

## PREVAILING WAGE CLAIM

Please complete and return this form to: **New York City Housing Authority  
Department of Equal Opportunity**  
250 Broadway, 27th floor  
New York, NY 10007

Please include copies of paystubs, W-2 forms, logs or any other documentation that may assist us in evaluating your claim. Your claim is confidential. Should you have any questions, please call the Housing Authority's prevailing wage toll-free number **1-888-NYCHA-PW (1-888-692-4279)** between 9:00 a.m. and 5:00 p.m., Monday through Friday.

1. NAME _____	
ADDRESS _____	
CITY _____	STATE _____ ZIP CODE _____
1A. TELEPHONE NUMBERS: HOME _____	CELL _____
1B. SOCIAL SECURITY NUMBER _____	
2. NYCHA RESIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
2A. IF YES, WHICH DEVELOPMENT? _____	
3. CONTRACTOR (Your Employer) _____	
3A. IF SUBCONTRACTOR, WHO WAS THE PRIME CONTRACTOR? _____	
4. HOW LONG WERE YOU EMPLOYED BY THE FIRM? FROM: _____	TO: _____
5. HOW DID YOU HEAR ABOUT THIS JOB? _____	
5A. WHO HIRED YOU? _____	5B. WHO SUPERVISED YOU? _____
6. WHERE DID YOU WORK (NYCHA Development)? _____	
7. WHAT TRADE OR OCCUPATION DID YOU WORK AT? _____	
8. DID YOU WORK EXCLUSIVELY AT THIS TRADE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
8A. IF NO, WHAT OTHERS, AND HOW OFTEN? _____ _____	
9. WERE YOU AN APPRENTICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
9A. IF YES, WERE YOU REGISTERED THROUGH A FIRM OR UNION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
9B. NAME OF FIRM OR UNION: _____	9C. DATE REGISTERED: _____
10. WHAT KIND OF TOOLS, EQUIPMENT OR MACHINES DID YOU USE? _____	
11. WHO TOLD YOU THE RATE FOR THIS JOB? _____	

12. HOW MUCH WERE YOU PAID?

<input type="checkbox"/> HOURLY \$	<input type="checkbox"/> DAILY \$	<input type="checkbox"/> WEEKLY \$	<input type="checkbox"/> MONTHLY \$	<input type="checkbox"/> PER ROOM \$	<input type="checkbox"/> OTHER \$
---------------------------------------	--------------------------------------	---------------------------------------	--	---	--------------------------------------

13. WHAT HOURS DID YOU NORMALLY WORK?  
 START:  AM  PM FINISH:  AM  PM

14. WHO KEPT A RECORD OF YOUR HOURS?

15. WERE YOU ALLOWED TO TAKE LUNCH BREAKS?  YES  NO

15A. IF YES, HOW LONG WERE YOUR BREAKS? \_\_\_\_\_

16. WHAT DAYS DID YOU USUALLY WORK?  
 SUNDAY  MONDAY  TUESDAY  WEDNESDAY  THURSDAY  FRIDAY  SATURDAY

17. DID YOU RECEIVE ANY BENEFITS?  YES  NO

<input type="checkbox"/> IN CASH: \$ _____	<input type="checkbox"/> HOLIDAY PAY	<input type="checkbox"/> TRAVEL ALLOWANCE	<input type="checkbox"/> PENSION
<input type="checkbox"/> MEDICAL BENEFITS	<input type="checkbox"/> SICK DAYS	<input type="checkbox"/> PERSONAL DAYS	<input type="checkbox"/> VACATION DAYS

18. IF YOUR RATE **DID NOT** INCLUDE FRINGE BENEFITS,  
 HOW WERE FRINGE BENEFITS PAID? \_\_\_\_\_

18A. IF PAID TO THE UNION, WHAT UNION? \_\_\_\_\_

19. DID YOU WORK OVER 40 HOURS IN A WEEK?  YES  NO

19A. IF YES, WERE YOU PAID AT LEAST TIME AND ONE-HALF FOR ALL HOURS OVER 40 IN A WEEK?  YES  NO

20. HOW DO YOU RECEIVE YOUR PAY?  
 CASH  CHECK  OTHER: \_\_\_\_\_

21. DO YOU KEEP COPIES OF CHECK STUBS, 1099s OR W-2s?  YES  NO

21A. DID YOU ATTACH COPIES?  YES  NO

22. DID THE CONTRACTOR PROVIDE YOU WITH A MEANS TO CASH YOUR CHECK?  YES  NO

22A. IF YES, WHERE? \_\_\_\_\_

23. DID YOUR EMPLOYER EVER ASK YOU TO SIGN YOUR CHECK AND THEN GIVE IT BACK?  YES  NO

23A. IF YES, TO WHOM DID YOU GIVE THE CHECK? \_\_\_\_\_

23B. IF YES, HOW WERE YOU PAID? \_\_\_\_\_

24. WERE YOU EVER TOLD WHAT TO SAY IF ASKED HOW MUCH YOU ARE BEING PAID?  YES  NO

24A. IF SO, BY WHOM (Name/Title)? \_\_\_\_\_

25. WHAT DID HE/SHE TELL YOU TO SAY?

26. WERE YOU ASKED TO SIGN ANY DOCUMENTS RELATED TO YOUR PAY?  YES  NO

26A. IF YES, BY WHOM (Name/Title)? \_\_\_\_\_

27. WHAT DID THE DOCUMENTS SAY?

28. IN WHAT LANGUAGE WERE THE DOCUMENTS WRITTEN? \_\_\_\_\_

28A. DID YOU UNDERSTAND THE DOCUMENTS?  YES  NO

29. WERE YOU EVER THREATENED, INTIMIDATED OR COERCED INTO GIVING UP ANY PART OF YOUR PAY?  YES  NO

29A. IF YES, BY WHOM (Name/Title)? \_\_\_\_\_

30. HAVE YOU SEEN THE RED AND WHITE POSTER:  
 "NOTICE TO ALL EMPLOYEES WORKING ON NYC HOUSING AUTHORITY CONTRACTS"?  YES  NO

30A. IF YES, WHEN DID YOU SEE THE POSTER? \_\_\_\_\_

30B. WHERE WAS IT? \_\_\_\_\_

31. WERE WAGE RATES ATTACHED TO THE POSTER?  YES  NO

31A. IF YES, WAS YOUR RATE THE SAME AS THE POSTED RATE FOR YOUR TRADE?  YES  NO

32. HAVE YOU WORKED FOR **OTHER** CONTRACTORS AT NYCHA DEVELOPMENTS?  YES  NO

32A. IF YES, PLEASE LIST THEM BELOW.

List all NYCHA Development(s) where you have worked	Contractor	First date on site	Last date on site

33. DID YOU WORK AT DIFFERENT JOBS DURING THE SAME WEEK?  YES  NO

33A. IF YES, WHICH JOBS? \_\_\_\_\_

34. WHO ELSE DID YOU WORK WITH ON THIS JOB? \_\_\_\_\_

35. DO YOU KNOW IF EVERYONE WAS PAID THE SAME RATE?  YES  NO

35A. IF NO, WHAT WERE THEY PAID? \_\_\_\_\_

USE THIS SPACE FOR ANY OTHER COMMENTS YOU WISH TO ADD *(Add Additional Sheets If Necessary)*

36. IS ENGLISH YOUR PRIMARY LANGUAGE?  YES  NO

36A. IF NO, WHAT IS YOUR FIRST LANGUAGE? \_\_\_\_\_

37. DID ANYONE HELP YOU FILL OUT THIS FORM?  YES  NO

37A. IF YES, WHO? \_\_\_\_\_

37B. WHAT IS HIS/HER RELATIONSHIP TO YOU *(Translator, Friend, Spouse, etc.)*? \_\_\_\_\_

**I affirm that the information above is true, to the best of my knowledge, information and belief.  
 I have attached copies of documentation (paystubs, time records, etc.) that support my claim.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_