**Section 3 Business Self-Certification**

1. Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Company Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_County\_\_\_\_\_\_\_\_\_\_\_\_

1. Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Contractor’s License: Class A ( ) Class B ( ) Class C ( ) N/A ( ) License Number\_\_\_\_\_\_\_\_\_\_

5. Business License Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Federal ID Number\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Type of Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Types of Section 3 Business Enterprises**

**Please check “Yes” or “No”. If you answer “Yes” to one or more of the following questions, you may designate your company as a Section 3 Business Enterprise.**

1. 51% or more of your business is owned by a Section 3 residents\*; or

**Yes ( ) or No ( )** Attach list of Section 3 owners and income certification.

2. At least 75% of labor hours are worked by persons that are currently Section 3 residents\*, or within five years of the date of first employment with the business concern were Section 3 residents; or

**Yes ( ) or No ( )** Attach list of employees, Section 3 employees, and self-certification.

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

 **Yes ( ) or No ( )** *Attach list of subcontracted businesses, types and amounts*

**Verification -** *The Company hereby agrees to provide, upon request, documents verifying the information provided on this form.*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I declare and affirm under penalty of law that the statements made herein are true and accurate to the best of my knowledge. I understand that falsifying information and incomplete statements will disqualify certification status.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature of Business Owner or Authorized Representative Date

**Section 3 Resident is:** 1) a public housing , or2) a HCVP participant, or 3) a resident of another federally assisted housing program managed by the local PHA, or 4) a low- or very low-income person residing in the metropolitan area or Non-metropolitan County in which the Section 3 covered assistance is expended.

MDHA 3/2021