

### **Section 3 Business Concern Certification for Contracting**

Instructions: Enter the following information and select the criteria that applies to certify your business' Section 3 Business Concern status. Or you may self-register in the HUD Business registry at <http://www.hud.gov/Sec3Biz>.

Business Information \_\_\_\_\_

Name of Business \_\_\_\_\_

Address of Business \_\_\_\_\_

Name of Business Owner \_\_\_\_\_

Phone Number of Business Owner \_\_\_\_\_

Email Address of Business Owner \_\_\_\_\_

Preferred Contact Information

Same as above

Name of Preferred Contact \_\_\_\_\_

Phone Number of Preferred Contact \_\_\_\_\_

Type of Business (select from the following options):

Corporation       Partnership       Sole Proprietorship       Joint Venture

Select from ONE of the following three options below that applies:

At least 51 percent of the business is owned and controlled by low- or very low-income persons (Refer to income guidelines).

At least 51 percent of the business is owned and controlled by current public housing residents or residents who currently live in Section 8-assisted housing.

Over 75 percent of the labor hours performed for the business over the prior three-month period are performed by Section 3 workers (Refer to definition).

#### **Business Concern Affirmation**

I affirm that the above statements (on the frontside of this form) are true, complete, and correct to the best of my knowledge and belief. I understand that businesses who misrepresent themselves as Section 3 business concerns and report false information to the Housing Commission may have their contracts terminated as default and be barred from ongoing and future considerations for contracting opportunities. I hereby certify, under penalty of law, that the following information is correct to the best of my knowledge.

Print Name: \_\_\_\_\_

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

\*Certification expires within three years of the date of signature. Information regarding Section 3 Business Concerns can be found at 24 CFR 75.5.

<p><b>FOR ADMINISTRATIVE USE ONLY</b></p> <p>Is the business a Section 3 business concern based upon their certification?</p> <p><input type="checkbox"/> YES                      <input type="checkbox"/> NO</p> <p><b>EMPLOYERS MUST RETAIN THIS FORM IN THEIR SECTION 3 COMPLIANCE FILE FOR FIVE YEARS.</b></p>
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**Section 3 Income Limits**

Eligibility Guidelines

The worker's income for fiscal year 2022 must be at or below **\$50,150** for an individual (household of 1) regardless of actual household size.

Section 3 Worker Definition:

- A low or very low-income resident (the worker's income for the previous or annualized calendar year is below the income limit established by HUD); or
- Employed by a Section 3 business concern; or
- A YouthBuild participant.

Targeted Section 3 Worker Definition:

- Employed by a Section 3 business concern or
- Currently meets or when hired met at least one of the following categories as documented within the past five years:
  - A resident of public housing; or
  - A resident of other public housing projects or Section 8-assisted housing; or
  - A YouthBuild participant

Exhibit 2

**Section 3 Worker and Targeted Section 3 Worker Self-Certification**

The purpose of HUD's Section 3 program is to provide employment, training and contracting opportunities to low-income individuals, particularly those who are recipients of government assistance for housing or other public assistance programs. **Your response is voluntary, confidential, and has no effect on your employment.**

A Section 3 worker seeking certification shall self-certify and submit this form to the recipient contractor or subcontractor, that the person is a Section 3 worker or Targeted Section 3 Worker as defined in 24 CFR Part 75.

Employee Name: \_\_\_\_\_

1. Are you a resident of public housing or a Housing Choice Voucher Holder (Section 8)?  YES  NO
  
2. Are you a resident of the St Clair County?  YES  NO
  
3. Is your annual individual income less than \$50,150 per year?  YES  NO

Select from *ONE* of the following two options below:

I qualify as a (defined on the reverse side of this form):

- Section 3 Worker (as defined on the Section 3 Worker Certification Form)
  
- Targeted Section 3 Worker (as defined on the Section 3 Worker Certification Form)

**Employee Affirmation**

I affirm that the above statements (on frontside of this form) are true, complete, and correct to the best of my knowledge and belief. I hereby certify, under penalty of law, that the following information is correct to the best of my knowledge.

Employee Address: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date Hired: \_\_\_\_\_

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

**FOR ADMINISTRATIVE USE ONLY**

Is the employee a Section 3 worker based upon their self-certification?  YES  NO

Is the employee a Targeted Section 3 worker based upon their self-certification?  YES  NO

Was this an applicant who was hired as a result of the Section 3 project?  YES  NO

If Yes, what is the name of the company? \_\_\_\_\_

What was the date of hire? \_\_\_\_\_

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