



## Section 3 Business Concern Certification for Contracting

Instructions: Enter the following information and select the criteria that applies to certify your business' Section 3 Business Concern status.

### Business Information

Name of Business

Address of Business

Name of Business Owner

Phone Number of Business Owner

Email Address of Business Owner

### Preferred Contact Information

Same as above

Name of Preferred Contact

Phone Number of Preferred Contact

### Type of Business (select from the following options):

Corporation

Partnership

Sole Proprietorship

Joint Venture



**Select from ONE of the following three options below that applies:**

At least 51 percent of the business is owned and controlled by low- or very low-income persons (refer to income guidelines on page 3).

At least 51 percent of the business is owned and controlled by current public housing residents or residents who currently live in Section 8-assisted housing.

Over 75 percent of the labor hours performed for the business over the prior three-month period is performed by Section 3 workers (Refer to definition on page 4).

**Business Concern Affirmation**

I affirm that the above statements (on page one of this form) are true, complete, and correct to the best of my knowledge and belief. I understand that businesses who misrepresent themselves as Section 3 business concerns and report false information to \_\_\_\_\_ [insert name of recipient/grantee] may have their contracts terminated as default and be barred from ongoing and future considerations for contracting opportunities. I hereby certify, under penalty of law, that the following information is correct to the best of my knowledge.

Print Name:

Signature:

Date:

<i>FOR ADMINISTRATIVE USE ONLY</i>	
<i>Is the business a Section 3 business concern based upon certification?</i>	
<i>Yes</i>	<i>No</i>
<i>EMPLOYERS MUST RETAIN THIS FORM IN THEIR SECTION 3 COMPLIANCE FILE FOR FIVE YEARS</i>	

\*Certification expires within six months of the date of signature.

Phone: (210) 207-5484 Website: <https://www.sa.gov/Directory/Departments/NHSD/Partners-Develops/Certifications> Email: [gmasection3coordinator@sanantonio.gov](mailto:gmasection3coordinator@sanantonio.gov)



## Eligibility Guidelines

The worker's income must be at or below the amount provided below for an individual (household of 1) regardless of actual household size. Income is used for the *previous* or annualized calendar year.

### 2022 Individual Income Limits

Household Size	Extremely Low-Income (30 percent of Median)	Very Low-Income (50 percent of Median)	Low-Income (80 percent of Median)
1	\$17,400 or less	\$17,401 - \$29,050	\$29,051 - \$46,450

See <https://www.huduser.gov/portal/datasets/il.html> for most recent income limits.

#### Section 3 Worker Definition:

- A low- or very low-income resident (the worker's income for the previous or annualized calendar year is below the income limit established by HUD); or
- Employed by a Section 3 business concern; or
- A YouthBuild participant

#### Targeted Section 3 Worker Definition:

- Employed by a Section 3 business concern; or
- Currently meets or when hired met at least one of the following categories as documented within the past five years:
  - ❖ A resident of public housing; or
  - ❖ A resident of other public housing projects or Section 8-assisted housing; or
  - ❖ A YouthBuild participant