



## MPHA Section 3 Business Self-Certification

### BASIC INFORMATION

1. Company Name: \_\_\_\_\_
2. Company Address: \_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_
3. Telephone Number: \_\_\_\_\_ Email address: \_\_\_\_\_
4. Type of Business: \_\_\_\_\_

### 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 residents of the specific community or communities for which the Section 3 covered assistance is expended; or

\_\_\_\_\_ Full-time, permanent workforce includes thirty percent (30%) of the above 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 in excess of twenty-five percent (25%) of the total amount of subcontracts to business concerns identified above.

For businesses claiming section 3 status by subcontracting 25% of the total dollar amount awarded to qualified section 3 businesses, will be required to sign an 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: \_\_\_\_\_

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