**Section 3 Employer Certification Form for Worker**

*In compliance with Section 3 of the HUD Act of 1968 and 24 CFR Part 75.*

**Instructions: Complete one form for each employee working on the CDBG-DR funded project who may qualify as a Section 3 or Targeted Section 3 worker.**

Please provide the following information about the business/employer:

Name of Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Street Address City State Zip

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Provide the following information about the worker/employee:

Printed Name of Worker:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address (N*ot a PO Box*) Apt# City State Zip

Phone #**:** Email:

Please indicate which of the following is true for the worker listed in this form: (Select all that apply)

|  |  |
| --- | --- |
| \_\_\_\_ Worker’s income from your employment is below the income limit based on a calculation of what the worker’s wage rate would translate to if annualized on a full-time basis\*  \_\_\_\_ Worker is employed by a Section 3 Business Concern (Select if your business qualifies as a Section 3 Business Concern)  \_\_\_\_ Worker’s residence is within the service area or neighborhood of the project (see provided service area map) | [Insert county where work is being performed]  Income limit:  [$insert current HUD income limit] |

\*Currently or at the time of hire if hired within the past 5 years.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct and certifies that the worker identified above meets the definition of a Section 3 worker. WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

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Signature Date