



**NEW HAMPSHIRE HOUSING RD PURCHASE REHAB PROGRAM  
CONTRACTOR APPROVAL WORKSHEET**

Borrower: \_\_\_\_\_ Lender #: \_\_\_\_\_  
Co-Borrower: \_\_\_\_\_  
Property Address: \_\_\_\_\_  
Contractor Name: \_\_\_\_\_  
Contractor Address: \_\_\_\_\_  
Contractor Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Required Documentation:**

- Contract for work to be done, signed by all parties
- Proof of active liability insurance
- Copy of current licenses (if required)
- One customer and one credit reference (please complete section below)
- Tax ID number \_\_\_\_\_

**References:**

**1. Customer Reference**

Customer: \_\_\_\_\_ Account #: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Verified with: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Lender signature: \_\_\_\_\_

**2. Credit Reference**

Customer: \_\_\_\_\_ Account #: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Verified with: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Lender signature: \_\_\_\_\_