

**HOUSING AUTHORITY OF THE COUNTY OF SAN BERNARDINO  
CAPITAL FUND PROGRAM  
715 E. BRIER DRIVE  
SAN BERNARDINO, CA 92408-2841  
(909) 890-0644 FAX (909) 890-4618**

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**STATEMENT OF BIDDER'S QUALIFICATIONS (GENERAL CONTRACTOR)**

All questions must be answered and the data given must be clear and comprehensive. This statement must be notarized. Attach additional pages if needed.

1. Name of Bidder \_\_\_\_\_
2. Names of Principals \_\_\_\_\_
3. Names of Authorized Signatories \_\_\_\_\_
4. Permanent Main Office Address \_\_\_\_\_  
\_\_\_\_\_
5. When Organized \_\_\_\_\_
6. Where Incorporated \_\_\_\_\_
7. How many years have you been engaged in the contracting business under your present name? \_\_\_\_\_
8. Have you ever defaulted on a contract? \_\_\_\_\_  
If so, where and why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Have you ever refused to sign a contract at your original bid? \_\_\_\_\_  
If yes, explain. \_\_\_\_\_  
\_\_\_\_\_

Dated at \_\_\_\_\_, this \_\_\_\_\_ day  
(Place) (Date)

of \_\_\_\_\_, 20\_\_\_\_.  
(Month) (Year)

\_\_\_\_\_  
(Name of Bidder)

By: \_\_\_\_\_  
(Signature of Bidder's Representative)

Title: \_\_\_\_\_

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ )

\_\_\_\_\_ being duly sworn, deposes and says he is  
(Individual Signing Above)

\_\_\_\_\_ of \_\_\_\_\_  
(Title) (Name of Organization)

and that the answers to the foregoing questions and all statements therein contained are true and correct.

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(Date) (Month) (Year)

\_\_\_\_\_  
(Notary Public)

My Commission Expires \_\_\_\_\_  
(Date)