

MARYLAND DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

SECTION 3 WORKER CERTIFICATION FORM

This project includes funding from the U.S. Department of Housing and Urban Development and requires compliance with Section 3 regulations and requirements. The requested information will remain confidential and viewed only by your employer, authorized representatives of the project, the State of Maryland and the U.S. Department of Housing and Urban Development.

Employee Name: _____

Street Address: _____ (No PO Box)
_____ County: _____

Date of Hire: _____

What was the total amount of income earned by you during the past 12 months? Only count your income and not any income or financial assistance for other members of your household.

I affirm that the above statement is true, complete and correct to the best of my knowledge and belief.

Signature: _____

Date: _____

Contractor/Subcontractor: _____

The employer's representative must certify that the identified income for and existing employee is what was paid in the previous year or is the salary to be provided to a new hire.

Name: _____

Signature: _____

Date: _____

For Administrative Use Only:

Income Limits used: County _____ Year _____

Is the person: _____ Low Income _____ Very Low Income

Does the person qualify as a Section 3 Worker? ___ YES ___ NO

Does the person qualify as a Targeted Section 3 Worker? ___ YES ___ NO

Does the person work for a certified Section 3 Business Concern? ___ YES ___ NO

Does the person reside within a one-mile radius of the Section 3 project? ___ YES ___ NO

Does the person reside in the Section 3 service area? ___ YES ___ NO

Reviewed by: _____ Date: _____

This person is certified as a Section 3 Worker for a five year period through _____.