

STATE OF NEW YORK )  
 ) ss:  
COUNTY OF \_\_\_\_\_)

## AFFIDAVIT OF PAYMENT OF PREVAILING WAGE

I, \_\_\_\_\_, being duly sworn, deposes and states:  
(Print Name)

1. I am the \_\_\_\_\_ of  
(Title)

\_\_\_\_\_, and submit this Affidavit in  
(Name of Business Entity)

connection with a subcontract for services with \_\_\_\_\_  
(Name of Member Agency)

on Contract # \_\_\_\_\_ between \_\_\_\_\_  
(Name of Member Agency)

New York State Industries for the Disabled, Inc.

2. I hereby acknowledge that have received the appropriate New York State prevailing  
wage schedule # \_\_\_\_\_ from \_\_\_\_\_  
(Name of Member Agency)

and acknowledge and agree to pay the New York State prevailing wage rate for such service.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name

Sworn to before me this \_\_\_\_\_ day of  
, 20\_\_.

\_\_\_\_\_  
Notary Public