# Section 3 Business Concern Certification Form

Instructions: Enter the following information and select the criteria that applies to certify your business’ Section 3 Business Concern status.

##### Business Information

Name of Business

Address of Business

Name of Business Owner

Phone Number of Business Owner

Email Address of Business Owner

##### Preferred Contact Information

Same as above

Name of Preferred Contact

Phone Number of Preferred Contact

##### Type of Business (select from the following options):

Corporation Partnership Sole Proprietorship Joint Venture

##### Select from *ONE* of the following options below that applies:

At least 51 percent of the business is owned and controlled by low- or very low-income persons.

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

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

None of the above criteria applies to this business.

**Business Concern Affirmation**

I affirm that the above statements (on the frontside of this form) are true, complete, and correct to the best of my knowledge and belief. I understand that businesses who misrepresent themselves as Section 3 business concerns and report false information to the Commonwealth of Kentucky may have their contracts terminated as default and be barred from ongoing and future considerations for contracting opportunities. I hereby certify, under penalty of law, that the following information is correct to the best of my knowledge.

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Print Name:   
Signature: Date: \_\_\_\_\_\_\_\_\_\_

\*Certification expires within six months of the date of signature

Information regarding Section 3 Business Concerns can be found at [24 CFR 75.5](https://www.ecfr.gov/cgi-bin/text-idx?SID=569b66a547528bf6c5c47f75b825cb94&mc=true&node=pt24.1.75&rgn=div5#se24.1.75_15)

**FOR ADMINISTRATIVE USE ONLY**

Is the business a Section 3 business concern based upon theircertification? **□YES □NO**

**EMPLOYERS MUST RETAIN THIS FORM IN THEIR SECTION 3 COMPLIANCE FILE FOR FIVE YEARS.**