

SUPPLEMENTAL AFFIDAVIT REGARDING WAGE THEFT OR PAYROLL FRAUD

SECTION 1: Information for Developer/Contractor/Subcontractor Completing this Affidavit

- A. Business Name: _____
- B. Business Address: _____
- C. Principal/Primary Owner's Name: _____
- D. Principal's Contact: Phone: _____ Email: _____
- E. Project Manager's Name for Project Identified in Section 2: _____
- F. Project Manager's Contact: Phone: _____ Email: _____
- G. For the business identified in 1.A. above, list all parent or sibling companies, subsidiaries or other affiliated businesses with some commonality of ownership, and indicate relationship (attach additional sheets if necessary): _____

SECTION 2: Development Site/Project (for non-Development projects respond N/A to 2.B)

- A. Project Name: _____ Contract Number: _____
- B. Site Address: _____
Developer: _____
- C. Work Performed or to be Performed: _____
- D. Estimated Dates of Work: Beginning: _____ Ending: _____
- E. If work described herein is being performed as a contractor or subcontractor for other than the Developer or General Contractor, provide the following information for the contractor for which you work:
Contractor's Name: _____

Contractor's Address: _____

Principal/Primary Owner's Name: _____

Principal's Contact: Phone: _____ Email: _____

SECTION 3: Notice of Complaint or Adverse Determination(s) of Wage Theft or Payroll Fraud:

The following Complaint(s) and/or Adverse Determination(s) of Wage Theft or Payroll Fraud (as each of those terms is defined by Chapter 326 of the Cincinnati Municipal Code) have been made, filed or rendered against

the firm identified in 1.A. above or against any parent, sibling, subsidiary or affiliated company with any commonality of ownership of the firm identified in 1.A. above (use additional sheets as necessary):

Date of Complaint or Adverse Determination	Agency to Which Complaint was Reported or Making Adverse Determination	Describe Specific Violation(s) as Alleged in the Complaint or as Determined by Agency	Status of Complaint or Adverse Determination	*

*For any Adverse Determination made against a firm other than the firm identified in 1.A. above, check the box in the last column and list the name of the firm against which the Adverse Determination was made and the name and contact information for the primary owner:

SECTION 4: Certification

I hereby certify under penalty of perjury that I have personal knowledge of the statements made herein on behalf of the firm identified in 1.A. above, and that the statements are true and accurate to the best of my knowledge and belief.

On behalf of the company identified in 1.A. above, I have the authority to and do hereby specifically authorize each agency identified in Section 3 above to provide to the Director of the City of Cincinnati’s Department of Economic Inclusion, or his or her designee (“the Director”), information or records associated with the complaint filed against and/or determination made in favor of or against said company as may be requested by the Director throughout the investigation and continuing for 60 days after the exhaustion of all appeals, unless otherwise revoked in writing by the company, with notice to the Director.

Signature: _____

Printed Name: _____ Title: _____

Sworn to before me and subscribed in my presence by _____ as his or her free and voluntary act this ____ day of _____, 20____.

Notary Public
My Commission Expires: _____