



**HACA FORM S3-5
EXISTING EMPLOYEE LIST**

Contract/Solicitation Name or Number: _____

Contractor Subcontractor Name of Business: _____

Total No. of Employees: _____ Total No. of Section 3 Residents: _____ _____ % of Employees are Section 3 Residents

List all current employees, specifically those who will work on the above listed HACA project. If the contractor has claimed Section 3 status due to its staff, at least 30% of the existing employees must be Section 3 residents. A list or spreadsheet may be attached in lieu of this form; however please indicate which employees are Section 3 residents.

| Employee Name & Address | Hire Date | Job Classification/Title | Section 3 Resident | |
|-------------------------|-----------|--------------------------|--------------------|----|
| | | | Yes | No |
| | | | Yes | No |
| | | | Yes | No |
| | | | Yes | No |
| | | | Yes | No |
| | | | Yes | No |
| | | | Yes | No |
| | | | Yes | No |
| | | | Yes | No |
| | | | Yes | No |

Contractor must collect [HACA Form S3-6: Section 3 Resident Certification](#) for each Section 3 eligible employee.

The undersigned company official does swear or affirm that the information on this form is true and correct to the best of his/her knowledge and there is no willful intent to mislead or commit fraud.

Signature: _____

Title: _____

Print Name: _____

Date: _____



HACA FORM S3-6

SECTION 3 RESIDENT CERTIFICATION

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 [Austin-Round Rock-San Marcos MSA](#) 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. | | |

| 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 City State Zip

Mailing Address (if different): ¹ _____
Mailing Address City State Zip

Phone: _____ Email: _____

Check all that apply:

I am interested in training and employment opportunities:

Please complete page 2 or attach resume.

Release of information: I hereby authorize the Housing Authority of the City of Austin to release this information to Section 3 Contractors/Vendors for employment and training opportunities. I understand that the Housing Authority staff will regard this information as personal and confidential and will use said information for the sole purpose of assisting me with obtaining employment and/or training opportunities.

I am applying for an employment opportunity with the Housing Authority of the City of Austin:

Position/Title: _____ Job No: _____

HACA’s Section 3 Program provides Section 3 residents preference in the hiring process so long as they are qualified for the position for which they are applying. Any applicant falsely claiming a Section 3 preference will immediately be removed from consideration of employment and may be ground for termination of any employment or contract that has resulted from a false certification.

I am an employee of a HACA Contractor HACA Subcontractor. Are you a new hire? Yes No

Contract/Solicitation Name or Number: _____

Employer: _____ Hire Date: _____

Position/Title: _____ Registered Apprentice Yes No

I certify that I have voluntarily provided the above information. I understand that false statements or information is punishable under federal law.

 Signature *Maria Lujano* Print Name Date