



MPHA Section 3 Business Self-Certification

BASIC INFORMATION

1. Company Name: Twell Environmental, Inc.
2. Company Address: 6009 - 78th Ave N
City Brooklyn Park State MN Zip 55443 County Hennepin
3. Telephone Number: 763-566-6900 E-mail address: lee.tufvander@twellenv.com
4. Type of Business: S-Corp

TYPES OF SECTION 3 BUSINESS ENTERPRISES

- Corporation Partnership
 Sole Proprietorship Joint Venture

The Vendor represents and certifies that it:

is a Section 3 business as indicated below [Check Applicable Category & Subcategory]:

CATEGORY 1

Fifty-one percent (51%) or more owned by a MPHA resident(s); or

Full-time, permanent workforce includes thirty percent (30%) of the above MPHA residents as employees.

CATEGORY 2

Fifty-one percent (51%) or more owned by residents of another specific community or communities managed by other Housing Agencies in the Metropolitan area in which the section 3-covered assistance is expended; or

Full-time, permanent workforce includes thirty percent (30%) of the above residents as employees.



___ CATEGORY 3

___ Business concerns participating in HUD Youth-build programs being carried out in the Metropolitan area in which the section 3-covered assistance is expended; or **(MPHA does not participate in this program)**

___ CATEGORY 4

___ Fifty-one percent (51%) or more owned by Section 3 residents; or

___ Full-time, permanent workforce includes no less than thirty percent (30%) Section 3 residents; or

___ Will subcontract at least twenty-five percent (25%) of the total amount of subcontracts to business concerns identified above.

Businesses claiming a Section 3 status by subcontracting 25% of the total dollar amount awarded to qualified Section 3 businesses will be required to sign affidavit committing to the above declaration.

HUD Income Limit Area for Minneapolis-St. Paul- Bloomington, MN-WI HUD Metro FMR Area Income Limits - Effective June 2018.

Family Size	1	2	3	4	5	6	7	8
Income	\$50,350	\$57,550	\$64,750	\$71,900	\$77,700	\$83,450	\$89,200	\$94,950

VERIFICATION - The company hereby agrees to provide, upon request, documents verifying the information provided on this form.

I declare and affirm under penalty of law that the statements made herein are true and accurate to the best of my knowledge. I understand that falsifying information and incomplete statements will disqualify certification status.

Signature of Business Owner or Authorized Representative:  Owner

Date: 5-6-19