membership #</b>

Does the company or any of its principal owners or staff have any current professional certifications from a construction-related professional organization, other than education required for licensure? (Ex: Certified Aging in Place Specialist, Certified Remodeler, or Certified Lead Carpenter)

Organization	Certification

**Signature of Applicant**

**I SWEAR OR AFFIRM THAT THE STATEMENTS MADE AND INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT, AND THAT ANY FALSE STATEMENTS ARE SUBJECT TO THE PENALTIES OF THE CRIMES CODE 18 Pa.C.S. SECTION 4904 (RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES).**

**\*\* A copy of the declaration page of your insurance policy MUST be attached to this application for the application to be considered complete.**

**SIGNED BY :** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**Return Information**

Please print and mail this application and all attachments to  
PHFA  
Attn: HEELP Contractor Applications  
211 North Front Street  
Harrisburg, PA 17101

You may also fax or scan and email this application. If you email it please put “HEELP Contractor Application” in the subject line.

FAX: 717-780-3872  
Or  
EMAIL: renovateandrepair@phfa.org

**FOR PHFA USE ONLY:**

**Application Status:**      **Approved**                      **Denied**                      **Suspended**

**Staff & Date:** \_\_\_\_\_

**Notes:**

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