



VIRGIN ISLANDS HOUSING FINANCE AUTHORITY

3202 Demarara No.3 • Frenchtown Plaza • Suite 200 • St. Thomas, USVI 00802
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Contractor's Qualification Statement --Professional Services--

Name of License Holder: _____
Name of Company/DBA (if any): _____
Legal Status: (check one) Corp. _____ LLC. _____ Partnership _____ Sole Proprietorship _____
Business Location (office): _____
Mailing Address: _____
Phone # _____ Fax # _____ Email: _____
Web Site address (if any): _____

Number of Years as a licensed business in the US Virgin Islands _____
Number of Projects Completed in the last 3 Years ____, average value of these Contracts \$ _____
What is the Value (dollar amount) of your current Liability Insurance Coverage \$ _____
Have you ever failed to complete a project, been fired, and or sued by one of your Clients: _____
Are there or have there been any; Claims, Arbitration, Judgments, or Liens against you: _____
(If so, explain on another sheet, the circumstances and outcome)

List (up to) three references and their contact numbers of previous clients that can be contacted for their input concerning your ability as a Contractor:

- 1) _____ Contact #s _____
- 2) _____ Contact #s _____
- 3) _____ Contact #s _____

List your current projects under contract, type, value and % of Completion: (Project title or clients name, Type, Value and percentage of completion)

- 1) _____ Type: _____ Value: _____ % _____
- 2) _____ Type: _____ Value: _____ % _____
- 3) _____ Type: _____ Value: _____ % _____
(if you have more contracts, please list on separate sheet)

List the **various types of work** your office typically provides: _____

List the **types of subcontractors** you will be/typically utilize: _____

Certification of truth of the above Statements, by: _____ Title: _____