

SECTION 3

SECTION 3 BUSINESS CONCERN SELF-CERTIFICATION FORM

Central Delaware Habitat for Humanity, Inc.

(Insert affiliate's name)

receives federal funds through the Community Project Fund (CDF) and is required by federal law, to the greatest extent feasible, to provide job training and employment opportunities to Section 3 Workers and contracting opportunities with Section 3 Business Concerns.

A Section 3 Business Concern is a business that meets at least one of the following criteria, documented within the last six-month period:

- (1) It is at least 51 percent owned and controlled by low- or very low-income persons;
- (2) Over 75 percent of the labor hours performed for the business over the prior three-month period are performed by Section 3 Workers; or
- (3) It is a business at least 51 percent owned and controlled by current public housing residents or residents who currently live in Section 8-assisted housing.

A Section 3 Worker, as referenced below, is defined as any worker who currently fits or when hired within the past five (5) years fits at least one of the following categories, as documented:

- (1) The worker's income for the previous or annualized calendar year is below the income limits established by HUD (see chart below);
- (2) The worker is employed by a Section 3 Business Concern; or
- (3) The worker is a YouthBuild participant.

A Targeted Section 3 Worker, as referenced below, is defined as a Section 3 Worker who is:

- (1) A worker employed by a Section 3 Business Concern; or
- (2) A worker who currently fits or when hired fit at least one of the following categories, as documented within the past five (5) years:
 - (i) Living within the service area or the neighborhood of the project; or
 - (ii) A YouthBuild participant.

1-Person	2-Person	3-Person	4-Person	5-Person	6-Person	7-Person	8-Person
\$ 50,300	\$ 57,500	\$ 64,700	\$ 71,850	\$ 77,600	\$ 83,350	\$ 89,100	\$ 94,850

(Current 80% of the HUD Area Median Income (AMI) for project area - 2024)

Income limits can be found at <https://www.huduser.gov/portal/datasets/il.html>

SECTION 3 BUSINESS CONCERN SELF-CERTIFICATION FORM

Name of Business: _____
Address of Business: _____
Email Address: _____
Telephone Number: _____
Company Website: _____

Type of Business (check one):

- Corporation
 Partnership
 Sole Proprietorship
 Joint Venture

Check one of the boxes below and attach the appropriate documentation as evidence of your business' status:

- 51 percent owned and controlled by low- or very low-income persons:**

(Attach list of owners/stockholders and % ownership of each)
 (Attach Section 3 Worker and Targeted Section 3 Worker Self-Certification Forms for all Section 3 owners claimed and a list of all other non-income eligible owners)

- Over 75 percent of the labor hours performed for the business over the prior three-month period were performed by Section 3 Workers**

- a. Total number of Labor Hours for the prior 3-month period:** Enter #
b. Number of Labor Hours for the prior 3-month period performed by Section 3 Workers: Enter #
c. $b \div a =$ Enter #

(Attach Summary Labor Report Form for the prior 3-month period)
 (Attach Section 3 Worker and Targeted Section 3 Worker Self-Certification Forms for all Section 3 Workers)

- At least 51 percent owned and controlled by public housing residents or residents who currently live in Section 8-assisted housing**

Number of Section 3 Resident Owners Enter # \div **Number of Owners** Enter # = Enter # %
 (Attach list of owners/stockholders and % ownership of each)
 (Attach copy of the lease/rental agreement or current HUD Certificate of Compliance/Annual Renew Notice, issued by Public Housing Authority OR Housing Choice Vouchers for all Section 3 owners claimed)

Under the provisions of Title 18, Section 1001 of the U.S. Code, it is a felony for any person to knowingly and willingly make false or fraudulent statements to any department of the United States Government. I, the undersigned, hereby certify that all statements contained herein, are true and correct to the best of my knowledge and belief. I understand the information I provide in this certification is subject to verification, and I agree to provide necessary documentation if requested.

Under the penalty of perjury, I certify that the above information is true and correct.

Signature of Authorized Official	Date
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Click or tap to enter a date.

Click or tap here to enter text.

Click or tap here to enter text.

Print name of Authorized Official

Title of Authorized Official