



SOUTH DAKOTA  
Native Homeownership  
Coalition

[www.sdnativehomeownershipcoalition.org](http://www.sdnativehomeownershipcoalition.org)

## CONTRACTOR DIRECTORY APPLICATION

### COMPANY INFORMATION

Company Name								
Address								
City, State, Zip								
Point of contact name					Title			
Telephone					Email			
Tribal Business				Tribe			License Date	
State License #				State			License Date	
What South Dakota Indian Reservations do you service?								
What South Dakota Counties do you service?								

### EXPERTISE & CAPABILITIES

Does your Company have general liability Insurance?								
Does your Company have workmans Comp?								
Are you bonded?								
How many years of experience do you have in Residential Construction?								
What type(s) of construction do you have expertise in?								
What types of certifications do you have?								

### REFERENCES

Please list at least three major trade references (can include lumber yards or other suppliers)		
Name	Telephone	Address



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Please list at least 3 <b>banking and credit</b> references (can include credit cards or line of credit at lumber yard)		
Bank or creditor name	Main point of contact	Telephone Number

## LEGAL INFORMATION & VERIFICATION

Are there any outstanding liens or judgement against you or your company?	
Have you or your company declared bankruptcy in the last seven years?	
Has any company in which you own or have owned more than 20% interest declared bankruptcy	
Are you or your company party to a lawsuit?	
Are you or your company presently delinquent or in default on any federal debt or any other loan, mortgage, financial obligation bond, or loan guarantees?	

I represent and warrant that the above information is accurate and complete and provides a fair and honest record of my background. On behalf of myself and \_\_\_\_\_ (hereinafter "Firm"), I hereby consent to a review and confirmation on me and firm as to my and its character, business, professional and financial reputation and standing, personal financial standing, fitness as a builder, and such other information as may be received during the review and confirmation to be provided to the South Dakota Native Homeownership Coalition (hereinafter "Coalition").

Every firm, company, governmental agency, court, association, or institution having control of any documents, records and other information pertaining to me or firm is hereby authorized and requested to furnish, allow to be copied or otherwise provide, information of the kind described above to Lakota funds or its representative conducting the review and confirmation (hereinafter "Company"). This authorization and request include but is not limited to, documents, records or files regarding any charges or complaints filed against me, including any complaints erased by law, whether formal or informal, pending or closed, and information from mortgage asset research institute, Inc's financial institutions' Sanctions and legal actions clearing house database.

I specifically authorize and request consumer credit reporting agencies to provide my personal credit history to the Company. A photocopy of this authorization shall be valid as the original.

In Consideration the Company time and expense incurred in reviewing and evaluating the application and qualification of Firm and me as to our fitness as a builder, and to facilitate the providing of information for the review and confirmation by Company, on behalf of myself and Firm. I understand that this does not guarantee a listing on the coalitions online contractor directory, but if approved, information included in this form will be published.

I hereby release, discharge, exonerate and covenant not to sue any person, company or governmental organization providing information in the review and confirmation, any recipient information, including coalition, and company, its parent, sister and affiliate companies and its and their officers, agents, employees and independent contractors, and release from them any and all liability of every nature and kind arising from or in connection with the furnishing of information, the inspection of documents, records, and other information, and the preparation of the review and confirmation of the information provided to Coalition.

\_\_\_\_\_  
Authorized Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name