

Section 3 Business Concern Certification

To be completed by the business claiming Section 3 business concern status

For all businesses reported as being Section 3 businesses, documentation of their status must be retained in the project files. **This form is valid for a 6-month period or the duration of the project for which the original certification applies, whichever is longer.**

Project owners funded with any applicable federal funding, laid out in NCHFA's Section 3 Guidance, as well as any contractors or subcontractors employed on the project, are required to report on all contracts they make both with Section 3 business concerns and hours worked by employees of Section 3 business concerns. Hours worked by employees are tracked separately.

This form is a tool to determine and document the Section 3 business status. **Documentation of the status of Section 3 Businesses should be retained in the project files.**

Business being certified

Company Name: _____

Company Address: _____

Section 3 determination

- Is your business owned or controlled (51% or more) by individuals whose household incomes are no greater than 80% of Area Median Income (AMI)? Use the median income listed on the [Department of Housing and Urban Development's website](#).

Yes No

- Have at least 75% of the labor hours performed for the business over the prior three-month period performed by individuals meeting the Section 3 Worker definition: individuals whose annual income is at or below 80% of the area median income or are YouthBuild participants. Use the median income listed on the [Department of Housing and Urban Development's website](#).

Yes No

- Is your business owned or controlled (51% or more) by current public housing residents or residents who currently live in Section 8 assisted housing?

Yes No

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

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

Representative Signature: _____

Representative Printed Name: _____

Signature Date: _____