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**Low Income Housing Tax Credit
Certificate of Good Faith Efforts
Workforce Development Program**

(Due immediately after LIHTC development places in service when Program goal is not achieved)

The intent of this certificate is to document the good faith efforts implemented by the owner in soliciting and hiring area residents to meet Workforce Development Program goals. This Certificate assists WHEDA in determining whether an owner has implemented comprehensive good faith efforts.

I, _____, hereby acknowledge I am the authorized representative of _____,

who is the owner of the LIHTC development shown below.

Development Name & LIHTC Application #:	Workforce Development Hires	
	Program Goal	Number Attained
	Minimum of 12	

The information requested below is the minimum information required by WHEDA. WHEDA may request submission of additional information regarding actions taken in efforts to meet Program goals.

4. Were the services of the workforce certifying agency or workforce diversity consultant used to assist in the recruitment of targeted participants? Yes ___ No ___

If yes, specify: Agency or consultant name, contact person name and title, date contacted, contact method (phone, email, written correspondence) and phone, email or address of person or firm. (Attach photocopies of each written notification to this Certificate.)

Include any details regarding online registration on the Job Center of Wisconsin website - <https://jobcenterofwisconsin.com>.

D. Providing Employment Support to Area Residents

1. Training

Explain any efforts undertaken to provide unemployed or underemployed area residents with adequate information regarding training programs available to attain skills required to work on the development.

2. Job Fairs

Describe any job fair opportunities provided for area residents.

3. Other Efforts

Describe any other efforts initiated to provide special assistance to unemployed or underemployed low-income area residents to obtain jobs on the development.

I hereby certify that I have utilized comprehensive “good faith” efforts to solicit and utilize area residents to meet the Workforce Development Program goals for this development.

Authorized Signor: _____

Printed Name & Title: _____

Date: _____

WHEDA Use

Approved: ____ Denied: ____

Reviewer's Printed Name _____

Reviewer Signature _____

Date: _____

If denied, reason(s) for denial: