Contractor/Subcontractor Certification and Wage Requirement Report

Minnesota Housing
HOME Program

HOME – DB4

This form must be executed by each single prime general contractor, subcontractor, and lower-tier subcontractor and submitted to the Minnesota Housing Finance Agency (Minnesota Housing), Labor Standards Officer, prior to commencement of work.

Payments will not be issued until all contract compliance forms are fully completed and submitted to Minnesota Housing.

Any change(s) in the information provided below must be submitted to Minnesota Housing, Labor Standards Officer.

Development Name:	
Development Address:	
General Contractor:	
Business Name:	
Phone Number:	()
Business Address:	
Contract is with:	
Contract Amount:	$
Contract Award Date:	

Appropriate apprenticeship documentation (i.e., Apprenticeship Certificate) must accompany this form. Apprentices must be registered with the U.S. Department of Labor, Employment and Training, or with a state apprenticeship agency recognized by the Bureau of Apprenticeship.

The name and title of person(s) authorized to sign certified payroll reports:

Name	Title

The total number of workers estimated to work on this contract is . The estimated total number of employee work hours is . The estimated date employees will begin work on site is .

The Federal Labor Standards Provisions HUD Form-4010 and a copy of Wage Decision No. issued by the U.S. Department of Labor was provided to me? □ Yes □ No

Identify below the work classifications and applicable base wage rate payment for all individuals who will perform work on the project site.

Classification	**Base Rate of Pay**
	$
	$
	$
	$

The Fringe Benefit will be:

- □ paid directly to each employee in the amount of $ per hour
- □ paid to a union benefit plan(s) in the amounts identified below
- □ paid to a nonunion benefit plan(s) in the amounts identified below

HOURLY BENEFIT AMOUNT(S)

Holiday	Vacation	Health and Welfare	Dental	Pension	Medical	Other (Identify)
$	$	$	$	$	$	$

BENEFIT PROVIDER INFORMATION

Provider Name:	
Address:	
Telephone:	()
Account Number:	

Signature of Owner/Principal Officer	Date

A COPY OF BENEFIT PLAN (S) MUST ACCOMPANY THIS FORM