# Section 3 Business Certification Form

| | |
|---|---|
| ***BUSINESS BEING CERTIFIED*** | |
| Company: | |
| Address: | |
| ***PROJECT INORMATION*** | |
| Project Name: | |
| Project Address: | |

*Section 3 determination*

► **Is your business owned (51% or more) by individuals whose household income are BELOW the income limits listed in the chart below?**　　　□ **Yes**　　　□ **No**

► **Do 30% (or more) of your full time, permanent employees have household income that are BELOW the income limits in the chart below, or within three years of the date of first employment with the business concern were Section 3 residents?**　　　□ **Yes**　　　□ **No**

► **Will you subcontract more than 25% of this contract with a qualified business that is either 51% owned by Section 3 residents or 30% or more of its employees are Section 3 residents?**　　　□ **Yes**　　　□ **No**

| Family Size | Total Annual Family Income is Above | Total Annual Family Income is Below | Amount* *2016 HUD Income Limits |
|---|---|---|---|
| 1 | □ | □ | $27,300 |
| 2 | □ | □ | $31,200 |
| 3 | □ | □ | $35,100 |
| 4 | □ | □ | $38,950 |
| 5 | □ | □ | $42,100 |
| 6 | □ | □ | $45,200 |
| 7 | □ | □ | $48,300 |
| 8 | □ | □ | $51,450 |

If any of the questions above are marked "yes", the business qualifies as a Section 3 business.

*This form does not guarantee a sub-contract but provides a general contractor your business information for CDBG and HOME funded projects.  Should the contractor need a sub-contractor for a CDBG or HOME federally funded projects, they may contact you to provide a bid.*

Please print this form and complete it, then mail it to:

**The City of Fort Smith**
**Community Development Department**
**P. O. Box 1908**
**Fort Smith, AR  72902**
Or you can bring the form to:  **623 Garrison Avenue to Room 331**

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

Signature: _____

Print Name: _____　　　Date: _____