

HACA FORM S3-2 SECTION 3 BUSINESS CERTIFICATION

Contract/Solicitation Name or Number:			
Contractor Subcontractor Name of Business:			
Trade/Type of Service/Work Performed:			
Address of Business:			
Physical Address	City	State	Zip
Mailing Address (if different):	City	State	Zip
Business Phone:			-
Email:			
Type of Business: Corporation Partnership Sole			
Select the Section 3 business concern type you are			
supporting documentation. IMPORTANT: Preference	e must be ma		
contract will be in non-compliance and at risk of term	ination.		
 A. Section 3 resident-owned enterprise (51 percent Attach <u>HACA Form S3-6: Section 3 Resid</u> resident status. I am a HACA public housing resident or Attach proof of participation in a public assist 	ent Certification	n for each owner claiming a V resident; or	
Attach the following documentation for busine	1 0		
Copy of Articles on Incorporation	ss entity type,	Partnership Agreement	
Assumed Business Name Certificate Additional documentation, as necessa			
List of owners/stockholders and percentage of	f ownership of	each	·
B. Section 3 status due to at least 30 percent of percent of percent of percent of percent of the section 3 residents within three years of Attach <u>HACA Form S3-5</u> : Existing Employee whether they are eligible for Section 3 resident Attach <u>HACA Form S3-6</u> : Section 3 Resident	of the date of fi <u>e List</u> . List all c nt status.	a rst hire. urrent full-time employees; hir	e date, and
C. Section 3 status by subcontracting more than	a 25 percent of	f the dollar amount of the co	ontract to
Section 3 business concern(s) that meet A or B Attach <u>HACA Form S3-3: Subcontracting</u> amount(s) of intended subcontract commitme Attach <u>HACA Form S3-2: Section 3 Busine</u> Section 3 business concern and required supp	<u>Plan</u> . List of nt. ss Certification	for each subcontractor claimi	
D. I am not a Section 3 Business Concern.	C		
Attach <u>HACA Form S3-5: Existing Employ</u> and whether they are eligible for Section 3 res		ll current full-time employees;	hire date,
The undersigned company official does swear or affirm the best of his/her knowledge and there is no willful intent to			rrect to the
Signature:	Title:		
Print Name:			



HACA FORM S3-5 EXISTING EMPLOYEE LIST

Contract/Solicitation Name or Number:

Contractor	Subcontractor	Name of Business:			
Total No. of Emp	ployees:	Total No. of S	ection 3 Residents:	% of Employees are Section 3 Resident	S

List all current employees, specifically those who will work on the above listed HACA project. If the contractor has claimed Section 3 status due to its staff, at least 30% of the existing employees must be Section 3 residents. A list or spreadsheet may be attached in lieu of this form; however please indicate which employees are Section 3 residents.

Employee Name & Address	Hire Date	Job Classification/Title	Section Reside	
			Yes	No

Contractor must collect HACA Form S3-6: Section 3 Resident Certification for each Section 3 eligible employee.

The undersigned company official does swear or affirm that the information on this form is true and correct to the best of his/her knowledge and there is no willful intent to mislead or commit fraud.

Signature:

Title:

Print Name:

Date:



The purpose of HUD's Section 3 program is to provide employment, training and contract opportunities to low-income individuals whose household income is less than 80% of the area median income. Section 3 requires that, to the greatest extent feasible, employment and other economic opportunities generated by HUD funds be directed to low-income residents, particularly those who are recipients of government assistance for housing, and to business concerns which provide economic opportunities to low-income persons.

All residents of HACA public housing developments and HACA's Housing Choice Voucher holders (Section 8) qualify as Section 3 residents. Additionally, individuals residing in the <u>Austin-Round Rock-San Marcos MSA</u> whose household income falls below HUD's income limits set forth below can qualify as Section 3 residents.

Income Eligibility Guideline (FY 2016 HUD Income Limits)			Select County of Residence		
Number in Household	Low Income (80%)	Select Eligibility		Bastrop	
1	\$43,600 or less			Caldwell	
2	\$49,800 or less			Hays	
3	\$56,050 or less			Travis	
4	\$62,250 or less		Wi	illiamson	
5	\$67,250 or less			N/A	
6	\$72,250 or less		Are you a resident of:		
7	\$77,200 or less		Public	Housing	
8	\$82,200 or less		HCV (S8)	HCV (S8) Housing	
I have not met the above	criteria for Section 3 Resident status.		N/A		
Name:					
Address:					
Physics	al Address	City	State Zip		
Mailing Address (if differe	ent):				
0	Mailing Address	City	State	State Zip	
Phone:	Email:				

Check all that apply:

I am interested in training and employment opportunities:

Please complete page 2 or attach resume.

Release of information: I herby authorize the Housing Authority of the City of Austin to release this information to Section 3 Contractors/Vendors for employment and training opportunities. I understand that the Housing Authority staff will regard this information as personal and confidential and will use said information for the sole purpose of assisting me with obtaining employment and/or training opportunities.

I am applying for an employment opportunity with the Housing Authority of the City of Austin:

Position/Title:		Job No:		
the position for which	n they are applying. An ration of employment an	residents preference in the hiring process so long as y applicant falsely claiming a Section 3 preference ad may be ground for termination of any employmer	e will imm	nediately be
I am an employee of a	HACA Contractor	HACA Subcontractor. Are you a new hire?	Yes	No
Contract/Solicitation	Name or Number:			
Employer:		Hire Date:		
Position/Title:		Registered Apprentice	Yes	No

I certify that I have voluntarily provided the above information. I understand that false statements or information is punishable under federal law.