## Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1,2,3, or 4 Family, Owner –Occupied Residence

**Under penalty of perjury,** I certify that I am the owner of the 1, 2, 3 or 4 family, **owner occupied** residence (including condominiums) listed on the building permit that I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because:

PLEASE CHECK THE APPROPIATE BOX	
I am performing all the work for which the building	g permit was issued
I am not hiring, paying or compensating in any way performing all the work for which the building	y, the individual (s) that is (are) permit was issued or helping me perform such work.
	currently in effect and covers the property listed on the dividuals a total of <b>less than 40 hours or more per week</b> for which the building permit was issued.
I also agree to either:	
the Chair of the NYS Workers' Compensation Board to the government of the NYS Workers' Compensation Board to the government of the NYS Workers' Compensation Board to the government of the NYS Workers' Compensation Board to the government of the NYS Workers' Compensation Board to the government of the NYS Workers' Compensation Board to the government of the NYS Workers' Compensation Board to the government of the NYS Workers' Compensation Board to the government of the NYS Workers' Compensation Board to the government of the NYS Workers' Compensation Board to the government of the NYS Workers' Compensation Board to the government of the NYS Workers' Compensation Board to the government of the NYS Workers' Compensation Board to the government of the NYS Workers' Compensation Board to the government of the NYS Workers' Compensation Board to the government of the NYS Workers' Compensation Board to the NYS	nd provide appropriate proof of that coverage on forms approved by rnment entity issuing the building permit if I need to hire or pay is for all paid individuals on the jobsite) for work indicated on the
proof of exemption from that coverage on forms approved by the	1,2,3 or 4 family, owner occupied residence (including or, provide appropriate proof of workers' compensation coverage or Chair of the NYS Workers' Compensation Board to the government hours or more per week (aggregate hours for all paid individuals on
DO NOT SIGN THIS FORM UNT	IL A NOTARY PUBLIC IS PRESENT
(Signature of Homeowner)	(Date Signed)
(Homeowner's Name Printed)	(Home Telephone Number)
Property Address/ building permit:	Sworn to before me this day of
	(County Clerk or Notary Public)