



New York State
Homes & Community Renewal
Office of Fair Housing and Equal Opportunity
Web Site: www.nyshcr.org
Email: ofheo@nyshcr.org

Affirmation of Income Payments to MBE/WBE

*Each MBE and WBE FIRM must sign and submit this form to the Contractor. The Contractor/Vendor must submit this form to the Office of Fair Housing and Equal Opportunity by the **10th of each Quarter**.*

CONTRACTOR

1. Name and Address of Contractor	2. SHARS/Project #				
Federal ID #	3. Reporting Period <table style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 100px; height: 20px;"></td> <td style="border: 1px solid black; width: 100px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: small;">Quarter</td> <td style="text-align: center; font-size: small;">Year</td> </tr> </table>			Quarter	Year
Quarter	Year				

M/WBE FIRM

1. Name and Address	2. Date contract started:	
Federal ID #	3. New York State Certified (Check One) <input type="checkbox"/> MBE <input type="checkbox"/> WBE	
4. Type of Service Provider (Check one box only) <input type="checkbox"/> Construction <input type="checkbox"/> Supplier <input type="checkbox"/> Consultant Service <input type="checkbox"/> Service/Commodity		
5. Summary of Payments		
a. Total MBE/WBE contract amount	\$ _____	
b. MBE/WBE payment received for this reporting period	\$ _____	
c. Total MBE/WBE payments received as of this reporting period	\$ _____	
_____ Signature of MBE/WBE	_____ Print Name of MBE/WBE	_____ Date
_____ Signature of Contractor	_____ Print Name of Contractor	_____ Date

Failure to submit this form will result in non-compliance.