

**SECTION 3 WORKER AND TARGETED SECTION 3 WORKER SELF-CERTIFICATION – 2022**

**Carroll County: Effective 6/15/22**

**Instructions:**

1. A section 3 worker seeking certification shall self-certify and submit this form to the recipient contractor or subcontractor, that the person is a Section 3 worker or Targeted Section 3 Worker as defined in 24 CFR Part 75.
2. Enter/select the appropriate information to confirm your Section 3 worker or Targeted Section 3 Worker status.

Submitted to: \_\_\_\_\_ (“Contractor”) (“Subcontractor”).

I, \_\_\_\_\_, am a legal resident of \_\_\_\_\_.

My permanent address is: \_\_\_\_\_

I am a Section 3 resident because **(must check one)**:

- I am currently a resident of public housing or a Housing Choice Voucher Holder (Section 8).
- I am currently, or within the past five years have been, a resident of public housing or a Housing Choice Voucher Holder (Section 8).
- I am currently, or within the past five years have been, living within one mile of the Section 3 project.
- I am currently, or within the past five years have been, a Youth Build participant.
- I am currently below the income limit for this year or at the time of hire was below the income limit established by HUD for the past five years as indicated below.

Fiscal Year	2022 Eff. 6/15/22	2021 Eff. 6/1/21	2020 Eff. 7/1/20	2019 Eff. 7/1/19	2018 Eff. 6/1/18	2017 Eff. 4/1/17
<b>Low – Income (80% AMI)</b>	\$35,950	\$32,100	\$33,750	\$31,300	\$28,500	\$25,550

*The status of a Section 3 worker shall not be negatively affected by a prior arrest or conviction. Nothing in this part shall be construed to require the employment of someone who meets this definition of a Section 3 worker. Section 3 workers are not exempt from meeting the qualifications of the position to be filled.*

I can provide the following documentation as evidence of my status (if requested, I can provide at least one):

- Copy of lease in a Federally assisted program
- Copy of receipt of public assistance program
- Copy of evidence of participation in public assistance program that assists low or very low-income persons
- Copy of individual income tax return(s)

**Employee Affirmation**

I affirm that the above statements (on frontside of this form) are true, complete, and correct to the best of my knowledge and belief. I hereby certify, under penalty of law, that the following information is correct to the best of my knowledge.

Print Name: \_\_\_\_\_ Date Hired: \_\_\_\_\_

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