

**NEW JERSEY HOUSING AND MORTGAGE FINANCE AGENCY
SOURCE DISCLOSURE CERTIFICATION FORM**

CONTRACTOR:

I hereby certify and say:

I have personal knowledge of the facts set forth herein and am authorized to make this certification on behalf of the Contractor.

The Contractor submits this Certification in response to the referenced contract issued by New Jersey Housing and Mortgage Finance Agency, in accordance with the requirements of Executive Order 129 and Public Law 2005, Chapter 92.

Instructions:

List every location where services will be performed by the Contractor and all Subcontractors. If any of the services cannot be performed within the United States, the Contractor shall state, with specificity the reason why the services cannot be so performed. Attach additional page if necessary.

Contractor and/or Subcontractor	Description of Services	Performance Location(s)	Reason why services cannot be performed in the United States
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Any changes to the information set forth in this Certification during the term of any contract awarded under the referenced solicitation or extension thereof will be immediately reported by the Vendor to the Agency.

The Director shall determine whether sufficient justification has been provided by the Contractor to form the basis of his/her certification that the services cannot be performed in the United States and whether to seek the approval of the Treasurer.

I understand that, after award of a contract to the Contractor, it is determined that the Contractor has shifted services declared by the Director that extraordinary circumstances require the shift of services or that the failure to shift the services would result in economic hardship to the Agency, the Contractor shall be deemed in breach of contract, which contract will be subject to termination for cause.

I certify that, to the best of my knowledge, the foregoing statements by me are true. I am aware that if any of the statements are willfully false, I am subject to punishment.

By: _____

Print Name: _____

Contractor: _____

Date: _____