



ACE WORKER VERIFICATION

CMHA requires an employer to use its best efforts to comply with CMHA's ACE Program and HUD's Section 3 regulations (24 C.F.R. Part 75), both of which encourage employment, training, and contracting opportunities for low-income individuals, particularly those who receive government assistance for housing. To help meet those requirements, employers doing business with CMHA must retain this completed form for five years and provide a copy of it to CMHA for recordkeeping purposes.

Responses to this form are voluntary and confidential.

Employee Name: _____ Date Hired: _____

Employee Address: _____

Select all criteria that apply to the employee identified above:

They are a Very Low-Income Person because their individual income for the previous calendar year was below \$29,900.

They are a Low-Income Person because their individual income for the previous calendar year was below \$47,850.

They employed by an ACE Business.

They are currently, or as of November 1, 2020, were a resident of public housing.

They are currently, or as of November 1, 2020, were a resident of Section 8-assisted housing;

They are currently, or as of November 1, 2020, were a YouthBuild participant.

I affirm that the above statements are true, complete, and correct to the best of my knowledge and belief.

**IF THIS FORM WAS COMPLETED BY
THE EMPLOYEE:**

Print Name:

Signature:

Date:

**IF THIS FORM WAS COMPLETED BY
THE EMPLOYER:**

Print Name:

Title:

Employer Name:

Signature:

Date:

EMPLOYERS MUST RETAIN THIS FORM FOR FIVE YEARS.