**Section 3 Worker and Targeted Section 3 Worker**

**Self-Certification Form**

The purpose of HUD’s Section 3 program is to provide employment, training and contracting opportunities to low-income individuals, particularly those who are recipients of government assistance for housing or other public assistance programs. **Your response is voluntary, confidential, and has no effect on your employment.**

**Eligibility for Section 3 Worker or Targeted Section 3 Worker Status**

A Section 3 worker seeking certification shall self-certify and submit this form to the recipient contractor or subcontractor, certifying that the person is a Section 3 worker or Targeted Section 3 Worker as defined in 24 CFR Part 75.

**Instructions:** Enter/select the appropriate information to confirm your Section 3 Worker or Targeted Section 3 Worker status.

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| 1. Are you a resident of public housing or a Housing Choice Voucher Holder (Section 8)?
 | [ ]  YES [ ]  NO |
| 1. Are you a YouthBuild participant?
 | [ ]  YES [ ]  NO |
| 1. Check the box for the county where you reside.

 [ ]  King County [ ]  Pierce County [ ]  Snohomish County [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. In the field below, select the amount of individual income you believe you earn on an annual basis.
 |

Calculate your annual earnings using your Base Hourly Rate, not including fringe benefits. Multiply that Base Hourly Rate by 2080 hours to come up with your Annual Rate.

**[ ]  Less than $10,000** **[ ]  $30,001 - $40,000** **[ ]  More than $60,000**

**[ ]  $10,001 - $20,000 [ ]  $40,001 - $50,000**

**[ ]  $20,001 - $30,000 [ ]  $50,001 - $60,000**

**Select from *ONE* of the following two options below:**

I qualify as a:

[ ]  Section 3 Worker (as defined on the Section 3 Income Limits Eligibility Guideline)

[ ]  Targeted Section 3 Worker (as defined on the Section 3 Income Limits Eligibility Guideline)

**Employee Affirmation**

I affirm that the above statements (on the previous page) are true, complete, and correct to the best of my knowledge and belief. I hereby certify, under penalty of law, that the following information is correct to the best of my knowledge.

Employee Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| **FOR ADMINISTRATIVE USE ONLY** |
| Is the employee a Section 3 Worker based upon their self-certification? | **[ ]  YES** **[ ]  NO** |
| Is the employee a Targeted Section 3 Worker based upon their self-certification? | **[ ]  YES [ ]  NO** |
| Was this an applicant who was hired as a result of the Section 3 project? | **[ ]  YES [ ]  NO** |
| If Yes, what is the name of the company? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| What was the date of hire? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **EMPLOYERS MUST RETAIN THIS FORM IN THEIR SECTION 3 COMPLIANCE FILE FOR FIVE YEARS.** |