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 S			
Select the Section 3 business concern type you			
supporting documentation. IMPORTANT: Prefer			
contract will be in non-compliance and at risk of to			
Attach HACA Form S3-6: Section 3 R resident status. I am a HACA public housing resident Attach proof of participation in a public a	or Section 8 HCV	/ resident; or	
Attach the following documentation for bu		•	
Copy of Articles on Incorporation		Partnership Agreement	
Assumed Business Name Certificate			
List of owners/stockholders and percentage			•
B. Section 3 status due to at least 30 percent or were Section 3 residents within three years Attach HACA Form S3-5: Existing Employment whether they are eligible for Section 3 residents HACA Form S3-6: Section 3 Residents	ars of the date of find over List. List all custident status.	rst hire. rrent full-time employees	; hire date, and
C. Section 3 status by subcontracting more section 3 business concern(s) that meet A of	-	the dollar amount of the	he contract to
Attach <u>HACA Form S3-3: Subcontract</u> amount(s) of intended subcontract common Attach <u>HACA Form S3-2: Section 3 Bu</u>	itment. siness Certification	for each subcontractor cl	
Section 3 business concern and required s	supporting document	ation.	
D. I am not a Section 3 Business Concern.			
Attach HACA Form S3-5: Existing Empand whether they are eligible for Section	•	current full-time employ	yees; hire date,
The undersigned company official does swear or affin best of his/her knowledge and there is no willful inter-			d correct to the
Signature:	Title:		
Print Name:			



Contract/Solicitation Name or Number:				
Contractor Subcontractor Name of Business:				
Total No. of Employees: % of Employees are Se		% of Employees are Section	ion 3 Resi	dents
List all current employees, specifically those who will work on the above to its staff, at least 30% of the existing employees must be Section 3 residence indicate which employees are Section 3 residents.				
Employee Name & Address	Hire Date	Job Classification/Title	Section 3 Resident	
			Yes	No
Contractor must collect HACA Form S3-6: Section 3 Resident Certification	on for each Section	on 3 eligible employee.		
The undersigned company official does swear or affirm that the informat there is no willful intent to mislead or commit fraud.	ion on this form	is true and correct to the best of his/her	knowled	ge and
Signature:	Title:			
Print Name:				

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 2017 HUD Income Limits)			
Number in Household	Low Income (80%)	Select Eligibility	
1	\$45,600 or less		
2	\$52,100 or less		
3	\$58,600 or less		
4	\$65,100 or less		
5	\$70,350 or less		
6	\$75,550 or less		
7	\$80,750 or less		
8	\$85,950 or less		
I have not met the above	criteria for Section 3 Resident status.		

Signature

Select County of Residence			
Bastrop			
Caldwell			
Hays			
Travis			
Williamson			
N/A			
Are you a resident of:			
Public Housing			
HCV (S8) Housing			
N/A			

Name:					
Address:	Physical Address				
			State	Zip	
Mailing Ad	dress (if different):	City	State	Zip	
Phone:	<u> ç</u>	nail:		•	
Check all th	nat apply:				
I am in	terested in training and employment opp	ortunities:			
the info	ormation to Section 3 Contractors/Veno Housing Authority staff will regard ormation for the sole purpose of assisting	this information as person g me with obtaining employ	al and confidentia ment and/or trainin	al and wil	l use said
_	plying for an employment opportunity v		•		
HA the rem	sition/Title:	residents preference in the hir y applicant falsely claiming a	ing process so long a Section 3 preferenc	ce will imm	qualified for nediately be
I am an	employee of a HACA Contractor	HACA Subcontractor. Are	e you a new hire?	Yes	No
Cor	ntract/Solicitation Name or Number:				
Em	ployer:		Hire Date:		
Pos	sition/Title:	Registe	red Apprentice	Yes	No
•	at I have voluntarily provided the above under federal law.	e information. I understand	that false stateme	ents or info	ormation is

Print Name

Date