



HOME MAINTENANCE COMPANY SERVICE PROVIDER APPLICATION

Legal name of company: _____

Name of company if different from legal name: _____

Owner or contact person and his/her title: _____

Phone: _____ Mobile: _____

Email: _____

Mailing address: _____

City: _____ State: _____ Zip Code: _____

1. What geographic areas do you serve? _____

2. How long have you been in business? _____

3. What are your areas of expertise? Please check all that apply:

- Electrical work
- Plumbing
- Roofing
- Carpentry
- Concrete and masonry
- Appliance repair
- Interior painting
- Exterior painting
- Doors and windows
- Adaptive retrofitting for disabilities (ramps, grab bars, etc.)
- General handyman work
- Chimney work
- Drain/Sewer maintenance and repair

4. Please describe any additional special skills or services:

5. Do you do the work yourself? Y / N

a) Do you have employees? Y / N

b) Do you use subcontractors? Y / N

6. Do you do background checks on your workers? Y / N If Yes, what kind?

a) Criminal? Y / N

b) Child & Dependent Adult Abuse? Y / N

c) Sex offender registry? Y/N

7. Please provide:

- Copies of current licenses and certifications
- Copy of current Certificate of Insurance coverage for your company
- Any written warranty policies
- Three customer references. References will be contacted by a TRAIL representative. TRAIL has identified four screening criteria for all vendors: Reliability, Expertise, Fair Pricing, and Overall Positive Customer Relationships.

References:

Name: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Name: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Name: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Company representative signature

Date

Unless otherwise instructed, please return this form to info@trailofjohnsoncounty.org or mail to TRAIL of Johnson County, 308 East Burlington Street #196, Iowa City, IA 52240.