

Pennsylvania Housing Finance Agency 211 North Front Street Harrisburg, PA 17101

Company Name:		PHFA Project Name:		
Address:		PHFA Project #:  Payroll #:		
Phone #:		Week Ending Date:	· -	
	"NO WORK"	' REPORT		
Ι,				
(Firm or Company Officer Name)		(Firm or Compa	ny Officer Title)	
do hereby state:				
(1) That I pay or supervise	e the payment of the persons emp	ployed by		
			on the	
	(Contractor or Subcont			
(PHFA	Project Name)	; that during the payroll p	period commencing on the	
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day of	, , and endin	g the day of	, ,,	
all persons employed on said proje	ect have been paid the full weekl	y wages earned, that no rebates have	ve been or will be made	
either directly or indirectly to or or	n behalf of said			
			from the full	
	(Contractor or Subcontractor	r)		
earned by any person, other than p	permissible deductions as defined	een made either directly or indirect d in Regulations, Part 3 (29 C.F.R. 948, 63 Start. 108, 72 Stat. 967; 76	Subtitle A), issued by the	
(2) That any payrolls otherwise un	der this contract required to be s	submitted for the above period are of	correct and complete; that	

the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

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(4) That: (a) WHERE FR	INGE BENEFITS ARE PAID	TO APPROVED PLANS,	FUNDS, OR PROGRAMS
payments of		e contract have been or will	hanic listed in the above referenced payroll, be made to appropriate programs for the
(b) WHERE FR	INGE BENEFITS ARE PAID	IN CASH	
amount not		able basic hourly wage rate	een paid, as indicated on the payroll, an e plus the amount of the required fringe v.
(c) EXCEPTION	NS		
EXCEP	TION (CRAFT)		EXPLANATION
DEMARKS			
REMARKS:			
Company Officer:			
	(Print Name and Title)		(Date)
	(Signatu	ure)	

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