

**PREVAILING WAGE
CLAIM FORM**

**NEW YORK CITY HOUSING AUTHORITY
DEPARTMENT OF EQUAL OPPORTUNITY
OFFICE OF CONTRACT COMPLIANCE**

PREVAILING WAGE CLAIM

Please complete and return this form to: **New York City Housing Authority
Department of Equal Opportunity**
250 Broadway, 3rd 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 \$
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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)? _____

