

**CERTIFICATION FOR BUSINESS CONCERNS SEEKING SECTION 3
PREFERENCE IN CONTRACTING**
(To be submitted as applicable)

Name of Business _____

Address of Business _____

Type of Business: Corporation Partnership
 Sole Proprietorship Joint Venture

Federal ID Number: _____ Unique Entity ID#: _____

Attach one or more of the following as evidence of status:

For Business claiming status as being at least 51% owned and controlled by low- and very low-income persons:

- | | |
|---|---|
| <input type="checkbox"/> Copy of Articles of Incorporation | <input type="checkbox"/> Certificate of Good Standing |
| <input type="checkbox"/> Assumed Business Name Certificate | <input type="checkbox"/> Partnership Agreement |
| <input type="checkbox"/> List of owners/stockholders and
% ownership of each | <input type="checkbox"/> Corporation Annual Report |
| <input type="checkbox"/> Organization chart with names and titles and
brief function statement | <input type="checkbox"/> Additional documentation |

For Business claiming status as being at least 51% owned and controlled by current public housing residents or residents who currently live in Section 8-assisted housing:

- Copy of resident lease

For business claiming Section 3 status, claiming at least 75 percent of the labor hours performed for the business over the prior three-month period was performed by Section 3 Workers:

- List of all current full-time employees
- List of employees claiming Section 3 status
- Timesheets/payroll documentation for
 employee hours for last 3 months

I declare and affirm under penalty of law that the statements made herein are true and accurate to the best of my knowledge. I understand that falsifying information and incomplete statements will disqualify certification status.

Business Owner or Authorized Representative

Witnessed by:

Signature

Signature

Date

Date