



Housing Authority of Savannah

PO Box 1179

Savannah, GA 31402-1179

(912) 235-5800

(912) 233-2553 fax

CONTRACTOR/SUBCONTRACTOR EMPLOYEE ROSTER

Please include all employees that will appear on Certified Weekly Payrolls and for Section 3 compliance under the contract.

PROJECT NAME: _____

CONTRACTOR OR SUBCONTRACTOR: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

Employee Name	Job Title	Hire Date	Is the Employee a resident of Bryan, Chatham, or Effingham County?	If Yes, does the Employee meet the definition of low income as defined by the household/income table on Page 2?
			Yes No	Yes No
			Yes No	Yes No
			Yes No	Yes No
			Yes No	Yes No
			Yes No	Yes No
			Yes No	Yes No
			Yes No	Yes No
			Yes No	Yes No
			Yes No	Yes No

Employee Name	Job Title	Hire Date	Is the Employee a resident of Bryan, Chatham, or Effingham County?		If Yes, does the Employee meet the definition of low income as defined by the household/income table below?	
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No

Section 3 Income Limits Effective 2023

Number in Household	Low Income
1 individual	\$49,450
2 individuals	\$56,500
3 individuals	\$63,550
4 individuals	\$70,600
5 individuals	\$76,250
6 individuals	\$81,900
7 individuals	\$87,500
8 individuals	\$93,200