

**Federal Section 3
Worker/Targeted Worker/Employer Certification**

Name:			
Permanent Address:			
I am a resident of:	Community:	County:	

Section 3 Income Limit as of June 1, 2022 for the County of County , where this project will take place.
1 person = \$ Amount

Annualized Income Formula: **Base** rate of pay \$ _____ x 2080 = _____

Section 1: Worker Self-Certification

Please read the following statements and **check all that apply to you currently or during the time period beginning November 30, 2020.**

My individual annual income was at or below 80% Area Median Income (AMI) figure for a household of 1 for the county or area in which I live. (Table at the end of this packet provides annual 80% limits for each county.)

I am or was a YouthBuild participant (within a 5-year window beginning on or after November 30, 2020).

Start (MM/DD/YYYY): End (MM/DD/YYYY):

I am or was a resident of public housing (within a 5-year window beginning on or after November 30, 2020).

Start (MM/DD/YYYY): End (MM/DD/YYYY):

I am or was a resident of other public housing projects or Section 8-assisted housing (within a 5-year window beginning on or after November 30, 2020).

Start (MM/DD/YYYY): End (MM/DD/YYYY):

None of the above apply to me.

I affirm that the above statements are true, complete, and correct to the best of my knowledge and belief. Any false statements made knowingly and willfully may subject the signer to penalties under Section 1010 of Title 18 of the United States Code.

Printed or Typed Name	Signature	Date

**Federal Section 3
Worker/Targeted Worker/Employer Certification Section 2:**

Employee Certification

Employer Name:	
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Employee Name:	
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Please read the following statements and **check all that apply to your employee currently or during the 5-year window from when you are first certifying them. The 5-year period cannot begin before November 30, 2020**

___ The employee listed in section 1 of this form is employed by our company, which is a Section 3 Business concern.

___ The individual annual income was at or below 80% Area Median Income (AMI) figure for a household of 1 for the county or area in which the employee resides. (Table at the end of this packet provides annual 80% limits for each county.)

(For Housing and Community Development projects)

Date of Residence:

___ Lives within the project service area as defined by the Grantee.
(See service area map on following page)

- **Typically, this is a 1-mile radius of the project site or is within the allowed project service area (within the 5-year window).**
- **If fewer than 5,000 people live within one mile of the project site, the area is extended to a circle centered on the project site that encompasses a population of 5,000 people according to the recent census.**

___ None of the above apply.

I affirm that the above statements are true, complete, and correct to the best of my knowledge and belief. Any false statements made knowingly and willfully may subject the signer to penalties under Section 1010 of Title 18 of the United States Code.

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Printed or Typed Name and Title

Signature

Date