

See Project Summary for Applicability

City of New Haven Livable Wage Form

Internal Audit Division

CONTRACTORS LIVABLE WAGE CERTIFICATION FORM

I, _____ of _____
Officer, owner, authorized rep. Company name

Do hereby certify that

Company Name	
Address	
City, State Zip	

and all of its subcontractors will pay all workmen on the:

the Livable wages as indicated in Article XVII, Section 2-221 *et seq.* of the Code of the City of New Haven **

Signature of Above Company Official

** The Current Livable Wage per hour is detailed in the Project Summary. In the event that your firm's salary schedules are in excess of this amount, please provide documentation with your response. This may eliminate the need for weekly payroll submittals, however you may still be subject to spot audits.

Subscribed and sworn to before me this _____ day of _____ 20__

Notary Public