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**Section 3 Worker and Targeted Section 3 Worker Employer Certification**

**MDHA – Section 3 Worker and Target Section 3 Worker Employer Certification**

The purpose of MDHA’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.

An employer may certify that their workers are Section 3 Workers or Targeted Section 3 Workers as defined in 24 CFR Part 75.

**Employee Name** Enter Employee Name

**Employee Address** Enter Employee Address

**Company Name** Enter Company Name

**Project Name**  Enter Project Name

**Project Location** Enter Project Location

1. **A Section 3 Worker is any worker who currently fits or when hired within the last 5 years (since November 30, 2020) fit one of the following categories. Check all that apply.**

Worker’s income for the previous or annualized calendar year is below:

$33,050  $52,850

Worker is employed by a Section 3 Business Concern.

Worker is a YouthBuild Participant.

1. **A Targeted Section 3 Worker must meet at least one of the following. Check all that apply.**

Worker is employed by a Section 3 Business Concern.

Worker who currently fists or when hired within the last five years (since November 30, 2020) fit one of the following categories, as documented.

Resident of Public Housing or Section 8 assisted housing

Resident of other public projects or Section 8 assisted housing managed by the PHA that is providing assistance

YouthBuild Participant

Section 3 workers residing within the service area or the neighborhood of the project within a one-mile radius

**Employer Attestation**

I confirm that the statements on this form are accurate to the best of my knowledge and belief. I hereby certify, under penalty of law, that the following information in correct to best of my knowledge.

I Agree

Date of Hire Enter Hire Date

**This employee was hired because of the Section 3 project.**

Yes  No

**Employer Representative Name** Enter Employer Rep Name

By typing your name here, you are signing the document electronically. You agree that your electronic signature has the same legal validity and effect as your handwritten signature on the document, and that it has the same meaning as you handwritten signature.

Electronic Signature Type Name Here

Today’s Date Enter Today’s Date



If you are using another email service other than Outlook, you will need to save the document and email it to the following MDHA staff:

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