



**DEPARTMENT OF PROCUREMENT SERVICES  
CITY OF CHICAGO**

**Attachment 4**

**AFFIDAVIT OF INDIVIDUAL SOCIAL DISADVANTAGE**

**In order to establish individual social disadvantage, please submit an Affidavit of Individual Social Disadvantage in the form of a written account detailing discrimination that you have experienced and the impact on your business enterprise. Your statement should be comprehensive to address the Requirements for Establishing Social Disadvantage, itemized below.**

**Your written statement must be at least 500 words and no more than 1000 words.**

Name of Individual Applicant: \_\_\_\_\_

Full Legal Name of Business: \_\_\_\_\_

Principal Business Address: \_\_\_\_\_  
\_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Program Overview

In order to participate in the City of Chicago's Minority-Owned Business Enterprise (MBE) or Women-Owned Business Enterprise (WBE) certification program, a firm must be owned by socially and economically disadvantaged individuals. An individual's social disadvantage must stem from race, ethnic origin, long-term residence in an environment isolated from the mainstream of American society, or other similar causes stemming from circumstances beyond the individual's control and not common to individuals who are not socially disadvantaged.

Groups that are presumed to be socially disadvantaged include women, African-Americans, Hispanics, Asian-Americans, and American Indians. If you belong to one of the listed presumed groups, you do not need to submit an Affidavit of Individual Social Disadvantage.

Other individuals, who are not presumed to be socially disadvantaged, may be eligible on a case-by-case individual basis, through a finding of social disadvantage. The City of Chicago will consider the totality of the circumstances in deciding whether an individual suffers from social disadvantage.

## Requirements for Establishing Social Disadvantage

You have the burden of proving, by a preponderance of evidence, that you are socially disadvantaged. Your written account of social disadvantage must demonstrate:

- you have personally suffered social disadvantage, not merely claim membership in a group that could be considered socially disadvantaged
- the specific instances of discrimination which you experienced by recounting in detail how your development in the business world has been prevented by one or more of the listed causes or similar causes
- the social disadvantage is rooted in treatment which was experienced in American society, not in other countries
- the social disadvantage is chronic, long-standing and substantial, not fleeting or insignificant
- the social disadvantage must have negatively affected entry into, and/or advancement in, the business world

The closer you can link social disadvantage to impairment of business opportunities, the stronger the case for recognition of individual social disadvantage.

Evidence of your social disadvantage may be documented in the following areas:

- **Education**, such as denial of equal access to institutions of higher education and

vocational training, exclusion from social and professional association with students or teachers, denial of educational honors rightfully earned, and social patterns or pressures which discouraged you from pursuing a professional or business education.

- **Employment**, such as unequal treatment in hiring, promotions and other aspects of professional advancement, pay and fringe benefits, and other terms and conditions of employment; retaliatory or discriminatory behavior by an employer or labor union; and social patterns or pressures which have channeled you into non-professional or non-business fields.
- **Business history**, such as unequal access to, or acquisition of, credit or capital under commercially unfavorable circumstances, unequal treatment in opportunities for government contracts or other work, unequal treatment by potential customers and business associates, and exclusion from business or professional organizations. You may submit, for example, your bid log indicating each project you won or lost, documentation that evidences the loss of business, or documentation recording the denial of loan.

### **Additional Considerations**

In addition to your Affidavit of Individual Social Disadvantage, you may submit third-party statements, copies of administrative or judicial findings of discrimination, and other documentation in support of matters discussed in your Affidavit.

If the basis of disadvantage is common to small business persons that are not socially disadvantaged, then the disadvantage is not one of social disadvantage.

In considering whether you have experienced social disadvantage based upon the effects of discrimination, you must have held yourself out to be a member of a disadvantaged group, acted as a member of a community of disadvantaged persons, and would be identified by persons in the population at large as belonging to the disadvantaged group.



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I hereby authorize the City of Chicago's Affirmative Action Advisory Board and City of Chicago's Department of Procurement Services or appointed designee to verify the accuracy of the statements contained herein and to make a determination as to my individual social disadvantage based upon the information I have provided.

Under penalty of perjury, I certify that based on my knowledge, neither the foregoing Affidavit of Individual Social Disadvantage nor any document attached thereto contains any untrue information nor do any of the foregoing omit any material fact necessary to make the information contained herein true and complete.

Qualifying Individual's Name: \_\_\_\_\_  
(Type/Print)

\_\_\_\_\_  
Signature Date

**Subscribed and sworn to before me, the undersigned notary public:**

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ appeared before me personally, whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledged that he/she signed the above/attached document.

\_\_\_\_\_  
Notary Public's Signature

(Seal)

My commission expires on \_\_\_\_\_