

Section 3 Resident Certification

Eligibility for Preference: A Section 3 resident seeking preference in training and employment shall certify, or submit evidence to the recipient, contractor, or agency, if requested, that the person qualifies as a Section 3 resident, as defined in 24 CFR 135.5.

Name: _____
 Home Address: _____ City/State/Zip: _____
 Phone # : _____ Alternate #: _____ Email: _____
 Homeless: _____ Yes _____ No

1. I meet the following criteria to be a Section 3 Resident:
- _____ I am a resident of public housing, **OR**
- _____ I meet the income limits for the New Orleans-Metairie FMR Area listed below:

INCOME CERIFICATION

Please find your household size below and check the box that best corresponds to your annual household income amount. Individuals who meet the income limits set forth below can qualify for Section 3 status for three years from the most recent qualifying year.

INCOME CERIFICATION			
Please find your household size below and check the box that best corresponds to your annual household income amount. Individuals who meet the income limits set forth below can qualify for Section 3 status for three years from the most recent qualifying year.			
Household size	Year 2020	Year 2019	Year 2018
1 Person	<input type="checkbox"/> \$40,700 or below	<input type="checkbox"/> \$38,000 or below	<input type="checkbox"/> \$34,550 or below
2 People	<input type="checkbox"/> \$46,500 or below	<input type="checkbox"/> \$43,400 or below	<input type="checkbox"/> \$39,500 or below
3 People	<input type="checkbox"/> \$52,300 or below	<input type="checkbox"/> \$48,850 or below	<input type="checkbox"/> \$44,450 or below
4 People	<input type="checkbox"/> \$58,100 or below	<input type="checkbox"/> \$54,250 or below	<input type="checkbox"/> \$49,350 or below
5 People	<input type="checkbox"/> \$62,750 or below	<input type="checkbox"/> \$58,600 or below	<input type="checkbox"/> \$53,300 or below
6 People	<input type="checkbox"/> \$67,400 or below	<input type="checkbox"/> \$62,950 or below	<input type="checkbox"/> \$57,250 or below
7 People	<input type="checkbox"/> \$72,050 or below	<input type="checkbox"/> \$67,300 or below	<input type="checkbox"/> \$61,200 or below
8 People	<input type="checkbox"/> \$76,700 or below	<input type="checkbox"/> \$71,650 or below	<input type="checkbox"/> \$65,150 or below

2. If requested, I am able to provide the following documentation as evidence of my Section 3 eligibility:
- _____ Copy of a lease in a public housing program _____ Copy of household income tax return(s)
- _____ Copy of receipt or other evidence of participation in a public assistance program (ex. SNAP, WIC, Medicaid/LaCHIP, SSI...)
- _____ Other evidence (ex. utility bill, W-2, 1099 form):

3. I have the following job skills, certifications, or training:

I hereby certify under penalty of perjury that all information presented herein is true and correct to the best of my knowledge. I agree to allow this information to be shared with local and federal entities in an effort to increase my hiring potential.

Signature: _____ Date: _____