

# SECTION 3 BUSINESS EMPLOYEE LIST

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

- \* List all full-time and part-time employees of the company.
- \* Proof of program participation is required for all participants of the Housing Authority of the City of Cumberland (PH), Allegany and Mineral County Section 8 (S-8) or other federal assistance (FA) Programs.

Employee Name	Address	Date of Hire	FT or PT	Status	Section 3 Yes/No	PH, S-8 or FA

Legend: FT = Full Time      PT = Part Time      Sec. 3 = Section 3 Resident  
 S-8 = Section 8 Resident      PH = Public Housing Resident      FA = Federal Assistance Program Participant

TOTAL NUMBER OF EMPLOYEES: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date:

Attach additional sheets where needed.