



CITY OF NEW ORLEANS

<input type="checkbox"/> Apprentice <input type="checkbox"/> Journeyman <input type="checkbox"/> Core Employee <input type="checkbox"/> New Hire Union Local # _____ _____ (Contractor Name)
--

**HIRE NOLA
DISADVANTAGED TARGETED WORKER CERTIFICATION FORM**

I, _____, reside at _____, _____, LA _____
 (Print Full Name) (Street Address) (Parish) (Zip)

and hereby declare that I currently experience at least one of the following circumstances:

- History of prior arrest or conviction
- Recipient of, or eligible for public assistance within the last year provided by one or more programs, including food stamps, TANF, Section 8, or LIHEAP.
- Homeless
- A custodial single parent
- Chronically unemployed
- Have been emancipated from the foster care system
- A veteran of the U.S. military
- Is low-income and or under-employed. Low income is at the time of commencing work on a covered project the employee has a household income of less than 80% of the Area Median Income (AMI), adjusted for household size, of Orleans Parish. Underemployed is working less than 1,000 hours in the past year. Unemployed is having no current source of income.

I understand that this certification is subject to audit by the City or designee, and that all statements made herein are true and correct. Attached are copies of my driver's license or identification card as evidence of Disadvantaged Targeted Worker eligibility and documentation to validate the statements made herein. I further understand that if I falsify or misrepresent information on this form, the City may, in its sole discretion, disqualify me from participating as a Disadvantaged Targeted Worker.

The foregoing is true and correct under penalty of perjury of the laws of the State of Louisiana.

Signature _____ Social Security #: XXX-XX-____

Executed in the Parish of _____ on _____, 2017

CERTIFYING OFFICIAL USE ONLY The applicant is approved for certification as a Disadvantaged Targeted Worker. _____ Organization: _____ (Print Name) _____ Date: _____ (Signature) Send signed copies to: Contractor: _____ Fax: _____ Email: _____ The City: _____ Fax: _____ Email: _____
