



## 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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## COLUMBUS METROPOLITAN HOUSING AUTHORITY

### Section 3 Worker Certification Form

The Columbus Metropolitan Housing Authority is committed to compliance with the U.S. Department of Housing and Urban Development Section 3 requirements (24 CFR Part 75). The Section 3 Worker Certification Form is used to determine an individual's Section 3 status. Please review instructions that provide details on how to complete this form and properly identify a Section 3 Worker and Targeted Section 3 Worker.

Name							
Address							
City		County		State		Zip Code	
Telephone Number				Email			
Contractor Name		_____ Section 3 Business					
Worker's Hire Date							

### ANNUAL INCOME

Place an X next to the amount believed to be earned on an annual basis as verified by Federal Income Tax Returns, pay stubs, public assistance documents or other income-related documents.

<input type="checkbox"/>	Less than \$10,000	<input type="checkbox"/>	\$10,001 - \$20,000	<input type="checkbox"/>	\$20,001 - \$30,000
<input type="checkbox"/>	\$30,001 - \$40,000	<input type="checkbox"/>	\$40,001 - \$52,500	<input type="checkbox"/>	\$52,501 - \$60,000
<input type="checkbox"/>	More than \$60,000				

### RESIDENT STATUS

Please provide answers to the questions below.

Current or former YouthBuild participant \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what month and year were you last a participant? \_\_\_\_\_

Current or former CMHA public housing resident \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what month and year were you last a resident? \_\_\_\_\_

Name of the CMHA property \_\_\_\_\_

Current or former CMHA Section 3 resident \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what month and year were you last a resident? \_\_\_\_\_

### SECTION 3 STATUS

Refer to the instructions and place an X next to the appropriate selection(s) representing Section 3 qualification status.

<input type="checkbox"/>	Not Section 3	<input type="checkbox"/>	Section 3 Worker	<input type="checkbox"/>	Targeted Section 3 Worker
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This form was completed by the  Resident/Worker  Business/Contractor Representative

I affirm and hereby certify, under penalty of law, that the information completed within this document is true and accurate to the best of my knowledge and belief.

Name	
Signature	
Date	

## 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.

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*\*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.*

## Determining Section 3 Worker Status

DEFINITIONS	
Section 3 Worker	Targeted Section 3 Worker
<p>Any worker who currently fits or when hired within the past five years* fit at least one of the following categories, as documented:</p> <ul style="list-style-type: none"> <li>▪ A low- or very low-income resident (the worker's income for the previous or annualized calendar year is below the income limits established by HUD); or</li> <li>▪ Employed by a Section 3 business concern; or</li> <li>▪ A YouthBuild participant</li> </ul>	<p>A Section 3 Worker:</p> <ul style="list-style-type: none"> <li>▪ Employed by a Section 3 business concern; or</li> </ul> <p>Currently fits or when hired fit at least one of the following categories, as documented within the past five years*:</p> <ul style="list-style-type: none"> <li>▪ A resident of CMHA public housing or CMHA Section 8-assisted housing for which the public housing financial assistance is expended; or</li> <li>▪ A resident of other CMHA public housing projects or Section 8-assisted housing managed by CMHA</li> <li>▪ A YouthBuild Participant</li> </ul>

\*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.

### INDIVIDUAL INCOME LIMIT

The individual or contractor may complete the annual income 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)].

An individual's income must be at or below limits established by HUD for an individual household size of one regardless of actual household size to be considered a Section 3 Worker based on income. To access HUD income limits, visit the link below and follow the steps to locate the limits **based on where the individual resides**.

<https://www.huduser.gov/portal/datasets/il.html>

- Select the most current year available.
- Click the link under Access Individual Income Limits Areas.
- Locate the state where the individual resides.
- Locate the county where the individual resides.
- Select View County Calculations.
- View income limits based on the household size of one.
- Fill in the dollar amounts on the chart below and review against the annual income entry.

FY 20_____ Income Limit Area	Income Limits Category	Income Limits
State: _____	Extremely Low Income (30%)	
County _____	Very Low Income (50%)	
	Low Income (80%)	

FY 2022 Income Limit Area	Income Limits Category	Income Limits
State: OHIO	Extremely Low Income (30%)	\$19,700
County: Delaware, Fairfield, Franklin, Licking, Madison, Morrow, Pickaway	Very Low Income (50%)	\$32,800
HUD Individual Income Limits effective April 18, 2022.	Low Income (80%)	\$52,500