



**HOUSING AUTHORITY OF THE CITY OF LOS ANGELES**  
**CERTIFICATION OF FRINGE BENEFIT PAYMENTS FOR PUBLIC WORKS (FEDERAL)**

Project Name: \_\_\_\_\_

Contract No. /PO: \_\_\_\_\_ Date: \_\_\_\_\_

I certify under penalty of perjury that the following fringe benefits are paid to the approved plans, funds or programs as listed below:

Work Classification:	Fringe Benefit Hourly Amount	Name and Address of Trust Fund and Program/Plan
	<small>(If applicable: Place an (X) next to benefit rate (s) included in the total hourly rate of pay indicated on the payroll. Do not mark if the benefit rate is paid in addition to the rate specified on the payroll.)</small>	
	Health and Welfare:	
	\$ _____	
	Pension:	
	\$ _____	
	Vacation:	
	\$ _____	
Effective Date:	Apprentice/Training:	
	\$ _____	
	Other:	
	\$ _____	

Work Classification:	Fringe Benefit Hourly Amount	Name and Address of Trust Fund and Program/Plan
	Health and Welfare:	
	\$ _____	
	Pension:	
	\$ _____	
	Vacation:	
	\$ _____	
Effective Date:	Apprentice/Training:	
	\$ _____	
	Other:	
	\$ _____	

\_\_\_\_\_  
 (Company Name)

\_\_\_\_\_  
 (Print name)

By: \_\_\_\_\_  
 (Signature)

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

Title: \_\_\_\_\_

**NOTE: WHEN APPLICABLE, SUBMIT THIS FORM WITH THE INTIAL PAYROLL (NO. 1) AND WHEN THERE IS A CHANGE IN THE FRINGE BENEFIT RATE(S).**