Section 3 Business Self-Certification

1.	Company Name:
2.	Company Address:
	CityStateZipCounty
3.	Telephone: Fax:Email:
4.	Contractor's License: Class A () Class B () Class C () N/A () License Number
5.	Business License Number Federal ID Number
6.	Type of Business:
Typ	pes of Section 3 Business Enterprises
	ase check "Yes" or "No". If you answer "Yes" to one or more of the following questions, you y 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
	rification - The Company hereby agrees to provide, upon request, documents verifying information provided on this form.
	clare and affirm under penalty of law that the statements made herein are true and accurate to the best of knowledge. I understand that falsifying information and incomplete statements will disqualify certification us.
	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.