



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 company 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 regulations codified at 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							
Street Address							
City		County		State		Zip Code	
Telephone Number				Email			
Contractor Name		_____ Section 3 Business					
Worker's Hire Date	Month		Day		Year		

ANNUAL INCOME

Please answer below if the worker resides in one of the following Columbus, OH HUD Metro FMR Area counties:

Delaware County, OH; Fairfield County, OH; Franklin County, OH; Licking County, OH; Madison County, OH; Morrow County, OH; Pickaway County, OH

The worker's annual income is at or below Yes ☐ No ☐

If the worker resides outside of the counties named above or if determining income qualification based on the look-back period, please see instructions to locate the HUD Low Income Limit based on where the worker resides. Place the amount in the space below.

The worker's annual income is at or below Yes ☐ No ☐

Low-income limit entered is based on FY _____.

RESIDENT STATUS

Current or former YouthBuild participant _____ Yes _____ No

o If yes, what month and year last a participant? _____

Current or former CMHA public housing resident _____ Yes _____ No

If yes, what month and year last a resident? _____

Name of the CMHA property _____

Current or former CMHA Section 8 resident _____ Yes _____ No

If yes, what month and year last a resident? _____

SECTION 3 STATUS

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

☐ Not Section 3 ☐ Section 3 Worker ☐ Targeted Section 3 Worker

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. (Actual/original signature required).

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 a self-certification document established for the expressed purpose of determining a worker's Section 3 worker and Targeted Section 3 worker status.

The Section 3 Worker Certification Form is not to be required as a condition of employment.

For CMHA projects, the Section 3 Worker Certification Form may be completed by the individual or the contractor.

NAME

Enter the individual's first and last name.

ADDRESS

Enter the individual's complete street address.

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

Enter the individual's city, county, state, zip code, telephone number, and email address.

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 confirmed by CMHA), all workers employed by the contractor are Section 3 workers AND Targeted Section 3 workers.

HIRE DATE

Enter the month, day, and year the worker was hired by the contractor. The contractor should complete this entry.

ANNUAL INCOME

Mark Yes or No. *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)].*

See Determining Income Status to locate current and past HUD low-income limits based on where the worker resides.

If the individual's income is currently or when hired within the past five years* was at or below the low-income limit established by HUD (*Yes marked*), the individual is a Section 3 worker.

YOUTHBUILD PARTICIPANT

Select Yes or No. If yes is selected, the next question must be answered. *If the form is completed by the contractor and the contractor does not know the answer, 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

Select Yes or No. If yes is selected, the next question must be answered. *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

Select Yes or No. If yes is selected, the next question must be answered. *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

The individual who completed the form should complete this entry based on review of the completed entries.

FORM COMPLETED BY, NAME, SIGNATURE, DATE

The name and signature should be that of the individual who completed the form. These entries are required.

*HUD Section 3 implementing regulations codified 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 on file for five years from the date of signature.

Determining Income Status

DEFINITIONS	
Section 3 Worker	Targeted Section 3 Worker
Any worker who currently fits or when hired within the past five years* fit at least one of the following categories, as documented: <ul style="list-style-type: none"> 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 Employed by a Section 3 business concern; or A YouthBuild participant 	A Section 3 Worker: <ul style="list-style-type: none"> Employed by a Section 3 business concern; or Currently fits or when hired fit at least one of the following categories, as documented within the past five years*: <ul style="list-style-type: none"> A resident of CMHA public housing or CMHA Section 8-assisted housing for which the public housing financial assistance is expended; or A resident of other CMHA public housing projects or Section 8-assisted housing managed by CMHA A YouthBuild Participant

*HUD Section 3 implementing regulations codified 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.

LOOK-BACK PERIOD

The definitions include the following language: “any worker who currently fits or when hired within the past five years fit at least one of the following categories . . .”

- Taking advantage of the look-back period may increase the number of Section 3 workers for a contractor.
- If examining a worker's Section 3 qualification based on when the worker was hired, the look-back period may only go back to November 30, 2020, when the new regulations became effective.
- If a worker was hired before November 30, 2020, the worker does not qualify for the look-back period examination.

Examples

- Aaron was hired on March 15, 2021. He was hired after November 30, 2020, and qualifies for the look-back period examination.
- The contractor has the option to examine Aaron's 2021 annualized income to determine whether his 2021 income was at or below HUD's 2021 low-income limit threshold based on where Aaron resided in 2021.
- Sarah was hired May 3, 2022. She was hired after November 30, 2020, and qualifies for the look-back period examination.
- Her current annualized income is greater than the current HUD low-income limit threshold based on where she resides.
- Her 2022 annualized income is greater than HUD's 2022 low-income limit threshold based on where she resided in 2022.
- Sarah is a former YouthBuild participant. She was last a participant in December 2021.
- Sarah qualifies as a Section 3 worker and Targeted Section 3 worker because her hire date and last YouthBuild participant date are after November 30, 2020.
- Joshua was hired November 12, 2020.
- He was hired before November 30, 2020, and does not qualify for the look-back period examination.

INDIVIDUAL INCOME LIMIT

HUD low-income limits for individuals who reside in the Columbus, OH HUD Metro FMR Area counties: Delaware County, OH; Fairfield County, OH; Franklin County, OH; Licking County, OH; Madison County, OH; Morrow County, OH; and Pickaway County, OH

FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
\$47,150	\$46,950	\$52,500	\$55,550	\$57,900

To access HUD low-income limits for an individual who resides outside of the counties named above, visit the link below and follow the steps.

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

- Select 2024. If determining income limits for a previous year, select that year. *Recall the look-back period begins on November 30, 2020. Determination may not be considered earlier than FY 2020.*
- Scroll down and select “Click Here for FY 2024 IL Documentation.” *Please keep in mind, if a different year is selected under step 1, that year will appear in the “Click Here for FY. . .” selection.*
- Locate and select the state where the individual resides.
- Locate and select the county where the individual resides.
- Select “View County Calculations.”
- View the “Low (80%) Income Limits” based on one (1) “Persons in the Family.”
- Enter the low-income limit on the Section 3 Worker Certification Form in the space provided.
- Enter the annual income year selected under step 1 on the Section 3 Worker Certification Form in the space provided.
- If the individual's income is at or below the amount identified, the individual is a Section 3 worker.