



Philadelphia Housing Authority
Building Beyond Expectations

Philadelphia Housing Authority
Contractor or Vendor Business Certification

Name of Business _____

Address of Business _____

Type of Business (Check One): Corporation Partnership Sole Proprietorship Other

Description of Business Activities:

All firms and individuals intending to do business with the Philadelphia Housing Authority MUST complete and submit this Action Plan and submit it with their bid, offer, or proposal. Any solicitation response that does not include this document (completed, signed, and notarized) will be considered non-responsive and not eligible for award.



Contractor Self-Certification of Business Concern Status

I am certifying as a Section 3 business concern and requesting preference to comply with requirements of Section 3 throughout the life of the contract (Select only one option):

1. Vendor identifying themselves as a business concern that is 51% or more owned by a Section 3 Resident:
 - a. A business claiming business concern status as a Section 3 Resident-Owned Business Concern (ROB) entity and has completed *forms 1, 6, 7a-c, and 9b* :

Initial here to select this option _____

- b. A business claiming business concern status as based on its workforce of 30% or more full time Section 3 Residents or persons who were Section 3 Residents within 3 years of employment and has completed *forms 1-3, 6,7ac,e, and 9a*; or

Initial here to select this option _____

- c. the business subcontracts more than 25% of the contract amount to Section 3 business concerns (vendor must identify subcontractor and submit completed required forms for option a or b depending on the subcontractor business concern status)

- Provide a list of intended subcontract Section 3 business(es) with subcontract amount
- Provide certification & all supporting documentation for each planned subcontract Section 3 Business

Initial here to select this option _____

***Note:** Business concern status is approved upon submission of all materials listed. Status must be met at the time of proposal and prime contractors cannot claim Section 3 Status by further subcontracting. Additional documentation is required for joint ventures that claim this status.*

FORM – 1
EXISTING EMPLOYEE LIST

A. PROJECT NAME AND LOCATION: _____

B. DEVELOPER/CONTRACTOR /APPLICANT: _____

C. DATE: _____

EMPLOYEE NAME/ADDRESS	SOCIAL SECURITY NUMBER (LAST 4 DIGITS)	JOB CATEGORY/TRADE

CONTRACTING PLAN (if applicable)

FORM-4

List Each and Describe Briefly Subcontractor (A)	Approximate Dollar Value (B)	Construction (C) or Non-Construction (NC) (C)	Section 3 Business Concern (Y/N) (D)	Ethnic Racial Code (E)	Female Owned/ Minority Owned Business (Y/N) (F)
1.	\$				
2.	\$				
3.	\$				
4.	\$				
5.	\$				
6.	\$				
7.	\$				

Ethnic/Racial Codes:

- | | |
|---------------------|---------------------------|
| 1. White American | 4. Hispanic American |
| 2. African American | 5. Asian Pacific American |
| 3. Native American | 6. Hasidic Jew |

SUBCONTRACTOR ACTIVITY REPORT (if applicable)
FORM-5

Contract Number: (A)		HUD Funding Source: (B)		Date: (C)		
Contractor: (D)			Address:			
Project Name and Location: (E)				Actual Construction Start Date: (F)		
Name of Subcontractor Complete Address and Tax I. D. Number (G)	Amount of Contract (H)	Ethnic/Racial Code (I)	Gender Code (J)	Section 3 Business Concern (Y/N) (K)	Type (s) of Services Provided (Including Supplies) (L)	Anticipated Start and Completion Date: (M)
	\$					From:
	\$					To:
#:	\$					From:
	\$					To:
#:	\$					From:
	\$					To:
#:	\$					From:
	\$					To:

Ethnic/Racial Codes:

- | | | |
|---------------------|----------------------|------------------|
| 1. White American | 3. Hispanic American | |
| 2. African American | 4. Asian | Pacific American |

**PHILADELPHIA HOUSING AUTHORITY
SECTION 3 RESIDENCY
SELF-CERTIFICATION FORM
FORM - 6**

INSTRUCTIONS: Please complete this form to verify your qualification as a Section 3 resident. If you are an employer, please submit this form (to be completed by the Section 3 resident) with a copy of the Section 3 resident's photo identification to PHA's Section 3 Program.

1) I, _____, (PRINT NAME) am a legal resident of the City of Philadelphia and am either a resident of Philadelphia Housing Authority ("PHA") housing or meet the income eligibility guidelines for a low or very low income person, as set forth on the next page.

2) **I certify that I am a Section 3 resident because:**

- I am a PHA resident and my Client ID # is: _____, or
- I am City of Philadelphia resident

(The questions below must be completed if you are not a PHA resident)

- There are a total of _____ people living in my household and
- My household income is \$ _____/month and \$ _____/year.
(Multiply your monthly income by 12 to calculate your yearly household income)

3) My home address and phone number are:

(MUST BE A **STREET ADDRESS NOT A P.O. BOX #**) (APT. NUMBER)

(PHA SITE NAME – IF APPLICABLE)

(CITY) (STATE) (ZIP) (HOME TEL.) (CELL NO.)

4) The last four digits of my social security number are: _____

I certify that all of the information given above is true and correct. If found to be inaccurate, I understand that I may be disqualified as an applicant and/or a certified Section 3 individual which may be grounds for termination of training, employment, or contracts that resulted from this certification. I attest under penalty of perjury that my total household income annually, based on my total household size as listed above is at or below the income amount for that specific size at the time of this document is being signed. I understand that proof of this statement may be requested in the future.

Signature

Date



SECTION 3 HUD INCOME LIMITS (Effective 7/22/14)

All residents of public housing developments of the Philadelphia Housing Authority qualify as Section 3 residents.* Additionally, individuals residing in the City of Philadelphia where Section 3 contracted work is being performed, who meet the income limits set forth below, can also qualify for Section 3 status

Eligibility Guideline		
Number in Household	Very Low Income	Low Income
1 individual	\$ 27,600	\$ 44,150
2 individuals	\$ 31,550	\$ 50,450
3 individuals	\$ 35,500	\$ 56,750
4 individuals	\$ 39,400	\$ 63,050
5 individuals	\$ 42,600	\$ 68,100
6 individuals	\$ 45,750	\$ 73,150
7 individuals	\$ 48,900	\$ 78,200
8 individuals	\$ 52,050	\$ 83,250

* Section 3 is a provision in the Housing and Urban Development Act of 1968 (12 U.S.C. Section 1701u and 24 C.F.R. Section 135.1). Its purpose is to ensure that economic opportunities, to the greatest extent feasible, are given to low and very low-income persons, particularly to recipients of government housing assistance. Section 3 job opportunities relate to new hiring due to contracts with PHA. Section 3 residents are PHA residents, or persons who live in the City of Philadelphia who have a household income that is low income or very low income under HUD's income limits.



Under penalty of perjury, I certify that I am the _____ (Title) of the Company, that I am authorized by the Company to execute this affidavit on the Company's behalf, that I have personal knowledge of the certifications made in this affidavit and that the same are true.

Signature

(Corporate Seal)

Name

F.

Commonwealth of Pennsylvania

County of _____

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public

My Commission expires: _____

**SECTION 3 BUSINESS CONCERN AFFIDAVIT
FORM – 9B**

I, _____, the Developer/Contractor or the authorized representative of the Developer/Contractor, hereby attests that the Business identified below is a Section 3 Business Concern. I also attest that the proofs supplied and representations made for Section 3 status are accurate as required by Section 3 of the U.S. Housing and Urban Development Act of 1968, as amended and the regulations.

Name of Section Business

Contract No.

Dollar Amount of Contract

Contact Person

Phone Number

Reporting Period

Project Name

This Section 3 Business Concern is:

_____ Corporation

_____ Partnership

_____ Sole Proprietorship

_____ Joint Venture

Qualifying Business:

1. _____ 51% owned by Section 3 low income residents.
2. _____ 30% Section 3 low income residents dollar award.
3. _____ 25% of contract work committed to subcontract to Section 3 Business Concerns.

I do certify that the above information is correct.

Signature

Title