



201 West Washington Avenue

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Madison, Wisconsin 53701-1728

**Housing Tax Credit  
Certificates of Employee and Employer  
Workforce Development Program**

Development Name: \_\_\_\_\_

Development Address: \_\_\_\_\_

WHEDA Number: \_\_\_\_\_

Employer is a construction contractor or materials supplier who is providing labor and/or materials for the construction or rehabilitation ("**Construction Work**") of the rental housing development identified above ("**Development**"). The owner ("**Owner**") of the Development is receiving assistance from Wisconsin Housing and Economic Development Authority ("**WHEDA**").

WHEDA requires that Employer employ individuals who will provide labor for the Construction Work, and who also meet certain characteristics. Employer has represented to WHEDA that Employee may be such an individual. Employer requests that Employee complete the following Certificate and return it to Employer, who will deliver it to WHEDA.

(See pages 2 and 3 for Certificates)

**CERTIFICATE OF EMPLOYEE**

I hereby certify that:

- a. The complete address of my principal residence is stated below.
- b. Attached is a copy of one of the following: my Wisconsin driver's license; my state of Wisconsin issued identification card; my signed residential lease; my home real estate tax invoice; or other evidence that proves the location of my principal residence.
- c. I am employed by Employer, and I have provided, or will provide, labor for the Construction Work.
- d. I have not worked for anyone during the last 30 days; **and/or** I have worked less than a total of 1,200 hours in all jobs during the last 12 months; **and** regardless of employment status, have household income at or below the **low (80% or below CMI)** income limits applicable to the Workforce participant's family size established by the Department of Housing and Urban Development (HUD) for the Section 8 Program. Refer to the applicable Metropolitan Statistical Area or County for current limits on WHEDA's website in the Multifamily Data Library area: <https://www.wheda.com/Multifamily-Data-Library/>
- e. The correct number of people who live with me is stated below.
- f. The correct total income of my household over the last 12 months is stated below.
- g. Checking the box at the end of this sentence indicates I am a veteran of the U.S. Army, Navy, Marines, Air Force or have served on active duty post 911 as a member of the Guard or Reserves.
- h. Employer may provide to Owner, Owner's partners, members, developers, agents and contractors, and WHEDA, and any of them may provide to WHEDA, a copy of this Certificate and all information about my wages, dates on and hours during which I have worked or will work on the Construction Work, and all other information about me that may be requested from time to time by WHEDA.

Number of Household Members: \_\_\_\_\_

Total Household Annual Gross Income: \$\_\_\_\_\_

Street Address & Apartment #: \_\_\_\_\_

City, Village, or Town: \_\_\_\_\_

County, State & ZIP code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone #: ( ) \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## CERTIFICATE OF EMPLOYER

I hereby certify on behalf of the Employer that:

- a. To the best of my knowledge, all of the information provided above by the Employee is true and correct.
  
- b. If the Development is located within Milwaukee County, Employee's zip code is listed among those that are shown at: <https://www.wheda.com/WorkArea/DownloadAsset.aspx?id=711>
  
- c. The Employee's household income is within the Section 8 low-income limits (80% or below for the family's size shown at): <https://www.wheda.com/Multifamily-Data-Library/>
  
- d. Attached is a copy of the employee's Application for Employment.  
**(Applicable for projects who received tax credit awards during 2014 - 2016)**

- ***For projects who received Tax Credit awards after January 1, 2017***

***The employer hereby certifies that the Employee was hired as a new employee for their company after January 1, 2017. Date of hire was: \_\_\_\_\_.***

Full name of Employer (Contractor or Subcontractor):

\_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name and Title:

Date: \_\_\_\_\_