

Contractor Information Form

Name of Firm _____

Address _____

Phone Number _____ Fax Number _____

Indicate whether firm is sole proprietorship, partnership, joint venture corporation of other business entity; Please specify _____

Federal Identification Number _____

Years Firm has been in Business _____

EEO Officer and Title _____

CEO Officer and Title _____

Nature of Firm's Business _____

Is your Firm considered to be a small business as determined by the Small Business Administration? Yes _____ No _____

Is your Firm considered a Section 3 preference business as described as described in 24 CFR Part 135? Yes _____ No _____

Is your Firm considered to be a Minority owned business? Yes _____ No _____

Ownership of Firm: Identify those who own 5 percent or more of the firm's ownership.						
Name	Race	Sex	S.S.N.	Years of Ownership	Ownership %	Voting %

Signature of Preparer

Send To: Trumbull Metropolitan Housing Authority
 4076 Youngstown Road SE
 Warren, Ohio 44484
 Phone (330) 369-1533 Fax (330) 369-3874