



## Section 3 Worker Certification Form

This project is committed to compliance with the U.S. Department of Housing and Urban Development Section 3 regulations codified at 24 CFR Part 75. The Section 3 Worker Certification Form is used to determine a worker's Section 3 status. Please review instructions that provide details on how to complete this form and properly identify a Section 3 worker and Targeted Section 3 worker.

Worker Name							
Worker Address							
City		County		State		Zip Code	
Telephone Number				Email			
Contractor Name		_____ Section 3 Business					
Worker's Hire Date							

### ANNUAL INCOME

Please answer below if the worker resides in one of the following Louisville, KY-IN HUD Metro FMR Area counties:

Clark County, IN; Floyd County, IN; Harrison County, IN; Bullitt County, KY; Henry County, KY;  
Jefferson County, KY; Oldham County, KY; Spencer County, KY

Is the worker's annual income at or below  ?  Yes  No

If the worker resides outside of the counties named above, please see instructions to locate the HUD Low Income Limit based on where the worker resides. Place the amount in the space below and answer the question.

Is the worker's annual income at or below \$  ?  Yes  No

### RESIDENT STATUS

Current or former YouthBuild participant \_\_\_\_\_ Yes \_\_\_\_\_ No

o If yes, what month and year were you last a participant? \_\_\_\_\_

Current or former LMHA public housing resident \_\_\_\_\_ Yes \_\_\_\_\_ No

o If yes, what month and year were you last a resident? \_\_\_\_\_

Name of the LMHA property \_\_\_\_\_

Current or former LMHA Section 8 resident \_\_\_\_\_ Yes \_\_\_\_\_ No

o If yes, what month and year were you last a resident? \_\_\_\_\_

### SECTION 3 STATUS

Refer to the instructions and place an X next to the appropriate selection(s) representing the worker's Section 3 qualification status.

Not Section 3       Section 3 Worker       Targeted Section 3 Worker

This form was completed by the  Resident/Worker  Business/Contractor Representative

I affirm and hereby certify, under penalty of law, that the information completed within this document is true and accurate to the best of my knowledge and belief. *(Actual/original signature required).*

Name	
Signature	
Date	

## Section 3 Worker Certification Form INSTRUCTIONS

The U.S. Department of Housing and Urban Development Section 3 implementing regulations codified at 24 CFR Part 75 establish the following:

- Consistent with existing Federal, state, and local laws and regulations, contractors must make best efforts to provide employment and training opportunities generated by the project to Section 3 workers
- 25 percent or more of the total number of labor hours worked by all workers are worked by Section 3 workers
- 5 percent or more of the total number of labor hours worked by all workers are worked by Targeted Section 3 workers

The Section 3 Worker Certification Form is a self-certification document established for the expressed purpose of determining a worker's Section 3 worker and Targeted Section 3 worker status. **This Section 3 Worker Certification Form is not to be required as a condition of employment. The form may be completed by the contractor or the worker.**

### WORKER NAME

Enter the individual's first and last name. The contractor or the worker may complete this entry.

### WORKER ADDRESS

Enter the individual's street address. The contractor or the worker may complete this entry.

### CITY, COUNTY, STATE, ZIP CODE, TELEPHONE NUMBER, EMAIL

Enter the individual's city, county, state, zip code, telephone number, and email address. The contractor or the worker may complete this entry.

### CONTRACTOR NAME

Enter the name of the contractor (the worker's employer). The contractor should complete this entry.

Is the contractor a Section 3 business? If yes, place a check next to Section 3 Business.

If the contractor is a Section 3 business (must be confirmed according to project requirements; proof required), all workers employed by the contractor are Section 3 workers AND Targeted Section 3 workers.

### HIRE DATE

Enter the date the worker was hired by the contractor. The contractor should complete this entry.

### ANNUAL INCOME

Enter the annual income. The contractor or the worker may complete this entry. If completed by the contractor, the contractor certifies that the worker's income is based on the calculation of what the worker's wage rate would translate to if annualized on a full-time basis [§ 75.31 (1)(iv)].

If the individual's income is currently or when hired within the past five years\* was at or below the income limit established by HUD (*Yes answered to the question*), the individual is a Section 3 worker. See [Determining Income Status](#) to locate HUD low-income limits.

### YOUTHBUILD PARTICIPANT

The individual should complete this entry. *If the form is completed by the contractor, the worker should be asked this question to complete the entry.*

If the individual is a current participant or when hired within the past five years\* was a participant, the individual is a Section 3 worker AND a Targeted Section 3 worker.

### LMHA PUBLIC HOUSING RESIDENT

The individual may complete this entry, or the contractor may request certification of resident status from LMHA or ask the worker the question to complete the entry.

If the individual is a current LMHA public housing resident or when hired within the past five years\* was a LMHA public housing resident **AND** is a Section 3 worker, the individual is also a Targeted Section 3 worker.

### LMHA SECTION 8 RESIDENT

The individual may complete this entry, or the contractor may request certification of resident status from LMHA or the owner/property manager of the Section 8 property or ask the worker the question to complete the entry.

If the individual is a current LMHA Section 8 resident or when hired within the past five years\* was a LMHA Section 8 resident **AND** is a Section 3 worker, the individual is also a Targeted Section 3 worker.

### SECTION 3 STATUS

The contractor or the worker may complete this entry based on review of the instructions above.

### FORM COMPLETED BY, NAME, SIGNATURE, DATE

The name and signature should be that of the individual who completed the form. An original signature is required. These entries are required.

*\*HUD Section 3 implementing regulations codified at 24 CFR Part 75 became effective November 30, 2020; as such, the five-year look-back period begins on this date and not before.*

*NOTE: The employer must retain the Section 3 Worker Certification Form on file for five years from the date of signature.*

## Determining Income Status

DEFINITIONS	
Section 3 Worker	Targeted Section 3 Worker
<p>Any worker who currently fits or when hired within the past five years* fit at least one of the following categories, as documented:</p> <ul style="list-style-type: none"> <li>▪ A low- or very low-income resident (the worker’s income for the previous or annualized calendar year is below the income limits established by HUD); or</li> <li>▪ Employed by a Section 3 business concern; or</li> <li>▪ A YouthBuild participant</li> </ul>	<p>A Section 3 Worker:</p> <ul style="list-style-type: none"> <li>▪ Employed by a Section 3 business concern; or</li> </ul> <p>Currently fits or when hired fit at least one of the following categories, as documented within the past five years*:</p> <ul style="list-style-type: none"> <li>▪ A resident of LMHA public housing or LMHA Section 8-assisted housing for which the public housing financial assistance is expended; or</li> <li>▪ A resident of other LMHA public housing projects or Section 8-assisted housing managed by LMHA</li> <li>▪ A YouthBuild Participant</li> </ul>

\*HUD Section 3 implementing regulations found at 24 CFR Part 75 became effective November 30, 2020; as such, the five-year look-back period begins on this date and not before.

### INDIVIDUAL INCOME LIMIT

The individual or contractor may complete the annual income entry. If completed by the contractor, the contractor certifies that the worker’s income is based on the calculation of what the worker’s wage rate would translate to if annualized on a full-time basis [§ 75.31 (1)(iv)].

An individual’s income must be at or below limits established by HUD for an individual household size of one regardless of actual household size to be considered a Section 3 worker based on income.

**To access HUD income limits for an individual who resides outside of the Louisville, KY-IN HUD Metro FMR Area counties, visit the link below and follow the steps to locate the limits based on where the individual resides.**

- <https://www.huduser.gov/portal/datasets/il.html>
- Select 2023.
- Scroll down and select “Click Here for FY 2023 IL Documentation.”
- Locate and select the state where the individual resides.
- Locate and select the county where the individual resides.
- Select “View County Calculations.”
- View the “Low (80%) Income Limits” based on one (1) “Persons in the Family.”
- Enter the low-income limit on the Section 3 Worker Certification Form in the space provided.
- If the individual’s income is at or below the amount identified, the individual is a Section 3 worker.