



**SECTION 00660 - SECTION 3 BUSINESS SELF CERTIFICATION FORM**

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

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

Address of Business \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_

Contractors State License # \_\_\_\_\_

DIR # \_\_\_\_\_

Type of Business:

Corporation

Partnership

Sole Proprietor

LLC / LLP

A business can only be classified as a Section 3 business in one of three ways (see below). Please self-certify in which way your business/firm/company qualifies.

Section 3 Resident Owned and Controlled Business (at least 51%) – Please check which applies.

Current public housing or resident of Section 8 (HCV) of the City/County of Sacramento

Considered low – or very low – income person of the City/County of Sacramento

At least 75% of all labor hours are performed by the business are low – or very low – income persons or the prior three-month period.

Total Number of Full-Time Employees: \_\_\_\_\_

Number of Full-Time Employees that currently meet the definition of a Section 3 Workers: \_\_\_\_\_

Number of Full-Time Employees that may have met the definition of a Section 3 Workers since November 2020 under your agency employment: \_\_\_\_\_

By submitting this form, my business certifies that the statements and information contained on this form are true and accurate, and meet the HUD Section 3 business self-certification requirements in accordance with 24 CFR Part 75. I further understand that a Section 3 business is not entitled to a contract simply by being listed in the SHRA Section 3 Business Registry database. Businesses that self-certify may receive preference as a Section 3 business, subject to verification from SHRA. Information that is misrepresented on this or other forms will be grounds for terminating Section 3 certification. By signing below, I certify under penalty of perjury under the Laws of the State of California that I am fully authorized to execute this document and that all of the information provided herein is true and correct. **This self-certification is good for 6 months from date of signature.**

\_\_\_\_\_  
Authorizing Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date