

MPHA Section 3 Business Self-Certification

BASIC INFORMATION 1. Company Name: 2. Company Address: City_____State ____Zip___County____ 3. Telephone Number:_____ E-mail 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 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 3covered assistance is expended; or Full-time, permanent workforce includes thirty percent (30%) of the above residents as employees.



CA1	TEGORY 3							
<u>Metro</u> polita	iness concer in area in wh e in this pro	ich the secti						
CATI	EGORY 4							
Fifty	-one percen	t (51%) or m	ore owned	I by Section	3 resident	s; or		
Full- or	-time, perma	nent workfo	rce include	s no less th	an thirty pe	ercent (30%) Section 3	residents;
	subcontract iness conce			rcent (25%)) of the tota	l amount of	f subcontra	cts to
	s claiming a s ection 3 busi		•	-				
FMR Area Family	me Limit Are Income Lim		•		omington,	MN-WI HU	D Metro	8
Size Income	\$50,350	\$57,550	\$64,750	\$71,900	\$77,700	\$83,450	\$89,200	\$94,950
information I declare a to the bes	TION - The on provided on and affirm un t of my know s will disqua	this form. nder penalty wledge. I un	y of law th	at the state	ements ma	ide herein	are true ar	nd accurate
Signature o	of Business (Owner or Au	thorized Re					
				D	ate:			