APPLICATION FOR SECTION 3
BUSINESS CONCERN PREFERENCE

Name of Business: _____

Address of Business: _____

Contact Person: _____ Job Title: _____

Telephone #: (_____)_____E-mail: _____

This application must be fully completed for any business claiming a Section 3 Business Preference. The business must select one of the three items below and provide required documentation to be considered for Section 3 Business Preference.

Type of Business Entity: Corporation ☐ Partnership ☐ Sole Proprietorship ☐ Joint Venture ☐

Does the business qualify as MBE/WBE? MBE ☐ WBE ☐

TYPE OF BUSINESS CONCERN

The business certifies that it is a Section 3 Business Concern based on:

☐ (Type 1) Business is at least 51% owned and controlled by current Public Housing residents who currently live in Section 8 assisted housing.

- Provide signed Section 3 Worker Claim Form for each Section 3 owner (Form 4)
- Provide copy of Business License
- Provide list of owners/stockholders (Form 1)

☐ (Type 2) Business is 51% or more owned and controlled by low or very low-income persons.

- Provide signed Section 3 Worker Claim Form for each owner (Form 4)
- Provide copy of Business License
- Provide list of owners/stockholders (Form 1)

☐ (Type 3) Over 75% of the labor hours performed for the business over the prior three-month period are performed by Section 3 workers.

- Provide documentation of labor hours from the past three-month period and the list of Section 3 Employees & Classifications of who worked the hours (Form 2 & 3);
- *(If requested)* please also provide the signed Section 3 Worker Claim Form for each worker (Form 4).

PROJECT SPECIFIC INFORMATION

Please indicate the category the business falls under

(Mark X)	**Section 3 Business Preference Description**
☐	**Category 1**. Business concerns that are 51 percent owned and controlled by current Public Housing residents who currently live in Section 8 assisted housing.
☐	**Category 2.** Business is 51% or more owned and controlled by low or very low-income persons.
☐	**Category 3**. Over 75% of the labor hours performed for the business over the prior three-month period performed by Section 3 workers.

The undersigned business hereby declares the information within this completed application (and any attachments) is, to the best of his/her knowledge, true and accurate. The business is aware that if the Agency discovers that any such information is not true and accurate, such shall allow the Agency to not award the business a Business Preference and, if the Agency deems such is warranted, may declare the business nonresponsive and not allow such to receive an award.

_____

Applicant Signature Date

_____

Print

FORM 1: COMPANY OWNERSHIP

This form is for businesses claiming at least 51% ownership and controlled by current Public Housing residents who currently live in Section 8 assisted housing OR low or very low-income persons.

(1) **Owner's Name**	(2) **Is the Owner a Section 3 Resident?**[1]	(2) **Owner's address** *(Please specify whether in public housing or Section 8)*	(2) **Percentage of the business owned by each individual**
	☐		
	☐		
	☐		
	☐		
	☐		
	☐		
	☐		
	☐		
	☐		
	☐		

FORM 2: LIST OF SECTION 3 EMPLOYEES

Business: _____ Total # of Employees: _____ # of Section 3 Employees: _____

		If Section 3 qualified		
(1) Employee Name	**(2) Sec. 3 Employee (Y/N)**	**(3) Date of Hire**	**(4) Public Housing Resident?**	**(5) Full Time or Part Time**

By signing, signatory agrees to provide Section 3 Worker Claim Forms and proof of qualification for each of the listed Section 3 employees, if requested.

Signature: _____ **Date:** _____

FORM 3: SECTION 3 EMPLOYEES BY CLASSIFICATION

(1) Classification	(2) Total Number of Current Permanent Employees	(3) Total Number of Section 3 Resident Employees
Trainees		
Apprentices		
Journeypersons		
Laborers		
Supervisory		
Superintendent		
Professional		
Clerical		
Other:		
Total		

FORM 4: SECTION 3 WORKER CLAIM FORM

Name: _____ Phone Number: _____

Address: _____ Last 4 digits of SSN: _____

Employer: _____ Employment Start Date:[2] _____

PART 1

☐ Option A: Public housing resident

☐ Section 8 ☐ Public Housing Property [property name: _____]

Head of household (name on the lease): _____

Please continue to the signature part of this form (Part 2).

☐ Option B: Low-income person (non-public housing resident)

Please specify (✓) your family size and confirm your household income level

Family Size	1	2	3	4	5	6	7	8
Household Income Level (Very Low Income)	☐ Less than $24,500	☐ Less than $28,000	☐ Less than $31,500	☐ Less than $34,950	☐ Less than $37,750	☐ Less than $40,550	☐ Less than $43,350	☐ Less than $46,150
Family Size	1	2	3	4	5	6	7	8
Household Income Level (Low Income)	☐ Less than $39,150	☐ Less than $44,750	☐ Less than $50,350	☐ Less than $55,900	☐ Less than $60,400	☐ Less than $64,850	☐ Less than $69,350	☐ Less than $73,800

Type of verification provided *(only one type is required)*

☐ Proof of participation in a low-income assistance program (for example, TANF)

☐ Proof of Youthbuild program participation

☐ Income tax records (for the most recent year)

☐ Proof of participation in a federally assisted program such as a job training program.

PART 2

The undersigned by his/her signature declares under penalty of perjury that the above information is complete and correct.

_____ _____

Signature of Section 3 Worker Date

[2] Once certified as Section 3, a worker remains section 3 for five years. A worker who has been employed for more than a year but was (uncertified) Section 3 when hired, can become certified as section 3. Please write the date on which you began work with the company

To be Completed by Contractors or staff of the Fresno Housing Authority	
I confirm that I have seen qualifying proof for the individual whose name appears at the top of this form.	
_____	_____
Signature	Company/ Organization Name