



Springfield Housing Authority

200 North Eleventh Street
Springfield, IL 62703

SECTION 3 BUSINESS CONCERN SELF CERTIFICATION

The Springfield Housing Authority is seeking to extend the benefits of and to promote compliance with Section 3 by identifying Section 3 Business Concerns and targeting Section 3 Business Concerns for business opportunities, events and educational programs.

In an effort to comply with Federal Section 3 Regulations which promote contract, employment and training opportunities for Section 3 residents, the Springfield Housing Authority has instituted a Section 3 Self Certification process.

Applicants seeking certification must complete and submit the attached Section 3 Business Concern Self Certification forms as follows:

1. If your company is qualified because it is owned (51% or more) by one or more Section 3 residents, then complete **Form A, "Section 3 Business Concern – Resident Business Owner(s)";**

OR

2. If your company is qualified because 30% or more of its full time permanent workforce are Section 3 Residents*, then complete **Form B, "Section 3 Business Concern – 30% + Workforce".**

OR

3. If more than 25% of all subcontract work to be awarded shall be performed by Section 3 business concerns as described above, then complete **Form C, "Section 3 Business Concern-Subcontractor".**

Please answer all questions, sign the completed forms, and notarize the affidavit. Completed packets may be returned to Springfield Housing Authority, 200 North Eleventh Street, Springfield, IL 62703.

If you have any questions or require assistance, please do not hesitate to contact Lisa Crites, Section 3 Coordinator via email at lisa.crites@sha1.org or telephone, (217) 753-5757 ext. 343.

Springfield Housing Authority
200 North Eleventh Street
Springfield, IL 62703 – www.springfieldhousingauthority.org
Lisa Crites, Section 3 Coordinator
Telephone (217) 753-5757 ext. 343 - Fax – (217) 753-2656



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SECTION 3 TERMS AND TERMINOLOGY

1. What is Section 3?

Section 3 is provision of the Housing and Urban Act (HUD) of 1968 that helps fosters local economic development, neighborhood improvement and self-sufficiency. It's a HUD funded programs that generates employment, training and contracting opportunities to low and very-low income persons or businesses.

2. What does the term "Section 3 Resident "mean?

1. A public housing resident/Section 8 HCV recipient; or
2. Low or very low-income person residing in the metropolitan or non-metropolitan county area.
3. A homeless person residing in the metropolitan or non-metropolitan county area.

3. What does the term "Section 3 business Concern mean?

1. 51% or more owned by a Section 3 resident; or
2. At least 30% of it full time employees including Section 3 residents, or business concerns.
3. Provide evidence, as required of a commitment to subcontract in excess of 25% of the dollar award of all subcontracts to be award to business concerns that meet the qualifications in the above paragraph.

4. How does it differ from MBE/WBE?

Section 3 is both race and gender neutral. It is based on income-level and location.

5. What is a Section 3 covered project?

A Section 3 covered project involves the construction or rehabilitation of housing, or other public construction such as street repair, sewage line repair or installation, updates to building facades, etc.

6. What is a Metropolitan Area?

Metropolitan Statistical Area (MSA)

7. What is a new hire?

A new hire is a full time employee for a new permanent, temporary or seasonal position that is created from a Section 3 related covered project.



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SECTION 3 BUSINESS CONCERN APPLICATION

All Applicants Must Complete This Form

Business Name: _____

D.B.A. (If different from above): _____

Address: _____

Business Phone: _____ **City:** _____ **State:** _____ **Zip:** _____ **Fax:** _____

Email: _____ **Business Website:** _____

Employer ID Number: _____ **Owner(s) Social Security Number (if no EIN):** _____

Contact Person & Title: _____ **Contact Phone:** _____

Description of Business _____

Date Business was established: _____
Month/Day/Year

Type of Business Entity (check one):

- Corporation
- Partnership
- Sole Proprietorship
- Limited Liability Corporation (LLC)
- Limited Liability Partnership (LLP)
- Joint Venture

Check all that apply:

- WBE
- MBE
- DBE

My company is a Section 3 Business Concern (check one): Yes No

If no, proceed to Form D

I certify that the information provided is true and accurate and agree to provide upon request, documents verifying the information submitted to qualify as a Section 3 Business Concern.

Print: _____ **Signature:** _____ **Date:** ____/____/____

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SECTION 3 BUSINESS CONCERN Resident Business Owner(s) – Form A

A business can be certified as a Section 3 Business Concern if the business is owned (51% or more) by a Section 3 Resident(s).

Name of Owner: _____

Home Address: _____

Name of Business: _____

Percentage of Ownership: _____%

- Please Attach:**
- Proof of Public Housing Assistance (PHA) Lease or Section 8 HCV Lease
 - Proof of Sangamon County Residence Current Business Tax Returns
 - Proof of Public Assistance (TANF, MEDCAID, WIC)

Check the appropriate box for your family size and income:

Check Box	# of Persons in Household	Gross Household Income Max.
<input type="checkbox"/>	1 Individual	\$40,400
<input type="checkbox"/>	2 Individual	\$46,150
<input type="checkbox"/>	3 Individual	\$51,900
<input type="checkbox"/>	4 Individual	\$57,700
<input type="checkbox"/>	5 Individual	\$62,300
<input type="checkbox"/>	6 Individual	\$66,900
<input type="checkbox"/>	7 Individual	\$71,500
<input type="checkbox"/>	8 Individual	\$76,150

If the business is owned by more than one Section 3 resident, each should submit a separate Resident Business Owner – Form A. List each owner below:

Please list additional Section 3 Resident owners of the business below:

Name	Position	% Percentage of Ownership

I certify that I am a resident of Sangamon County and my total household income last year was not more than the amount shown above for my family size. I further certify the information provided is true and accurate and agree to provide upon request, documents verifying the information submitted to qualify as a Section 3 Business Concern.

Print: _____ Signature: _____ Date: ____ / ____ / ____



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SECTION 3 BUSINESS CONCERN 30% + Workforce – Form B

A business can be certified as a Section 3 Business Concern if at least 30% of its permanent, full-time employees are Section 3 residents, or were Section 3 residents within three years of the date of the first employment with the business. For your firm to be eligible UNDER THIS CRITERIA, you must provide the following information for **all employees**.

Copy this form if necessary.

Number of Section 3 Residents:					
Section 3 % of Total Workforce:					
List All Employees	Date Hired	Full-time or Part-time	*Section 3 Resident	Job Title/Trade	Salary Range
Name: Address: City/Zip			<input type="checkbox"/>		
Name: Address: City/Zip			<input type="checkbox"/>		
Name: Address: City/Zip			<input type="checkbox"/>		
Name: Address: City/Zip			<input type="checkbox"/>		
Name: Address: City/Zip			<input type="checkbox"/>		
Total Number of Employees:		Full-Time: Part-Time:			

*All identified Section 3 residents listed above are required to complete a Section 3 Resident Self Certification form.

I certify that the information provided is true and accurate and agree to provide upon request, documents verifying the information submitted to qualify as a Section 3 Business Concern.

Print Name: _____

Title: _____

Company Name: _____

Signature: _____ Date: ____/____/____



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SECTION 3 BUSINESS CONCERN Subcontractor Awarded – Form C

A business can be certified as a Section 3 Business Concern if the firm makes a commitment to subcontract in excess of twenty-five percent (25%) of the total amount of subcontracts to be awarded to: A) Section 3 Resident Owned Businesses; or B) Businesses for which 30% or more of their permanent full-time workforce is comprised of Section 3 Residents.

Complete the information below for subcontractors most likely to be used on the project. Please note whether or not subcontractors are MBE– Minority Business Enterprise or WBE–Woman Business Enterprise. Include the projected subcontract percentage of total bid amount.

Name of Business	Qualifying Conditions	Business Status (If Applicable)	Projected Subcontract % of Total Bid
	<input type="checkbox"/> Section 3 Resident Owned	<input type="checkbox"/> MBE	
	<input type="checkbox"/> 30% Section 3 Resident	<input type="checkbox"/> WBE	
	<input type="checkbox"/> Section 3 Resident Owned	<input type="checkbox"/> MBE	
	<input type="checkbox"/> 30% Section 3 Resident	<input type="checkbox"/> WBE	
	<input type="checkbox"/> Section 3 Resident Owned	<input type="checkbox"/> MBE	
	<input type="checkbox"/> 30% Section 3 Resident	<input type="checkbox"/> WBE	
	<input type="checkbox"/> Section 3 Resident Owned	<input type="checkbox"/> MBE	
	<input type="checkbox"/> 30% Section 3 Resident	<input type="checkbox"/> WBE	
	<input type="checkbox"/> Section 3 Resident Owned	<input type="checkbox"/> MBE	
	<input type="checkbox"/> 30% Section 3 Resident	<input type="checkbox"/> WBE	

All identified Section 3 Business Concerns listed above are required to complete a Section 3 Self Certification Application and Form A or B as applicable to subcontractor. Required documents should be attached to this form.

I certify that the information provided is true and accurate and agree to provide upon request, documents verifying the information submitted to qualify as a Section 3 business concern.

Print Name: _____

Title: _____

Company Name: _____

Date: _____

Signature: _____



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Workforce – Form D

You must provide the following information for **all employees**. **Copy this form if necessary.**

List All Employees	Date Hired	Full-time or Part-time	Job Title/Trade	Salary Range
Name: Address: City/Zip				
Name: Address: City/Zip				
Name: Address: City/Zip				
Name: Address: City/Zip				
Name: Address: City/Zip				
Name: Address: City/Zip				
Name: Address: City/Zip				
Name: Address: City/Zip				
Total Number of Employees:		Full-Time: Part-time:		

I certify that the information provided is true and accurate and agree to provide upon request, documents verifying the information submitted to qualify as a Section 3 Business Concern.

Print Name: _____

Title: _____

Company Name: _____

Signature: _____ Date: ____/____/____



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SECTION 3 PREFERENCE INCOME VERIFICATION FORM

A Section 3 resident seeking the preference in training and employment provided by this part shall certify, or submit evidence to the recipient contractor or subcontractor, if requested, that the person is a Section 3 resident, as defined in 24 CFR 135.5. (An example of evidence of eligibility for the preference is evidence of receipt of public assistance, or evidence of participation in a public assistance program.)

CERTIFICATION FOR SECTION 3 RESIDENT

I, _____, am a legal resident of Sangamon County and qualify as a Section 3 Resident because I meet the income guidelines for a low or very-low income person as outlined in the Area Median Income Limit Chart below.

AREA MEDIAN HOUSEHOLD INCOME LIMITS FOR SANGAMON COUNTY

Family Size	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Low Income (80%)	\$40,400	\$46,150	\$51,900	\$57,700	\$62,300	\$66,900	\$71,500	\$76,150

My permanent address

is: _____

Phone Number: _____ **Email:** _____

Number of individuals living in my household: _____

My total annual household income for the prior calendar year (**20**____) is: _____

I have attached Two the following documentations as evidence of my status:

____ Proof of participation in a federal, state or local public assistance program

____ Proof of public assistance (i.e., TANF, Food Stamps, Medicaid)

____ Proof of Public Housing Assistance (PHA) Lease or Section 8 HCV Lease

And

____ Copy of current W-2 documents or copy of my current personal taxes



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I certify that my answers are true and complete to the best of my knowledge.

Affidavit:

I declare and affirm penalty of prosecution for perjury that the statements made in this application and attached documents are true and accurate to the best of my knowledge. I understand that falsifying information and incomplete statements will disqualify certification status.

Company Name

(Corporate Seal)

Signature of Authorized Representative

Typed Name of Authorized Representative

Official Title

Date

Signed, sealed and delivered in the presence of:

Notary Public

_____, County, Sangamon.

My Commission Expires: _____

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