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 #
	3. Reporting Period
Federal ID #	Quarter | Year

M/WBE FIRM

1. Name and Address	2. Date contract started:
	3. New York State Certified (Check One) ☐ MBE ☐ WBE
Federal ID #	

4. Type of Service Provider (Check one box only)
☐ Construction ☐ Supplier ☐ Consultant Service ☐ 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.