Contractor Affidavit under HB 87, O.C.G.A. § 13-10-91(b)(1)

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of the Georgia Department of Community Affairs (DCA) or the Georgia Housing and Finance Authority (GHFA) has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification (E-Verify) Number: _____

Date of Authorization: _____

Name of Contractor: _____

[Note that Contractor must obtain and submit "Subcontractor Affidavit(s)" as necessary to GHFA. Authorized officer of Applicant must check one of two boxes below:
_____ All of part of funds will be subcontracted. Sub-contractor affidavit(s) attached.
_____ No funds will be subcontracted. Sub-contractor affidavits are not applicable.]

Name of Project: _____

Name of Public Employer: Georgia Housing and Finance Authority

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, ____, 201__ in _____(city), _____(state).

_____
Signature of Authorized Officer or Agent

_____
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____,201__.

_____
NOTARY PUBLIC

My Commission Expires:
_____