

This form is to be used in conjunction with form C1 when you need extra space. Once completed, please return this form along with a completed and signed form C1.

## ADDITIONAL OWNER/OFFICER INFORMATION

For the business, the following must be detailed: (A.) each person with 20% or more ownership AND (B.) any officer. NOTE: Remember to also provide a resume for each person listed in this section.

— Ownership Percentage and/or Role: \_\_\_\_\_

Name: \_\_\_\_\_ Cellular Number: \_\_\_\_\_

Office Number: \_\_\_\_\_ Email: \_\_\_\_\_ Homes Built: \_\_\_\_\_

Years in Single Family Construction: \_\_\_\_\_ Additional years in Commercial Construction: \_\_\_\_\_

Resume Attached: Yes No Married? Yes No If yes, name of Spouse: \_\_\_\_\_

Currently employed by a third-party? Yes No

IF YES: Full time Part time Employer name: \_\_\_\_\_ Year employed: \_\_\_\_\_

— Ownership Percentage and/or Role: \_\_\_\_\_

Name: \_\_\_\_\_ Cellular Number: \_\_\_\_\_

Office Number: \_\_\_\_\_ Email: \_\_\_\_\_ Homes Built: \_\_\_\_\_

Years in Single Family Construction: \_\_\_\_\_ Additional years in Commercial Construction: \_\_\_\_\_

Resume Attached: Yes No Married? Yes No If yes, name of Spouse: \_\_\_\_\_

Currently employed by a third-party? Yes No

IF YES: Full time Part time Employer name: \_\_\_\_\_ Year employed: \_\_\_\_\_

— Ownership Percentage and/or Role: \_\_\_\_\_

Name: \_\_\_\_\_ Cellular Number: \_\_\_\_\_

Office Number: \_\_\_\_\_ Email: \_\_\_\_\_ Homes Built: \_\_\_\_\_

Years in Single Family Construction: \_\_\_\_\_ Additional years in Commercial Construction: \_\_\_\_\_

Resume Attached: Yes No Married? Yes No If yes, name of Spouse: \_\_\_\_\_

Currently employed by a third-party? Yes No

IF YES: Full time Part time Employer name: \_\_\_\_\_ Year employed: \_\_\_\_\_

## ADDITIONAL RECENT HISTORY

10 more recent projects sold (2014 and later only)

| Date Sold | Sales Price | Address | New Build? Y/N |
|-----------|-------------|---------|----------------|
| 11.       |             |         |                |
| 12.       |             |         |                |
| 13.       |             |         |                |
| 14.       |             |         |                |
| 15.       |             |         |                |
| 16.       |             |         |                |
| 17.       |             |         |                |
| 18.       |             |         |                |
| 19.       |             |         |                |
| 20.       |             |         |                |