

Address:  PROJECT INORMATION  Project Name:  Project Address:  ection 3 determination  Is your business owned (51% or more) by individuals whose household income are BELOW the income lim listed in the chart below?		O <sub>A R K</sub>	ANSAS	
Company: Address: Project Normation Project Name: Project Address: Project	Sec	ction 3 Business	<b>Certification Fo</b>	rm
Address:  PROJECT INORMATION  Project Name:  Project Address:  ection 3 determination  - Is your business owned (51% or more) by individuals whose household income are BELOW the income limitisted in the chart below?	BUSINESS BEING CERTIFI	ED		
PROJECT INORMATION  Project Name:  Project Address:  ection 3 determination  - Is your business owned (51% or more) by individuals whose household income are BELOW the income limisted in the chart below?	Company:			
Project Name: Project Address: ection 3 determination  Is your business owned (51% or more) by individuals whose household income are BELOW the income lim listed in the chart below?	Address:			
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* Is your business owned (51% or more) by individuals whose household income are BELOW the income lim listed in the chart below?	Project Name:			
Is your business owned (51% or more) by individuals whose household income are BELOW the income limits in the chart below?	Project Address:			
listed in the chart below?	ection 3 determination			
income limits in the chart below, or within three years of the date of first employment with the business concern were Section 3 residents?	listed in the chart below?	□ Yes	□ No	
concern were Section 3 residents?	· · · · · · · · · · · · · · · · · · ·			
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				ment with the business
Section 3 residents or 30% or more of its employees are Section 3 residents?    Yes	concern were Section 3 re	esidents?	□ No	
Section 3 residents or 30% or more of its employees are Section 3 residents?    Yes	► Will you subcontract mor	e than 25% of this contract y	with a qualified husiness tha	t is either 51% owned by
Family Size    Total Annual Family   Income is   *2016 HUD Income			-	t is crimer 51/0 ourned by
Family Size    Income is   Below   Limits				
Family Size    Income is   Below   Limits	<del>,</del>			<del>,</del>
Above Below Limits  1		•	· ·	
1	Family Size			*2016 HUD Income
2		Above	Below	Limits
3				\$27,300
4				\$31,200
\$42,100 6	3			\$35,100
6	-			\$38,950
7	5			\$42,100
8	6			\$45,200
any of the questions above are marked "yes", the business qualifies as a Section 3 business.  his form does not guarantee a sub-contract but provides a general contractor your business information for CDBG and HC  unded projects. Should the contractor need a sub-contractor for a CDBG or HOME federally funded projects, they may con  ou to provide a bid.  ease 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  certify that the above statements are true, complete, and correct to the best of my knowledge and belief.	7			\$48,300
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  certify that the above statements are true, complete, and correct to the best of my knowledge and belief.	8			\$51,450
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ignature:				
	certify that the above state	ments are true, complete, a	nd correct to the best of my	knowledge and belief.
rint Name: Date:	ignature:		<del></del>	
	rint Name:		Date:	

