



Locally Based Enterprise (LBE) - Verification of Economically Disadvantaged Status

The "Verification of Economically Disadvantaged Status" form should be completed by each employee you are claiming as an "economically disadvantaged person" (refer to definition provided on page 3). The employee filling out this form only needs to complete the appropriate section below. A person may be considered "economically disadvantaged" because of his or her income, or his or her status as a Vietnam era veteran, or his or her status as a displaced homemaker. Attach additional copies of these pages for each "economically disadvantaged" employee as necessary.

1. Name of Employee _____

2. Social Security _____

3. Income Eligibility _____

3a. Were you (if living alone), or your household, receiving welfare or public assistance?

Yes No

If yes, please provide dates: From _____ To _____

3b. Indicate the total number of persons in your household _____

3c. Indicate below the income of each person living in your household for the tax year ending 20XX

Name of household member (1)	Relationship to you	Income (\$)
Name of household member (2)	Relationship to you	Income (\$)
Name of household member (3)	Relationship to you	Income (\$)
Name of household member (4)	Relationship to you	Income (\$)

3d. Total Household \$ _____

3e. Documentation: Welfare ID card, Medicaid Card, W-2 Forms, income tax returns, etc.

4. Vietnam Veteran Eligibility

4a. Did you serve on active duty in the United States Armed Forces for 180 days, or were you released or discharged for an in service connected disability? Yes No

4b. Were your dates of service between August 5, 1964 and May 7, 1975? Yes No

4c. Have you had non-government subsidized employment since your release or discharge from the Armed Forces? Yes No

4d. Documentation: Discharge papers, etc.

5. Displaced Homemaker Eligibility

5a. Were you out of the labor force for the five years preceding employment by this company, but providing unpaid services for the household members during this time?

Yes No

If yes, please provide dates: From _____ To _____

5b. Were you either receiving public assistance or dependent on the income of another member of the household and you are no longer supported by such income?

Yes No

If yes, please provide dates: From _____ To _____

5c. Were you receiving aid as a family with dependent children?

Yes No

5d. Documentation: Divorce decree, separation agreement, etc.

Please Note: If you do not choose to answer the questions listed above or provide any of the requested documentation, indicate the question and your reason for refusing to answer or provide documentation.

Disadvantaged Employee Affidavit

State of _____

County of _____

_____ an authorized official of _____
(name) (company)

being duly sworn deposes and says:

1. I certify that the statements in this form and any additional comments submitted, are true and accurate to the best of my knowledge and belief.
2. I understand that willful misrepresentation may be cause for administrative sanctions as set forth in Section 13 or the Rules and Regulations implementing Local Law 49 (July 27, 1984) and/or civil and criminal penalties; and
3. I agree that I will supply the Division of Economic and Financial Opportunity and/or the contracting agency with such additional documentation as may be necessary to verify the information that I have provided.

(signature/title)

State of _____ Sworn to before me this _____ day of _____, 20 ____

County of _____

(Notary Public)