

## **SECTION 3 BUSINESS APPLICATION**

Your business may qualify as a Section 3 business if it meets the criteria listed on Form 2 and you provide the required documentation. The benefits to qualifying as a Section 3 business are:

1. **Automatic Section 3 Compliance for your PHA Contract:** Qualifying as a Section 3 business satisfies all compliance obligations with Section 3 for any current contract it has with PHA.
2. **Potential Business Opportunities:** Section 3 businesses are listed on a PHA directory that is shared with businesses looking to work with Section 3 businesses for their Section 3 compliance obligations. You don't need to have a contract with PHA to be listed on this directory.

Please review Form 2 and see if you qualify!

**SECTION 3 BUSINESS CERTIFICATION FORM  
(FORM-2)**

Name of Business (the "Company") _____		
Address _____		
Business Type:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership
	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other: _____

**1. SELECT THE REASON(S) YOUR BUSINESS QUALIFIES AS A SECTION 3 BUSINESS**

<input type="checkbox"/>	<b>You are a Section 3 Business because at least 51% of the business ownership is held by Section 3 Residents. Section 3 residents are individuals who are low or very-low income who live in Philadelphia.</b>
<input type="checkbox"/>	<b>You are claiming a Section 3 status because at least 30% of your workforce is currently comprised of Section 3 Residents, or individuals who were Section 3 Residents within the last three (3) years of his/her first hiring date.</b>
<input type="checkbox"/>	<b>You are a Section 3 Business because you will subcontract 25% of the dollar amount spent under the contract to qualified Section 3 businesses.</b>

**2. ATTACH DOCUMENTATION NECESSARY TO QUALIFY AS A SECTION 3 BUSINESS**

<input type="checkbox"/>	<b>Section 3 Business with at least 51% of the business ownership held by Section 3 Residents: Complete Forms 4 and 6. Note that Form 6 should only be completed by the Section 3 resident listed on Form 4. Valid photo identification is required with each Form 6.</b>
<input type="checkbox"/>	<b>Section 3 business with at least 30% workforce that is either currently comprised of Section 3 Residents, or individuals who were Section 3 Residents within the last three (3) years of his/her first hiring date: Complete Forms 3 and 6. Note that Form 6 should only be completed by the Section 3 resident listed on Form 3. Photo identification is required with each Form 6.</b>
<input type="checkbox"/>	<b>Section 3 Business because you will subcontract 25% of the dollar amount spent under the contract to qualified Section 3 businesses. You must provide: A list of subcontracted business(es), including Section 3 businesses, total anticipated spend for the contract, and subcontract amounts to be spent on each subcontractor (Proof of Section 3 qualification will be required for all claimed Section 3 subcontracted business(es) after the contract has been awarded).</b>

*I affirm and attest that the information provided is correct under penalty of law.*

Authorized Officer Signature	Date
Print Name, Title, and Company Name	Proposal or Contract Number

### LIST OF ALL EXISTING FULL TIME EMPLOYEES (FORM 3)

**Instructions:** Please provide the following information for all full time employees employed by the contractor/vendor, **regardless of whether the employee is or is not a PHA or Section 3 Resident.**

DEVELOPER/CONTRACTOR : \_\_\_\_\_ PROPOSAL/CONTRACT #: \_\_\_\_\_

PROJECT NAME AND LOCATION: \_\_\_\_\_ DATE: \_\_\_\_\_

EMPLOYEE NAME/ADDRESS	SOCIAL SECURITY # (LAST 4 DIGITS)	DATE OF HIRE	JOB POSITION/ CATEGORY/TRADE	SECTION 3 RESIDENT (Y/N)

**SECTION 3 RESIDENT OWNED BUSINESS OWNERSHIP PROFILE  
(FORM 4)**

Instructions: Please provide ownership information to establish 51% or more ownership is owned by Section 3 Residents. All owners, partners, proprietors, and the like, must be listed, **regardless of whether the individual is a Section 3 Resident.**

DEVELOPER/CONTRACTOR : \_\_\_\_\_ PROPOSAL/CONTRACT #: \_\_\_\_\_

PROJECT NAME AND LOCATION: \_\_\_\_\_ DATE: \_\_\_\_\_

OWNER NAME/ADDRESS	SOCIAL SECURITY # (LAST 4 DIGITS)	DATE OF BIRTH	JOB TITLE	% OWNERSHIP INTEREST	SECTION 3 RESIDENT (Y/N)

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

**INSTRUCTIONS: PLEASE COMPLETE THIS FORM IF YOU ARE:**

1. A Philadelphia Housing Authority Resident OR ,
2. A low or very-low income person who lives in Philadelphia OR
3. A Section 3 Resident Business Owner who lives in Philadelphia

**NOTE: All employers must 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 and meet the applicable income eligibility requirements for a low or very-low income person because **(income questions below must be completed)**:
- There are a total of \_\_\_\_\_ people living in my household and
- My household income is \$\_\_\_\_\_/month and \$\_\_\_\_\_/year.

*(If your income is the same every month, multiply by 12 to calculate 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: \_\_\_\_\_

5) My date of birth is (month/day/year): \_\_\_\_\_

**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 household as shown in the attached table 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 4/16/21)

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 resident status.

Eligibility Guideline		
Number in Household	Very Low Income	Low Income
1 individual	\$ 33,100	\$ 52,950
2 individuals	\$ 37,800	\$ 60,500
3 individuals	\$ 42,550	\$ 68,050
4 individuals	\$ 47,250	\$ 75,600
5 individuals	\$ 51,050	\$ 81,650
6 individuals	\$ 54,850	\$ 87,700
7 individuals	\$ 58,600	\$ 93,750
8 individuals	\$ 62,400	\$ 99,800

\* 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). 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.