

SECTION 3 CERTIFICATION OF RESIDENCY FORM

This form is to be completed by the public housing resident (or) low- or very low- income person who lives in the area of the Section 3 Covered Project and who has a household income that does not exceed HUD's income limits as described below.

All persons claiming Section 3 Resident status must complete this form in order to comply with Section 3 reporting requirements of the Housing and Urban Development Act of 1968.

PART I: EMPLOYEE INFORMATION (to be completed by Section 3 Resident)	
Name:	Check all that apply: <input type="checkbox"/> Live in public housing <input type="checkbox"/> HUD Youth Build Program participant <input type="checkbox"/> Income qualified non-public housing resident <input type="checkbox"/> Section 8 participant <input type="checkbox"/> Recipient of other federal assistance Specify type: _____
Address:	
Public Housing Site of Residence:	
Phone Number:	Email Address:
Registered apprentice: YES <input type="checkbox"/> NO <input type="checkbox"/> If yes what level: _____ (Attach the Department of Labor Issued Apprentice Certificate)	

PART II: INCOME INFORMATION (to be completed by Section 3 Resident)		
Find the line that corresponds to the number of people in your household. If the annual household income of your home is <u>within</u> or <u>below</u> the range shown for the number of people in your household, you qualify as a Section 3 Worker. Check the column accordingly. Public housing residents qualify regardless of if they meet the below income requirements.		
Income Eligibility Guideline (FY 2021 Kern County HUD Income Limits)		
Number in Household	Low Income	Check
1	\$39,150	<input type="checkbox"/>
2	\$44,750	<input type="checkbox"/>
3	\$50,350	<input type="checkbox"/>
4	\$55,900	<input type="checkbox"/>
5	\$60,400	<input type="checkbox"/>
6	\$64,850	<input type="checkbox"/>
7	\$69,350	<input type="checkbox"/>

The undersigned declares that the above information is true and correct.

Employee/Section 3 Resident Signature: _____ **Date:** _____

PART III: EMPLOYER AND PROJECT INFORMATION (to be completed by Contractor/Vendor)		
Company Name:	Contract No:	Project Name and Location:
PART IV: EMPLOYMENT VERIFICATION (to be completed by Contractor/Vendor)		
Position Title:	Hire Date:	End Date:
Benefits:	Number of Hours Per Week:	Total Number of Hours Worked:
Permanent YES <input type="checkbox"/> NO <input type="checkbox"/> Temporary YES <input type="checkbox"/> NO <input type="checkbox"/>	Hourly Rate:	Employee Social Security No.:

Your signature below validates the entries completed in parts III and IV as true and correct, based on your payroll records and personnel file.

Name: _____ **Signature** _____ **Date** _____

The undersigned swears that the foregoing statements are true and correct and understands that false statements may initiate action under Federal or State laws concerning false statements