

# Section 3 Business Concern Self-Certification

## **BASIC INFORMATION**

1. Company Name: \_\_\_\_\_
2. Company Address: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_
3. Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Email address: \_\_\_\_\_
4. Contractor's License: Class ☐A ☐B ☐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 workers\*; or  
☐ Yes ☐ No

*Attach list of Section 3 owners and income certifications*

2. Over 75% of the labor hours over the previous 3-month period are performed by Section 3 workers; or  
☐ Yes ☐ No

*Attach list of employees, Section 3 employees, and self certifications*

3. At least 51% owned and controlled by current residents of public housing or Section 8 assisted housing..  
☐ Yes ☐ 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: \_\_\_\_\_

Signature: Date: \_\_\_\_\_

Attested by: Date: \_\_\_\_\_

**\*Section 3 worker is** any worker who currently or when hired (within the past five years) is documented to fit at least one of the following categories: 1) The worker's income for the previous or annualized calendar year is below the income limit established by HUD; 2) The worker is employed by a Section 3 Business Concern; or 3) The worker is a YouthBuild participant.