

SECTION 3 WORKER CERTIFICATION FORM

Section 3 Worker is a public housing resident or a low - or very low - income person who lives in the City/County of Sacramento and who has an individual income that does not exceed HUD's income limits for family size, as described below.

Any current employee, potential new hire, i.e. Section 3 Worker claiming eligibility **must** complete this form in order to comply with Section 3 reporting requirements of the Housing and Urban Development Act of 1968.

PART I: EMPLOYEE INFORMATION (to be completed by eligible Section 3 Worker)

Name:	Check all that apply: <input type="checkbox"/> Live in Public Housing, City/County of Sacramento <input type="checkbox"/> Income qualified non-public housing resident <input type="checkbox"/> Section 8 (HCV Housing) participant <input type="checkbox"/> Recipient of other federal assistance Specify type: _____
Address:	
Public Housing Site of Residence:	
Phone Number:	
Email Address: _____	
Registered apprentice: YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, what level: _____ (Attach the Department of Labor Issued Apprentice Certificate)	

PART II: INCOME INFORMATION (to be completed by the eligible Section 3 Worker)

Find the column that corresponds to the number of people in your household. If your individual annual income is within or below the range shown for the number of people in your household, you qualify as a Section 3 Worker. Circle the column accordingly. The Agency's public housing, Section 8 (HCV) and YouthBuild residents qualify as Section 3 Workers regardless of if they meet the below income requirements.

<i>INCOME LIMITS – 2022</i>								
Number in Household	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>
Maximum Individual Income	\$56,750	\$64,850	\$72,950	\$81,050	\$87,550	\$94,050	\$100,550	\$107,000

The undersigned declares that the above information is true and correct.

Employee/Section 3 Worker Signature: _____ **Date:** _____

PART III: EMPLOYER AND PROJECT INFORMATION (to be completed by Contractor/Vendor)

Company Name:	Project Name and Location:
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PART IV: EMPLOYMENT VERIFICATION (to be completed by Contractor/Vendor)

Position Title:	Hire Date:	End Date:
Benefits:	Number of Hours Per Week:	Total Number of Hours Worked:
Permanent <input type="checkbox"/> Temporary <input type="checkbox"/>	Hourly Rate:	Total Paid to Employee:

Your signature below validates the entries completed in parts III and IV as true and correct, based on your payroll records and personnel file.

I declare, under penalty of perjury, that the above is true and correct to the best of my knowledge.

Contractor / Subcontractor Firm Name Signature of Authorized Representative or Owner Date

Questions regarding the completion of this form can be submitted to Section3@shra.org

SHRA has determined the disclosure of this document, which includes the home address and private financial information of a public housing resident, would constitute an unwarranted invasion of personal privacy per Government Code section 6254(c), and therefore exempts this record from disclosure under the California Public Records Act.