

General Information

SECTION 3 WORKER CERTIFICATION

Section 3 is the legislative directive from the U.S. Department of Housing and Urban Development (HUD) for providing preference in new employment, training, and contracting opportunities that are generated by HUD-funded projects to income-qualified local residents. Section 3 also provides contracting preferences to businesses that substantially employ local income-qualified residents.

Individuals seeking Section 3 preference in training and employment opportunities shall certify eligibility for Section 3 Worker status and submit evidence to the City of Grand Rapids Community Development Department, recipient contractor, or subcontractor, as requested.

Naı	me								
Address			City			Stat	e	Zip Code	
Telephone Number			Email Address						
	rtification	os" or "No	" for each s	tatamant					
	ease check "Yes" or "No" for each statement.								
1. 2.	I am a resident of public housing or a homeless shelter. I participate in a federal, state, or local public assistance program. Yes No								
3.	I participate in an area Youthbuild Program.								
	If "Yes," wh	ich Youthb	ouild Progra	m:					
4.	My total annual gross <u>household</u> income is within the Income Limits below:							_Yes ☐ No	
	My househo	old size is:							
	•								
	Household Size	1	2	3	4	5	6	7	8
	Income	\$44,800	\$51,200	\$57,600	\$64,000	\$69,150	\$74,250	\$79,400	\$84,500

Effective June 1, 2021; Income limits are subject to annual adjustment.

Resid	dence Verification						
Atta	ch at least one of the following to this o	ertification form:					
	Copy of a valid driver's license or State identification card. Copy must be readable, especially the I.D. number.						
	Resident verification (i.e. lease agreed not your current residence.	ment, utility bill) if the address on your license or State I.D. is					
	or homeless shelter						
<u>Signa</u>	ature						
requ Gran abov	ested and authorize my employer, if and a status as a "Secti	quire verification. I agree to provide documentation if oplicable, to release information required by the City of on 3 Worker." I hereby certify that the information provided falsification of any information could subject me to shment under the law.					
Prin	t Name	Signature					
Date	2	-					
Retu	rn this signed certification form and all	attachments to:					
	of Grand Rapids						
	munity Development Department						
	Monroe Avenue NW, Suite 460 d Rapids, MI 49503						
(For	office use only, do not complete this se	ction)					
Date Certification Received:		Reviewed By:					