

SECTION 3 BUSINESS CONCERN CERTIFICATION APPLICATION

Dear Business Owner:

This is your invitation to become certified as a Section 3 Business Concern. As part of our effort to promote contract, employment and training opportunities for compliance with federal Section 3 regulations, we have created this simple Section 3 certification application process. In order to promote compliance with Section 3.

A Section 3 resident is:

- (1) A public housing resident; or
- (2) An individual who resides in the city or county in which the Section 3 covered assistance is expended, and who is: A low-income person, or a very low income person, who have a household income that falls below [HUD's income limits](#) (including the homeless in which Section 3 Projects are located, participants in Youth build programs, and other low income individuals).
- (3) A person seeking the training and employment preference provided by section 3 bears the responsibility of providing evidence (if requested) that the person is eligible for the preference

Section 3 business concerns are businesses that can provide evidence that they meet one of the following criteria:

- a) 51 percent or more owned by Section 3 residents; or
- b) At least 30 percent of its full time employees include persons that are currently Section 3 residents, or were Section 3 residents within three years of the date of first hire*; or
- c) Provides evidence, as required, of a commitment to subcontract in excess of 25 percent of the dollar award of all subcontracts to business concerns that meet one of the first two qualifications above.

All applicants seeking this recognition must complete and submit the enclosed Section 3 Business Concern Application form. If your company is qualified because it is owned by one or more Section 3 residents, then complete form A-1, "*Section 3 Business Concern – Resident Business Owner(s)*". If your company is qualified because 30% or more of its full time permanent workforce are Section 3 Residents as defined above, then complete form B-1, "*Section 3 Business Concern – 30%+ Workforce*". **YOU NEED ONLY SUBMIT THE BUSINESS CONCERN APPLICATION FORM WITH EITHER A-1 OR B-1 TO BE ELIGIBLE FOR SECTION 3 CERTIFICATION.**

Please answer all questions and sign the forms. Please mail the form to Sherry Kurtz, P.O. Box 6652, Americus, Ga. 31709.

If you have any questions or concerns, please feel free to contact Sherry Kurtz at 229-928-5779.

SECTION 3 BUSINESS CONCERN APPLICATION

Business Name:		
D.B.A. (if different from above):		
Address:	City:	State/Zip:
Business Phone: ()	Fax: ()	
E-Mail:	Business Website:	
Employer Identification Number:	Owners Social Security Number (if no EIN):	
Contact Person & Title:	Contact Phone:	
Trade Description:		
<input type="checkbox"/> Carpentry	<input type="checkbox"/> Heating (HVAC)	<input type="checkbox"/> Electrical
<input type="checkbox"/> Painting	<input type="checkbox"/> Masonry Restoration	<input type="checkbox"/> Asbestos
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Roofing	<input type="checkbox"/> Lead Abatement
<input type="checkbox"/> GC	<input type="checkbox"/> Exterminating	<input type="checkbox"/> Carpet/Flooring
<input type="checkbox"/> Boiler/Burner Replacement	<input type="checkbox"/> Rubbish Removal	<input type="checkbox"/> Ironwork
<input type="checkbox"/> Accountant Services	<input type="checkbox"/> Legal Services	<input type="checkbox"/> Demolition
<input type="checkbox"/> Other _____		
Date Business was established: ____ / ____ / ____ <i>Month</i> <i>Day</i> <i>Year</i>		
Type of Business Entity (check one):		
<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Limited Liability Corporation (LLC)	<input type="checkbox"/> Limited Liability Partnership (LLP)	
<input type="checkbox"/> Joint Venture	Other (Describe): _____	
Number of employees: Full-time: ____ Part-time: ____ Contract: ____ Total: ____		
Section 3 employees: Full-time: ____ Part-time: ____ Contract: ____ Total: ____		

**SECTION 3 BUSINESS CONCERN
Resident Business Owner(s)**

Name of Owner: _____

Home Address: _____

Name of Business: _____

Percentage of Ownership: _____ %

Check the appropriate box for your family size and income:

Check Box	# of Persons in Household	Gross Household Income Max. (2017)			
		Walton County	Morgan County		
<input type="checkbox"/>	1 Person	37,800	31,650		
<input type="checkbox"/>	2 Persons	43,200	36,200		
<input type="checkbox"/>	3 Persons	48,600	40,700		
<input type="checkbox"/>	4 Persons	54,000	45,200		
<input type="checkbox"/>	5 Persons	58,350	48,850		
<input type="checkbox"/>	6 Persons	62,650	52,250		
<input type="checkbox"/>	7 Persons	67,000	56,050		
<input type="checkbox"/>	8 Persons	71,300	59,700		

I certify that I am a resident of _____ County. My Total Household Income last year was less than the amount shown above for my family size for my corresponding county.

If the business is owned by more than one Section 3 resident, each should submit a separate Resident Business Owner Verification Form. List each owner below:

I certify that the Section 3 residents listed below own at least 51% of the business.

Name	Position	Percentage of Ownership

I certify that the information provided is true and accurate.

Print Name:	Date:
Signature:	

SECTION 3 BUSINESS CONCERN - 30% + WORKFORCE

A business can be certified as a Section 3 Business Concern if at least 30% of its permanent, full-time employees are Section 3 residents, or were Section 3 residents within three years of the date of first employment with the business. For your firm to be eligible UNDER THIS CRITERIA, you must provide the following information for all permanent FT employees. All employees list below must complete the Section 3 Resident or Employee Household Income Certification Form.

Copy this form if necessary.

<u>LIST ALL EMPLOYEES</u> NAME & ADDRESS	DATE HIRED (MM/DD/YYYY)	CHECK IF SECTION 3 RESIDENT	JOB TITLE/TRADE
Name: Address: City/Zip:		<input type="checkbox"/>	
Name: Address: City/Zip:		<input type="checkbox"/>	
Name: Address: City/Zip:		<input type="checkbox"/>	
Name: Address: City/Zip:		<input type="checkbox"/>	
Name: Address: City/Zip:		<input type="checkbox"/>	
Name: Address: City/Zip:		<input type="checkbox"/>	
Name: Address: City/Zip:		<input type="checkbox"/>	
Name: Address: City/Zip:		<input type="checkbox"/>	
Total Number of Employees:			
Number of Section 3 Residents:			
% of Total Workforce:			

I certify that the above statements are true, complete, and correct to the best of my knowledge and belief.

Print Name:

Title:

Company Name:

Date:

Signature: _____