

CITY OF NEW HAVEN
PROPERTY TAX ASSESSMENT DEFERRAL PROGRAMS



As a matter of public policy, the City of New Haven seeks to encourage the fullest use of real property located in the city. To encourage the rehabilitation of existing residential and commercial building stock and to encourage the construction of new structures the City of New Haven has established two assessment deferral programs which defer a portion of the property taxes on improvements for property owners engaging in the rehabilitation or construction of certain eligible properties.

Please review the following Program descriptions for an overview of these Programs. If you believe your rehabilitation or construction project meets the eligibility requirements, please contact the appropriate department to begin the application process.

If you are planning to construct or rehabilitate a 1-4 Family Residential property please contact:
 Livable City Initiative
 (203) 946-7090
 City Hall 165 Church Street 3rd Floor

If you are planning to construct or to rehabilitate a 5+ Family Residential, Commercial Industrial or Mixed-use Property please contact:
 Office of Economic Development
 (203) 946-7093
 City Hall 165 Church Street, 6th Floor

This packet contains Five sections:

- I. A general description and eligibility requirements for the City Wide Assessment Deferral Program and its Sub-Programs;
- II. A general description and eligibility requirements for the Enterprise Zone Assessment Deferral Program;
- III. An Application Submission Checklist;
- IV. An Application Form, which can be used for all Assessment Deferral Programs;
- V. A Disclosure & Certification Affidavit, which is required for all Assessment Deferral Programs.

Please be sure you also have the required Disclosure & Certification Affidavit. You must submit the completed and notarized Disclosure & Certification Affidavit for all submissions.

(FOR CITY OF NEW HAVEN USE ONLY)

Application Initiated <i>(Department official: check box, initial and date stamp)</i>		Date
Economic Development	<input type="checkbox"/> _____	
LCI	<input type="checkbox"/> _____	



I. CITY WIDE ASSESSMENT DEFERRAL PROGRAM

What Is The “City Wide Assessment Deferral Program”?

Purpose and Summary.

When a property is rehabilitated or improved by new construction, the assessed value may increase because of the investments made in the property. In some cases this might deter investment. In order to encourage the fullest development of property and to encourage investment in New Haven’s existing commercial and residential building stock, the City Wide Assessment Deferral Program freezes the property tax assessments on certain eligible properties at pre-construction or pre-rehabilitation values and then phases in the taxes assessed on the improvements over a period of five years.

How it works.

- The City Wide Program consists of three sub-Programs.
- Prior to the start of construction or rehabilitation, the owner of the property files an Application for a determination of eligibility and the appropriate sub-Program the project will fall under.
- During construction, the assessment of the property is frozen at the pre-rehabilitation assessed value. Upon substantial completion of rehabilitation or construction, but not more than One Year (Two Years for 1-4 Family Residential Properties) from the start of construction or rehabilitation (which is the effective date of the Agreement with the City), a five-year phase-in period begins.
 - **1-4 Family Residential Properties:** For up to Two Years from start of rehabilitation or construction, the assessed value of the property is frozen at the pre-rehabilitation assessed value. In the first year following substantial completion of the rehabilitation or construction, the taxable assessment of the property remains at the pre-rehabilitation level. Thereafter, twenty percent (20%) of the assessed value of the improvements to the property is annually assessed against the property and an additional twenty percent (20%) of the increased value is assessed against the property for each of the next four years, until one hundred percent (100%) of the increase is assessed.
 - **5+ Family Residential, All Mixed Use, All Eligible Commercial/Industrial Properties:** For up to One Year from start of rehabilitation or construction, the assessed value of the property is frozen at the pre-rehabilitation assessed value. In the first year following substantial completion of the rehabilitation or construction, the taxable assessment of the property remains at the pre-rehabilitation level. Thereafter, beginning in the third year from the start of rehabilitation or construction, the annual phase-in of the assessed value of the Improvements is as follows:

Year 3: 25%	Year 6: 85%
Year 4: 45%	Year 7: 100%
Year 5: 65%	
 - **Affordable Housing Option:** For up to One Year from start of rehabilitation or construction, the assessed value of the property is frozen at the pre-rehabilitation assessed value. In the first year following substantial completion of the rehabilitation or construction, the taxable assessment of the property remains at the pre-rehabilitation level. Thereafter, the annual phase-in of the assessed value of the Improvements twenty-five percent (20%) of the assessed value of the improvements to the property is annually assessed against the property and an additional twenty percent (20%) of the increased value is assessed against the property for each of the next four years, until one hundred percent (100%) of the increase is assessed. **NOTE:** Owner/Developer will be REQUIRED to certify annually that a minimum of Ten Percent (10%) of residential units are and will remain affordable to households earning up to 60% AMI for a period no less than Twenty (20) years. *Annual monitoring will be required.*



How Do I Know If I Am Eligible?

Summary of Eligibility Requirements.

This program is intended to encourage development of unused or underused property and to encourage rehabilitation of existing commercial and residential buildings throughout the City. Therefore, not all properties are eligible for this program.

To be eligible for the assessment deferral program the property must be of a certain condition prior to construction or rehabilitation and the property owner must agree to certain standards for improving the property.

Prior to the start of construction or of rehabilitation the property MUST:

- Be undeveloped or have building(s) which do(es) not comply with at least one of the following –
 - the State Building Code; or
 - the City of New Haven Housing Code; and

The Completed Rehabilitation or Construction Project MUST :

- Conform to Zoning Ordinance requirements
- Increase the Value of the Property by 35% or more;
- Correct All Code violations; and
- Meet the Secretary of the Interior's "Standards of Rehabilitation for Historic Structures," if the building is a "Certified Historic Structure" within the meaning of 36 CFR 67 or if it is designated historically significant by the Historic District Commission.

A Property Is NOT ELIGIBLE If:

- The subject property is receiving any other property tax abatement or assessment deferral related to the improvement;
- The Property is receiving tax relief through state subsidies which include payment of local taxes for more than 25% of the dwelling units or payment in lieu of taxes
- A rehabilitated residential structure is converted to residential condominiums within 5 years of the issuance of the initial Certificate of Occupancy, unless
 - The structure being converted has been declared abandoned by the Building Department; or
 - The structure is being converted to a residential condominium by a majority of the tenants of the structure;
- The property owner is delinquent on any property taxes related to the subject property, unless the delinquency is cleared prior to construction, or a schedule of payment of delinquent taxes has been arranged with the City;
- The property owner has a legal or equitable interest in any other property for which property taxes are delinquent, unless the delinquency is cleared prior to construction, or a schedule of payment of delinquent taxes has been arranged with the City; or
- **Rehabilitation or Construction has ALREADY COMMENCED PRIOR TO FILING AN APPLICATION FOR ASSESSMENT DEFERRAL.** (Note: an application packet initialed and dated prior the start of construction will be deemed timely, if such application is promptly completed and submitted.)



How Can I get More Information?

If you are planning to construct or rehabilitate a residential structure contact:

Livable City Initiative
(203) 946-7090
City Hall 165 Church Street 3rd Floor

If you are planning to construct or to rehabilitate a commercial or mixed-use structure contact:

Office of Economic Development
(203) 946-2366
City Hall 165 Church Street, Floor 4R

If you are preparing to pull a Building Permit in order to begin construction or rehabilitation:

STOP. DO NOT PULL THE PERMIT until you discuss your project with the appropriate City Department above and, if interested in Assessment Deferral, promptly complete and return the application BEFORE pulling your Permit.



II. ENTERPRISE ZONE ASSESSMENT DEFERRAL PROGRAM

What Is The “Enterprise Zone Assessment Deferral Program”?

Purpose and Summary.

When a property is rehabilitated or improved by new construction, the assessed value may increase because of the investments made in the property. In some cases this may deter investment. In order to encourage the fullest development of property and to encourage investment in New Haven’s existing commercial and residential building stock in the City’s designated “Enterprise Zone”, the Enterprise Zone Assessment Deferral Program freezes the property tax assessments on certain eligible properties at pre-construction or pre-rehabilitation values and then phases in the taxes assessed on the improvements over a period of seven years.

How it works.

- First, the owner of the property completes an application for a determination of eligibility.
- During construction, the assessment of the property is frozen at the pre-rehabilitation assessed value. Upon completion of rehabilitation or construction, but not more than two years from the effective date of the agreement, a seven-year phase-in period begins.
- For the first two years following completion of the project, the taxable assessment of the property remains at the pre-rehabilitation level. On the fourth anniversary of the effective date of the agreement, fifty percent (50%) of the assessed value of the improvements to the property is assessed against the property. Thereafter an additional ten percent (10%) of the increased value is assessed against the property for each of the next four years, until one hundred percent (100%) of the increase is assessed.

How Do I Know If I Am Eligible?

Summary of Eligibility Requirements.

This program is intended to encourage development of unused or underused property and to encourage rehabilitation of existing commercial and residential buildings within the City’s designated Enterprise Zone. Therefore, not all properties are eligible for this program.

To be eligible for the assessment deferral program the property must be located within the designated Enterprise Zone; and be of a certain condition prior to construction or rehabilitation; and the property owner must agree to certain standards for improving the property.

Prior To The Start Of Construction Or Of Rehabilitation The Property MUST:

- Be undeveloped or have building(s) which do(es) not comply with at least one of the following –
 - the State Building Code; or
 - the City of New Haven Housing Code; and

The Completed Rehabilitation Or Construction Project MUST :

- Conform to all Zoning Ordinance requirements
- Correct All Code violations; and
- Meet the Secretary of the Interior’s “Standards of Rehabilitation for Historic Structures,” if the building is a “Certified Historic Structure” within the meaning of 36 CFR 67 or if it is designated historically significant by the Historic District Commission.

CITY OF NEW HAVEN
PROPERTY TAX ASSESSMENT DEFERRAL PROGRAMS



A Property Is NOT ELIGIBLE If:

- The property is a Manufacturing Facility within the meaning of § 32-9(b) of the Connecticut General Statutes;
- Any dwelling unit is rented to any person whose income exceeds 200% of the median family income of the City of New Haven;
- Any condominium unit is sold to any person whose income exceeds 200% of the median family income of the City of New Haven;
- The subject property is receiving any other property tax abatement or assessment deferral;
- The property owner is delinquent on any property taxes related to the subject property, unless the delinquency is cleared prior to construction, or a schedule of payment of delinquent taxes has been arranged with the City;
- The property owner has a legal or equitable interest in any other property for which property taxes are delinquent, unless the delinquency is cleared prior to construction, or a schedule of payment of delinquent taxes has been arranged with the City;

How Can I Obtain More Information?

If you are planning to construct or rehabilitate a residential structure contact:

Livable City Initiative
(203) 946-7090
City Hall 165 Church Street 3rd Floor

If you are planning to construct or to rehabilitate a commercial or mixed-use structure contact:

Office of Economic Development
(203) 946-7093
City Hall 165 Church Street, 4R

If you are preparing to pull a Building Permit in order to begin construction or rehabilitation:

STOP, DO NOT PULL THE PERMIT until you discuss your project with the appropriate City Department above and, if interested in Assessment Deferral, promptly complete and return the application BEFORE pulling your Permit.

THIS INFORMATIONAL SHEET DOES NOT CONSTITUTE AN EXHAUSTIVE DESCRIPTION OF THE CITY WIDE ASSESSMENT DEFERRAL PROGRAM OR THE ENTERPRISE ZONE ASSESSMENT DEFERRAL PROGRAM. IT IS MERELY DESIGNED TO ALERT PROSPECTIVE APPLICANTS THAT THE PROJECT MAY BE ELIGIBLE AND TO DIRECT SUCH APPLICANTS TO THE APPROPRIATE DEPARTMENTS. IF YOU THINK YOU ARE ELIGIBLE, PLEASE CONTACT THE APPROPRIATE DEPARTMENT AND MAKE ARRANGEMENTS TO MEET WITH A PROJECT MANAGER TO DISCUSS YOUR APPLICATION.

APPROVAL OF ELIGIBILITY DOES NOT EXCUSE AND SHALL NOT BE CONSIDERED A SUBSTITUTE FOR ANY APPLICABLE REGULATORY APPROVALS. ALL AGREEMENTS MADE UNDER THIS PROGRAM ARE MADE SUBJECT TO THE EXPRESS CONDITION SUBSEQUENT THAT THE ACTUAL CONSTRUCTION OR REHABILITATION PROJECT MEETS ALL APPLICABLE INSPECTION AND REGULATORY STANDARDS. ANY FAILURE TO MEET REGULATORY STANDARDS REQUIRED BY APPLICABLE LAW SHALL RENDER AN AGREEMENT MADE UNDER THIS PROGRAM VOID.



III. APPLICATION SUBMISSIONS CHECKLIST

Required Documents

Please Be Sure Your Submission Includes All of the Following:

- Application form completed, signed and dated.
- Statement of tax obligations. This form must be signed by the property owner; the Tax Collector; and the City Assessor. The form must be notarized.
- One set of outline specifications, indicating with as much specificity as practicable the materials to be used for exterior and interior finishes.
- One copy of an itemized cost estimate for the rehabilitation or new construction. The Itemized list must be on contractor letterhead, indicate the property address of the project, and be signed by the contractor.
- One set of preliminary architectural drawings or blueprints for the rehabilitation or new construction.
- One copy of any recent appraisals of the property (if available).
- One copy of building permit application(s) or building permit(s).
- One copy of the income and expense report for the property. In order to protect the confidentiality of this information, the income and expense report should be submitted directly to the City Assessor with a brief cover letter explaining the purpose of the submission.
- One copy of the final decision of the zoning authority or other regulatory agency granting relief (if applicable).

NOTE: NO APPLICATION WILL BE CONSIDERED UNLESS IT IS FILLED OUT COMPLETELY AND INCLUDES ALL REQUIRED SIGNATURES AND SUPPORTING DOCUMENTATION INCLUDING APPLICABLE ZONING OR OTHER REGULATORY RELIEF. THE CITY OF NEW HAVEN IS REQUIRED TO MAKE A DETERMINATION OF ELIGIBILITY WITHIN FORTY-FIVE (45) DAYS OF RECEIPT OF A COMPLETED APPLICATION. HOWEVER, AN APPLICATION WILL NOT BE CONSIDERED COMPLETE IF ANY REQUIRED DOCUMENTATION, INCLUDING EVIDENCE OF REGULATORY RELIEF HAS NOT BEEN RECEIVED. IN SUCH CASES THE FORTY-FIVE (45) DAY PERIOD SHALL BE TOLLED UNTIL ALL DOCUMENTATION HAS BEEN RECEIVED, INCLUDING EVIDENCE OF NECESSARY ZONING OR REGULATORY RELIEF. TO ENSURE TIMELY REVIEW OF ELIGIBILITY, AN APPLICANT WHO BELIEVES THAT HE OR SHE HAS BEEN SUBJECTED TO UNDUE DELAY OR INACTION MAY REQUEST IN WRITING A REVIEW OF THE APPLICATION'S STATUS BY THE ECONOMIC DEVELOPMENT ADMINISTRATOR. SUCH REVIEW SHALL BE IN ADDITION TO AND SHALL IN NO WAY BE CONSTRUED AS SUPERSEDING OR LIMITING THE APPLICANT'S RIGHT OF APPEAL UNDER THE PROCEDURES ESTABLISHED IN CONN. GEN. STAT. §12-65f.

**CITY OF NEW HAVEN
PROPERTY TAX ASSESSMENT DEFERRAL PROGRAMS**



Where to File

Prior to pulling Building Permit, submit completed Application (Part IV), Disclosure & Certification form and additional documentation (see Checklist, Part III) to either of the following Departments:

1-4 Family Residential Property:

City of New Haven, Livable City Initiative
165 Church Street, 3rd Floor
New Haven, CT 06510
(203) 946-7090

**Commercial, Industrial or
Mixed Use Property:**

City of New Haven, Office of Economic Development
165 Church Street, 6th Floor
New Haven, CT 06510
(203) 946-7093



IV. PROPERTY TAX ASSESSMENT DEFERRAL APPLICATION

I. PROGRAM SELECTION *(select only one)*

- a. City Wide 1-4 Family Residential
- b. City Wide 5+ Family Residential, Mixed Use, Commercial/Industrial
- c. City Wide Affordable Housing Option
- d. Enterprise Zone Assessment Deferral Program
(Property must be located in the defined Enterprise Zone)

II. APPLICANT INFORMATION

All questions refer to the property for which the assessment deferral is being sought.

a. Contact information regarding this application (owner or authorized agent)

Name _____
 Address _____
 Telephone _____
 Email _____

b. Property information

Street Address _____
 City, State, Zip _____
 Map, Block, Parcel # _____

c. Ownership information

Property Owner's Name _____
 Nature of Owner's Interest _____

III. REHABILITATION / CONSTRUCTION

- a. What is the expected date that rehabilitation or construction will begin? _____
- b. What is the expected date that rehabilitation or construction will be complete? _____
- c. Please indicate in the table below the property uses for before and after rehabilitation/construction.

Use	Before Rehabilitation	After Rehab / Construction
Residential	<input type="checkbox"/>	<input type="checkbox"/>
Commercial	<input type="checkbox"/>	<input type="checkbox"/>
Industrial	<input type="checkbox"/>	<input type="checkbox"/>
Vacant	<input type="checkbox"/>	<input type="checkbox"/>

CITY OF NEW HAVEN
PROPERTY TAX ASSESSMENT DEFERRAL PROGRAMS



IV. FOR RESIDENTIAL AND MIXED USE PROPERTIES *(For commercial and industrial properties, you may skip to the next section)*

- a. How many residential units will exist in the completed property? ___
- b. Is the property a residential cooperative or condominium? Yes No
- c. Do you plan to convert the property to a residential cooperative or condominium within the next five years? Yes No
- d. If you are planning a conversion, is the property currently abandoned, as determined by the Office of Building Inspection and Enforcement? Yes No Not applicable
- e. If you are planning a conversion, are a majority of the current tenants converting to a residential cooperative or condominium? Yes No Not applicable

When you submit your application, please include evidence of the conditions for every item checked "Yes".

V. FOR NEW CONSTRUCTION *(If no new construction exists, you may skip to the next section)*

- a. Is the proposed use a residential rental unit(s) or cooperative housing? Yes No
- b. Which of the following most accurately describes the status of the property?
 - Property is currently vacant
 - Property contains an existing structure, which will be demolished
 - Property contains an existing structure, which will be rehabilitated, along with new construction

VI. OTHER TAX SUBSIDIES

- a. Are you receiving abatement or deferral tax increases under any other program? Yes No

If so, please describe: _____

VII. TAX DELINQUENCIES

- a. Do you owe back taxes on the subject property or any other New Haven property in which you have a legal or equitable interest? Yes No
- b. Do you or your affiliates personally owe any other taxes (real, personal, or motor vehicle) to the City of New Haven? Yes No

Please list property address(es) or items and amount in arrears for all delinquencies:

Address / Item	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**CITY OF NEW HAVEN
PROPERTY TAX ASSESSMENT DEFERRAL PROGRAMS**



- c. If you owe delinquent taxes, will they all be paid by the Commencement of construction on the subject property? Yes No
- d. If no, has the City Tax Collector agreed to a repayment schedule for taxes owed to the subject property? Yes No Not applicable

If you check "yes", please include adequate evidence with your application.

VIII. REGULATORY RELIEF

- a. Is there any pending application for zoning or other regulatory relief or will any relief be required prior to the start of this project? Yes No

- b. If Yes, check all applicable:

- | | | | |
|-------------------------------------|----------------------------------------|------------------------------|--------------------------------|
| <input type="checkbox"/> Zoning : | <input type="checkbox"/> Variance | <input type="checkbox"/> Use | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Sp. Exception | Explain: _____ | |
| <input type="checkbox"/> DEP Permit | <input type="checkbox"/> Wetlands | Explain: _____ | |
| | <input type="checkbox"/> Other | Explain: _____ | |

VIII. SWORN STATEMENT

I certify that all information in this application and all information furnished in support of this application is true and complete to the best of my knowledge and belief.

Signature

Date

Subscribed and sworn to me this _____ day of _____.

Name and Title: Clerk or Commissioner of the Superior Court, Notary Public, Justice of the Peace, or Judge

Signature

COMPLETED APPLICATIONS SHOULD BE SUBMITTED TO:

Residential Properties:
Livable City Initiative
City of New Haven
165 Church Street, 3rd Floor
New Haven, CT 06510

Commercial Properties:
Office of Economic Development
City of New Haven
165 Church Street, 6th Floor
New Haven, CT 06510

Please remember to submit the evidence required.

THE CITY OF NEW HAVEN

BUREAU OF PURCHASES
200 Orange Street

New Haven, Connecticut 06510
(203) 946-8201 - FAX (203) 946-8206



DISCLOSURE & CERTIFICATION AFFIDAVIT

CONTRACTOR/VENDOR NAME	
CONTRACTOR/VENDOR ADDRESS	
TELEPHONE /FAX	
CONTACT/E-MAIL ADDRESS	
AGREEMENT FOR:	
SOLICITATION TITLE & NUMBER, IF APPLICABLE	

For the purposes of this Disclosure and Certification Affidavit, the following definitions apply:

- (a) "Person" means one (1) or more individuals, partnerships, corporations, associations, or joint ventures.
- (b) "Contract" means any agreement or formal commitment entered into by the city to expend funds in return for work, labor, services, supplies, equipment, materials or any combination of the foregoing, or any lease, lease by way of concession, concession agreement, permit, or per agreement whereby the city leases, grants or demises property belonging to the city, or otherwise grants a right of privilege to access or to use said property of the city.
- (c) "City" means any official agency, board, authority, department office, or other subdivision of the City of New Haven.
- (d) "Affiliate Entity" means any entity listed in sections 9 or 10 below or any entity under common management with the Contractor.

State of _____	County of _____	Ss. _____
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I, _____ being first duly sworn, hereby deposes and says that:
(type or print your name above)

1.	I am over the age of 18 and understand the obligations of making statements under oath; I understand that the City of New Haven is relying on my representations herein.
2.	I am the corporate secretary or majority owner (including sole proprietorship) of _____ OR I am an individual and my name is _____ (Insert Company Name above) OR, If an individual, type your name above)
3.	I am fully informed regarding the preparation and terms of the above referenced agreement (the "Agreement") and of all pertinent circumstances related thereto.
4.	(Please select the applicable representation(s) regarding taxes or, if none of the below are accurate, attach an explanation of the status of the relevant tax obligations to this Affidavit): ___ As required by Conn. Gen. Stat. §12-42, the Contractor (and each owner, partner, officer, authorized signatory or Affiliate Entity of the Contractor) has filed a list of taxable personal property with the City of New Haven for the most recent grand list and all taxes are current. ___ The Contractor (including any owner, partner, officer or authorized signatory thereof) is not required to file a list of taxable personal property with the City of New Haven for the most recent grand list and does not owe any back taxes to the City of New Haven, either directly or through a lease or other agreement. ___ The Contractor or an owner, partner, officer, representative, agent or Affiliate Entity of the Contractor either i) has a PILOT agreement with the City of New Haven or ii) owes back taxes and has executed an agreement with the City of New Haven to pay said back taxes in installment payments. Such agreement is attached and incorporated herein by reference and the payments under said agreement are not in default.
5.	Other than as may be described in section 4 above, the Contractor (including any owner, partner, officer, other authorized signatory or Affiliate Entity) does not have any outstanding monetary obligations to the City of New Haven.
6.	Please select the applicable representation about the Contractor's business registration: ___ Contractor is a Connecticut corporation, partnership, limited liability company or sole proprietorship and its Connecticut Secretary of the State Registration number is _____ ___ Contractor is a foreign corporation, partnership, limited liability company or sole proprietorship but is registered to do business in the _____

State of Connecticut. The Contractor's Connecticut Secretary of the State Registration number is _____ Contractor is a foreign corporation, partnership, limited liability company or sole proprietorship and is not registered to do business in the State of Connecticut. The Contractor is registered in the State of _____ and the State business registration number is _____ Contractor has confirmed with the Connecticut Secretary of the State that the services it will provide pursuant to the Agreement do not constitute doing business in the State of Connecticut and no registration with the Connecticut Secretary of the State is required. Contractor does otherwise have the following State of Connecticut registrations, certificates or approvals relevant to the Agreement (if not applicable, state not applicable): _____

7. The following list is a list of the names of all persons affiliated with the business of the Contractor who are also affiliated with the City of New Haven. For purposes of this Affidavit, "affiliated with the business of the Contractor" includes any current or former employee (including officers) of the Contractor or any owner, board member or agent of the Contractor, or of any subsidiary or parent company of the Contractor, and "affiliated with the City of New Haven" means any employee, agent, public official, board member, commissioner or any other person serving in an official capacity for or on behalf of the City of New Haven. If none state none. Use additional sheet if necessary (must be on company letterhead and notarized):

	Name	City Affiliation Role & Time Frame	Contractor Affiliation Role & Time Frame	DOB
1				
2				

8. The following list is a list of all contracts in which either the Contractor, any person affiliated with the business of the Contractor or an Affiliate Entity of the Contractor provides, or has provided, services or materials to the City within one (1) year prior to the date of this disclosure. If none, state none. Use additional sheet if necessary (must be on company letterhead and notarized):

	Name of Contractor or Affiliate	Affiliation (if applicable)	Contract Number	DOB
1				
2				

9. The Contractor possesses an ownership interest in the following business organizations, if none, state none. Use additional sheet if necessary (must be on company letterhead and notarized):

	Organization Name	Address	Type of Ownership
1			
2			

10. The following persons and/or entities possess an ownership interest in the Contractor. If the Contractor is a corporation, list the names of each stockholder whose shares exceed twenty-five (25) percent of the outstanding stock. If none, state none. Use additional sheet if necessary (must be on company letterhead and notarized):

	Name	Title	% of Ownership	DOB
1				
2				

11. If the Contractor conducts business under a trade name, the following additional information is required: the place where such entity is incorporated or is registered to conduct such business; and the address of its principal place of business, if none, state none. Use additional sheet if necessary (must be on company letterhead and notarized):

	TRADE NAME	PLACE OF INCORPORATION/REGISTRY	PRINCIPAL PLACE OF BUSINESS
1			
2			

I hereby certify that I am duly authorized to sign this Affidavit and that the person who will sign the Agreement with the City on behalf of the Contractor will be duly authorized to execute the same. I hereby further certify that the statements set forth above are true and complete on the date hereof and that I, or another authorized individual of the Contractor, will promptly inform the City, in writing, if any of the information provided herein changes or is otherwise no longer accurate at any point during the execution of the above referenced Agreement. I understand that any incorrect information, omission of information or failure of the Contractor to update this information, as described in the foregoing sentence, may result in the immediate termination of any and all agreements the Contractor has with the City of New Haven and disqualification of the Contractor to further contract with the City.

(Signed) _____ Title: _____

Subscribed and sworn to before me this _____ day of _____, _____.

(Title)

My commission expires _____, _____.

THIS FORM MUST BE NOTARIZED

~~(This form shall be updated if the Agreement contemplated hereby is not executed within six months of the date hereof.)~~