

AFFIDAVIT VERIFYING CERTIFICATION ELIGIBILITY

I, _____, residing at _____
Name Address

being first duly sworn, state as follows:

- I am a U.S. Citizen.
- I am a full-time Ohio resident.
- I belong to and hold myself out as a member of one of the following groups (select all that apply):
- "Black" (all persons having origins in any of the black racial groups of Africa).
- "American Indian" (all persons who maintain membership with a federally recognized Indian tribe).
- "Hispanic" (all persons of Spanish or Portuguese culture with origins in Mexico, South or Central America, or the Caribbean Islands, regardless of race).
- "Asian" (all persons having origins in any of the original people of the Far East, including China, Japan, and Southeast Asia).
- Female.
- "Person with a disability" (all persons having chronic, physical or mental disability that has led to discriminatory practices against the person and that has restricted professional acceptance, employment, or access to capital and credit).
- "HUBZone or Enterprise Zone" (all persons having long-term residence in a qualified census tract).
- "Other" (all persons who can demonstrate personal experiences of substantial and chronic disadvantage not common to other business enterprises of similar type and location, proven by evidence of difficulty on entering or succeeding in the business world because of said disadvantages; please also submit personal statement of social disadvantage).

Any person who intentionally misrepresents himself as owning, controlling, operating, or participating in a minority business enterprise for the purpose of obtaining contracts, subcontracts, or any other benefits under sections 123.151 and 125.081 of the Ohio Revised Code shall be guilty of theft by deception as provided in section 2913.02 of the Revised Code and such other provisions as may apply.

Under the penalty of perjury, I certify, to the best of my knowledge, that the above statements are true and accurate.

Signature
STATE OF _____
COUNTY OF _____

Being duly sworn or having duly affirmed to tell the truth, the above signatory stated personally before me that they are competent under the law to give this affidavit and has personal knowledge of the facts stated herein.

Sworn or affirmed before me on _____
Date

Notary name (please print)

Notary signature

Commission Expires: _____
(Expiration date)



(Place seal here)