



COLUMBUS METROPOLITAN HOUSING AUTHORITY

Section 3 Business Certification Form

The Section 3 Business Certification Form should be completed and submitted for a business seeking Section 3 status and preference for contracting opportunities. Supporting documents may be requested to confirm Section 3 business status according to the definitions described in the U.S. Department of Housing and Urban Development Section 3 regulations codified at 24 CFR Part 75.

Business Name					
Business Address					
City		State		Zip Code	
Telephone Number		Federal Tax ID Number			
Website Address					

Corporation
 Partnership
 Sole Proprietorship
 Joint Venture
 Non-Profit

Contact Name	Authorized Representative
Email Address	

Select one of the Section 3 business qualifying definitions below as documented by company records within the last six-month period

At least 51 percent owned and controlled by low- or very low-income persons

The following supporting documents may be required to confirm status:

- List of all low- to very low-income owners on company letterhead signed by a company officer.
- Signed letter from each low- to very low-income owner confirming low- or very low-income status according to HUD income limits.

Over 75 percent of the labor hours performed for the business over the prior three-month period are performed by Section 3 workers

The following supporting documents may be required to confirm status:

- List of all workers on company letterhead to include the identification of Section 3 Workers.
- Completed Section 3 Worker Certification Forms for all Section 3 Workers.
- Letter signed by a company officer on company letterhead that includes the following documentation:
 - labor hours performed by all workers over the prior three-month period
 - labor hours performed by all Section 3 Workers over the prior three-month period
 - calculation that over 75 percent of the labor hours performed over the prior three-month period were performed by the company's Section 3 Workers

At least 51 percent owned and controlled by current public housing residents or residents who currently live in Section 8-assisted housing

The following supporting documents may be required to confirm status:

- List of all current public housing or Section 8-assisted housing residents on company letterhead signed by a company officer.
- Signed letter from each public housing or Section 8-assisted housing resident confirming current resident status.

I affirm and certify that information submitted within this form is true and correct to the best of my knowledge and according to company records. I understand that businesses that misrepresent themselves as a Section 3 business may have the contract terminated as default and be barred from ongoing and future contracting considerations.

Authorized Representative's Signature	Date
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Section 3 Worker Certification Form Instructions

Who should complete this form?

- Residents seeking status as Section 3 and preference for employment and training opportunities on CMHA projects
- Workers (or contractors on behalf of workers) working on CMHA projects to determine Section 3 status
- Workers employed by a business seeking Section 3 business certification

**The Section 3 Worker Certification Form is not to be required as a condition of employment and may be completed by the contractor or a worker.*

NAME

Enter the individual's first and last name. *For CMHA Projects: The contractor or the worker may complete this entry.*

ADDRESS

Enter the individual's street address. *For CMHA Projects: The contractor or the worker may complete this entry.*

CITY, COUNTY, STATE, ZIP CODE, TELEPHONE NUMBER, EMAIL

Enter the individual's city, county, state, zip code, telephone number, and email. *For CMHA Projects: The contractor or the worker may complete this entry.*

CONTRACTOR NAME

Enter the name of the contractor (the worker's employer). *The contractor should complete this entry.*

Is the contractor a Section 3 business? If yes, place a check next to Section 3 Business.

If the contractor is a Section 3 business (must be certified by CMHA), all workers employed by the contractor are Section 3 Workers AND Targeted Section 3 Workers.

HIRE DATE

Enter the date the worker was hired by the contractor. *The contractor should complete this entry.*

ANNUAL INCOME

Enter the annual income. *For CMHA Projects: The contractor or the worker may complete this entry. If completed by the contractor, the contractor certifies that the worker's income is based on the calculation of what the worker's wage rate would translate to if annualized on a full-time basis [§ 75.31 (1)(iv)].*

If the individual's selected income is currently or when hired within the past five years* was below the income limits established by HUD ([see Determining Section 3 Worker Status](#)), the individual is a Section 3 Worker.

YOUTHBUILD PARTICIPANT

The individual should complete this entry. *If the form is completed by the contractor, the worker should be asked this question to complete the entry.*

If the individual is a current participant or when hired within the past five years* was a participant, the individual is a Section 3 Worker AND a Targeted Section 3 Worker.

CMHA PUBLIC HOUSING RESIDENT

The individual may complete this entry, or the contractor may request certification of resident status from CMHA or ask the worker the question to complete the entry.

If the individual is a current CMHA public housing resident or when hired within the past five years* was a CMHA public housing resident **AND** is a Section 3 Worker, the individual is also a Targeted Section 3 Worker.

CMHA SECTION 8 RESIDENT

The individual may complete this entry, or the contractor may request certification of resident status from CMHA or the owner/property manager of the Section 8 property or ask the worker the question to complete the entry.

If the individual is a current CMHA Section 8 resident or when hired within the past five years* was a CMHA Section 8 resident **AND** is a Section 3 Worker, the individual is also a Targeted Section 3 Worker.

SECTION 3 STATUS

This entry may be completed by the CMHA staff, the contractor, or the individual.

FORM COMPLETED BY, NAME, SIGNATURE, DATE

These are required entries.

**HUD Section 3 implementing regulations found at 24 CFR Part 75 became effective November 30, 2020; as such, the five-year look-back period begins on this date and not before.*

NOTE: The employer must retain the Section 3 Worker Certification Form for five years from the date of signature. This completed form may be supplied by contractors on CMHA projects for up to five years from the date of signature.