

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

Lincoln 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, 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 |
|-----------------------------------|----------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| Low – Income (80% AMI) | \$34,650 | \$31,000 | \$29,550 | \$27,750 | \$26,350 | \$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
- 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: _____