Form #: AHAP-135



AFFIDAVIT OF WORKER ELIGIBLITY POLICY

) ss) ss		
ficer o	or agent of aid donor.	do by oath solemnly sv and am	wear and affirm that I as the undersigned am duly authorized to make this affidavit on
l am	an individual	donor reporting farm income	ne
	an individual	donor reporting income from	m royalties or rental property
		donor reporting income fron mited liability company	m a sole proprietorship, S-corporation,
	the	of	, a
Chec	k the hox to the le	ft if affirming to questions 2-	-4 helow
Circo			person who was an unauthorized alien durin
the			d to in exchange
		Assistance Program tax cred	
		· ·	ig the E-Verify system during the term in which
			in exchange for Affordab
Hou	ising Assistance Pro		
			ere lawfully present in the United States durir
			I to in exchang
TOF A	Affordable Housing	assistance Program tax cred	iits.
		<u>OR</u>	
Chec	ck the box to the le	ft if affirming to questions 5-	-8 below.
		_	have any employees, in which donated services were provided t ordable Housing Assistance Program tax credi
	sified as independe	ent contractors and should no	of such independent contractor were proper of be classified as employees, in which donated services were provided to
			ordable Housing Assistance Program tax credi
	uthorized aliens an	d were lawfully present in th	s of such independent contractor were no ne United States. ring the term in which donated services wer
prov			es employ any employees, it will immediate
•			m and will not knowingly employ any perso
			yees it does hire will be lawfully present in th
Unit	ted States.		



G	OURI HOUSING DEVELOPMENT COMMISSION to award using Assistance Program tax credits, knowing full well that
	sion will be relying upon the accuracy of the same and
	By:
Subscribed and Sworn to before me this	_day of, 20
	Notary Public
	My Commission expires:

