SECTION 3 BUSINESS CONCERN CERTIFICATION

For those seeking preference in contracting

Name of Business: _			
Address of Business	:		
Phone Number:	Email Address:		
Type of Business	☐ Sole Proprietorship☐ Joint Venture		
DEFINITIONS:			
-	ncome Person (Worker) is a pe edian Income established by HU		ne previous or annualized calendar yea
following categories, a (1) The worker's i a low- or very (2) The worker is	as documented:	ualized calendar year is b	past five years fit at least one of the pelow the income limit listed above for
	Concern must meet at least one the last six-month period.	e of the three criteria list	ed below and found in 24 CFR 75, and
	exes below applicable to you as a Section 3 Business Con		applicable listed documents to
☐ At least 51 perce	nt owned and controlled by	low- or very low-incor	me persons;
	nt employees listing percentage	·	
☐ Articles of Inco	rporation or partnership agreer	nent	ral Tax ID Number
performed by Se	ection 3 Workers; ers (salaried and hourly) and nu	mber of hours worked b	•
	on 3 workers (salaried and hour		•
currently live in S	Section 8 assisted housing.		nousing residents or residents who
	ent employees listing percentag	•	trol interests of each.
	ntial lease for each employee w rporation or partnership agreer	•	ral Tax ID Number
	res below, I/we certify to beir ur ability to meet the terms o	•	s Concern and understand that I/we an be awarded to us.
Owner's Printed Na	me	Signature	Date