

\_\_\_\_\_  
(Contractor Name)

Return Certified form to:

\_\_\_\_\_  
(Fax/Email)

## DISADVANTAGED LOCAL WORKER CERTIFICATION FORM

I, \_\_\_\_\_, reside at \_\_\_\_\_, \_\_\_\_\_, CA \_\_\_\_\_  
(Print full name) (Street Address) (City) (Zip code)

I can be reached at \_\_\_\_\_,  
(Phone number and/or email)

and I hereby declare that I currently experience at least one of the following circumstances (required proof included in parenthesis):

- I am homeless (Letter from Homeless Shelter Organization)
- I am a custodial single parent (Proof from Agency or income tax return showing single custodial parent status)
- I am receiving public assistance (Proof from Agency or LA County Department of Public Social Services Notice of Action)
- I do not have a high school diploma or General Equivalency Degree (GED) (Self-Certification)
- I have a criminal justice record (Release Record; or Record of Arrest; or probation or parole documentation)
- I have been unemployed for at least the last 27 weeks (Letter from Employment Development Department; or Unemployment Insurance Benefits Printout; or Layoff Letter)
- I have been emancipated from the Foster Care System (Document of record from county where foster care took place or letter from foster care agency)
- I am a veteran of war (Form DD214 showing service)
- I have a household income below 50% of the Area Median Income

I understand that this certification is subject to audit by Hathaway Dinwiddie Construction Company or their designee and that all statements made herein are true and correct. Attached is a copy of my proof of residency in the zip code I have listed above and documents showing that I meet the disadvantaged criteria checked above. I further understand that if I falsify or misrepresent information on this form, HDCCo may, in its sole discretion, disqualify me from participating as a Disadvantaged Local Worker on this project.

I certify that the foregoing is true and correct under penalty of perjury of the laws of the State of California.

Signature: \_\_\_\_\_ Social Security # XXX-XX - \_\_\_\_\_

Executed in the City of: \_\_\_\_\_ in the County of Los Angeles on: \_\_\_\_\_  
(Date)

Certifying Official Use Only	
<input type="checkbox"/> This applicant is approved for certification as a Disadvantaged Worker	
(Print Name)	
(Signature)	(Date)
Certified Form returned to Contractor? <input type="checkbox"/>	

Applicant's Checklist
I HAVE: <input checked="" type="checkbox"/>
<input type="checkbox"/> Filled out and signed the Disadvantaged Worker Certification Form
<input type="checkbox"/> Attached a copy of proof of residency in the zip code listed above
<input type="checkbox"/> Attached is a copy of documentation showing proof that I meet the criteria