

SECTION 3 RESIDENT SELF-CERTIFICATION

(2016 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 Contra Costa in which the Section 3 covered assistance is expended (Specify the Name of the Section 3 covered project):

Tabora Gardens Senior Apartments, 3557 Tabora Drive, Antioch, CA 94509

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"/> \$52,650 or less
<input type="checkbox"/> 2	<input type="checkbox"/> \$60,150 or less
<input type="checkbox"/> 3	<input type="checkbox"/> \$67,650 or less
<input type="checkbox"/> 4	<input type="checkbox"/> \$76,150 or less
<input type="checkbox"/> 5	<input type="checkbox"/> \$81,200 or less
<input type="checkbox"/> 6	<input type="checkbox"/> \$87,200 or less
<input type="checkbox"/> 7	<input type="checkbox"/> \$93,200 or less
<input type="checkbox"/> 8	<input type="checkbox"/> \$99,200 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: _____