

SECTION 3 RESIDENT SELF-CERTIFICATION

(2017 INCOME GUIDELINES)

Resident's Name: _____

Resident's Address: _____

I hereby certify that I am a Section 3 resident, based on the following qualification(s):

1. I am a Public Housing Resident (Specify the Name of the Public Housing Unit):

2. I am a low-income resident of the County of Washoe in which the Section 3 covered assistance is expended (Specify the Name of the Section 3 covered project):
Alpine Haven Apartments, Sparks, NV 89431

Select your household size and your corresponding annual gross income level (from all sources):

HOUSEHOLD SIZE	INCOME LEVEL
<input type="checkbox"/> 1	<input type="checkbox"/> \$38,150 or less
<input type="checkbox"/> 2	<input type="checkbox"/> \$43,600 or less
<input type="checkbox"/> 3	<input type="checkbox"/> \$49,050 or less
<input type="checkbox"/> 4	<input type="checkbox"/> \$54,500 or less
<input type="checkbox"/> 5	<input type="checkbox"/> \$58,900 or less
<input type="checkbox"/> 6	<input type="checkbox"/> \$53,250 or less
<input type="checkbox"/> 7	<input type="checkbox"/> \$67,600 or less
<input type="checkbox"/> 8	<input type="checkbox"/> \$71,950 or less

THE UNDERSIGNED DECLARES THAT THE ABOVE INFORMATION IS COMPLETE AND CORRECT.

Signature of Section 3 Resident

Date

Must Be Completed by Employer

Name of Employer: _____

The above-named person is a permanent full-time employee who was hired on _____

This person's Job Classification is _____

Employer's Signature _____

To Be Completed by Local Contracting Agency

Preference Category: Targeted Service Area Youthbuild McKinney Homeless Other Section 3

Income Level: Low Very Low

Census Tract Number: _____