COMMUNITY INVESTMENT CORPORATION

CONTRACTOR INFORMATION FORM

(to be completed by G.C. and verified by CIC) (fill in all lines; insert NONE, -0-, or N/A where applicable)

NAM	E OF FIRM:						
GC L	OF CHICAGO ICENSE NUMBE h copy of license)						
NAM	E OF						
PRIN	CIPALS:						
ADD	RESS:	ESS:					
					FAX:		
	E OF CONTRACT			General Contrac Sole	ctor Partnership	Subcontractor Corporation	
Trade	es Carried:		;		;	·	
DOLI	LAR VOLUME P	REVIOUS	12 MOS:		# OF YEARS	IN BUSINESS:	
INC	SUPPORT OF THE LUME, PLEASE COME STATEM	INCLUDI ENT AND	E A COPY (BALANCE	OF YOUR FIF SHEET.	RM'S MOST F	RECENT	
# OF	EMPLOYEES: A	Admin/Mgn	nt/Superviso	ors:	Trades	s:	
LINE	S OF CREDIT AT	Γ BANKS (OR WITH S	UPPLIERS:			
Ins	Institution		Contact Person		Phone	Amount	
1							
2							
3							
\$ AMT OF CONTRACTOR'S GEN. LIAB. INS: \$ AMT OF WORKER'S COMPENSATION INS:							
	olicable, can you p n IRREVOCABLI				our Contract? _		
LIST	THE 4 MOST RE	ECENT JOB	S OF COM	PARABLE \$ V	OLUME YOU	HAVE DONE:	
	Job Address. Contact Person Phone Number		\$ Amour	# nt Apartmen		Completion Date	
1.							
2.							
3.							
٥.							
4							
4.							