



**City of Austin
Department of Small & Minority Business Resources**

Annual No-Change Affidavit

IF CHANGES HAVE OCCURRED (i.e. ownership, structure, management, address, phone and/or fax numbers, etc.) since the last certification renewal, please complete the MBE/WBE Annual Change Affidavit form.

I _____, swear and affirm that there have been no changes in
insert name of MBE/WBE firm owner(s)

_____ 's circumstances affecting its ability to meet size, disadvantaged
insert name of MBE/WBE firm

status, ownership, or control requirements identified in the Austin City Code §§ 2-9(A)-(D). I swear and affirm there have been no material changes in the information provided with the application for certification, except for any changes about which I have provided written notice to the City of Austin Department of Small and Minority Business Resources (DSMBR).

I swear and affirm that I am socially disadvantaged because I have been subjected to racial or ethnic prejudice or cultural bias, or have suffered the effects of discrimination, because of my identity as a member of one or more of the groups identified in the Austin City Code §§ 2-9(A)-(D), without regard to my individual qualities. I further swear (or affirm) that my personal net worth does not exceed \$942,000, and that I am economically disadvantaged because my ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business who are not socially and economically disadvantaged.

I specifically swear (or affirm) _____ continues to meet the Small Business
insert name of MBE/WBE firm

Administration (SBA) business size criteria established in 13 CFR Part 121, as amended. I provide the attached size and gross receipts documentation (most recent copy of business tax return) to support this affidavit.

I acknowledge that providing false or misleading information to the City of Austin in connection with an application for or challenge to a certification or recertification is a violation of the Austin City Code §§ 2-9A-25, 2-9B-25, 2-9C-25 and 2-9D-25 and may result in sanctions.

Owner's Signature _____ *Date* _____

On this _____ day of _____, 20____, before me appeared (name) _____, to me personally known, who, being duly sworn, did execute the affidavit and did so as his or her free act and deed.

(SEAL/STAMP)

Notary Public _____ Commission Expires _____

RETURN ORIGINAL NOTARIZED AFFIDAVIT, AND MOST RECENT BUSINESS TAX RETURN TO:
City of Austin, Department of Small and Minority Business Resources
Certification Office Telephone: 512.974.7645 Fax: 512.974.7609
Mailing Address: Certification Office, DSMBR
P.O. Box 1088
Austin, TX 78767