

SECTION 3 APPLICANT SELF-CERTIFICATION

The purpose of this form is to comply with HUD Section 3 administration and certification regulations. Section 3 of the HUD Act of 1968 requires that recipients of certain HUD funds provide training, employment and contracting opportunities to low and very low-income persons where the funds are being spent. There is also a preference for providing these opportunities to direct recipients of HUD assistance such as public housing and housing choice voucher (Section 8) holders. A section 3 applicant seeking the preference in training and employment provided by this part shall certify, or submit evidence to the recipient contractor or subcontractor, if requested, that the person is a Section 3 resident. The applicants must meet all the employment requirements just as any other applicant and will receive no special treatment or greater compensation. The Cumberland Housing Group is an Equal Opportunity Employer.

I, _____, qualify as a Section 3 Worker because I am a public housing resident OR meet the income eligibility guidelines for a low-income family as published on the attachment to this form.

Print Name: _____
First Last

Home address: _____
Street Apartment Number Community Name

City State Zip

Telephone #: _____
Home Cell

I graduated high school or obtained a GED: ☐ Yes ☐ No Year Graduated: _____

I read and speak English fluently? ☐ Yes ☐ No

I Attended a College, Trade, or Technical School? ☐ Yes ☐ No Graduated? ☐ Yes ☐ No

Name of School: _____ Year Graduated? _____

Check the skills, trades and/or Professions you have been employed in or contracted to do for others:

- | | | |
|--|---|--|
| <input type="checkbox"/> Drywall Hanging | <input type="checkbox"/> Drywall Finishing | <input type="checkbox"/> Interior Painting |
| <input type="checkbox"/> Framing | <input type="checkbox"/> HVAC | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Interior Plumbing | <input type="checkbox"/> Exterior Plumbing | <input type="checkbox"/> Siding |
| <input type="checkbox"/> Cabinet Hanging | <input type="checkbox"/> Door Replacement | <input type="checkbox"/> Trim Carpentry |
| <input type="checkbox"/> Stucco | <input type="checkbox"/> Window Replacement | <input type="checkbox"/> Construction Cleaning |
| <input type="checkbox"/> Exterior Framing | <input type="checkbox"/> Data Entry | <input type="checkbox"/> Receptionist |
| <input type="checkbox"/> Outside Sales | <input type="checkbox"/> Telephone | <input type="checkbox"/> Administrative |
| <input type="checkbox"/> Teaching/Training | <input type="checkbox"/> Personal Care | <input type="checkbox"/> Landscaping |

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Section 3 Worker who currently or when hired within the past five years fits at least one of the following:

- **Category 1 Worker:** Income for the previous or annualized calendar year is below the income eligibility guideline;
- **Category 2 Worker:** Employed by a Section 3 Business Concern;
- **Category 3 Worker:** A Youthbuild participant

Income Eligibility Guideline* (individual income does not exceed the following amount):

Section 3 Worker	\$52,000
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* HUD FMR Area: Cumberland, MD Published on April 1, 2025

Section 3 Targeted Worker fits at least one of the following:

- **Category 1 Worker:** A worker employed by a Section 3 Business Concern;
- **Category 2 Worker:** A worker currently or when hired within the past five years fits one of the following:
 - 1) Resident of public housing or receives Section 8 assisted housing;
 - 2) A Youthbuild participant

Check all that apply:

☐ I meet the Income Eligibility Guidelines. *Please answer questions below:*

What is your individual annual income? \$_____

☐ I am employed by a Section 3 Business Concern

☐ I am a public housing resident or Section 8 assisted housing resident

☐ I am a Youthbuild participant

I have attached the following documentation as evidence of my status. (Check One):

- ☐ Copy of current Public Housing Lease Development Name: _____
- ☐ Drivers License or State ID
- ☐ Proof of residency at current address
- ☐ Copy of receipt of public assistance
- ☐ Copy of Evidence of participation in a public assistance program
- ☐ Other Evidence

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Applicant Statement:

I understand that this form will be used to verify my residency and eligibility as a Section 3 person in consideration for employment. I certify that all of the information given above is true and correct. If found to be inaccurate, I understand that I may be disqualified as an applicant and/or a certified Section 3 individual which may be grounds for termination of training, employment, or contracts that resulted from this certification.

I attest under penalty of perjury that my total household income annually, based on my total household size, is at or below the income amount for that specific size at the time of this document is being signed and notarized. I understand that proof of this statement may be requested in the future.

Applicant Signature

Date

A picture identification card and proof of current residency is required.

FOR ADMINISTRATIVE USE ONLY

Is the employee a Section 3 worker based upon their self-certification? ☐YES ☐NO

Is the employee a Targeted Section 3 worker based upon their self-certification? ☐YES ☐NO

Was this an applicant who was hired as a result of the Section 3 project? ☐YES ☐NO

If Yes, what is the name of the company? _____

What was the date of hire? _____ Position: _____

EMPLOYERS MUST RETAIN THIS FORM IN THEIR SECTION 3 COMPLIANCE FILE FOR FIVE YEARS.