SECTION 3 WORKER SELF-CERTIFICATION FORM

All employees working on a HUD funded project must certify their status related to Section 3 requirements to allow the employer, subrecipient, and State of Iowa to monitor, track, and report hours worked by Section 3 and Targeted Section 3 employees on the HUD funded project. Reporting hours worked by Section 3 and Targeted Section 3 employees is mandatory for all contractors & subcontractors.

EMPLOYE	ER SECTION.	This section to be comp	pleted by the employer or grant administrator:	
Company N	ame:			
Is the compa	any a Section 3 I	Business: □YES	□NO	
Project Nam	ne:	Pr	roject Location:	
Employee N	ame:			
Employee H	ome Address (if	close to the project loc	cation):	
City:		County:	State:	
		me address, the annual	80% County Income Limit for a household of 1 for	
To determin	e the annual inco	ome limit please visit:	https://www.huduser.gov/portal/datasets/il.html	
EMPLOYE	E SECTION.	This section to be comp	pleted by the employee:	
I (employee name) am a resident of the City of				
in the County ofinformation to be correct:		in the State of	and do hereby affirm the following	
□YES	□NO	My annual incom	e, for me alone, on all jobs worked since December	
		1, 2020 was at or	below the following:	
•	vered YES to the ng questions:	e above question, you as	re considered a Section 3 employee and need to answer	
□YES	□NO	I am employed by a Section 3 Business (see above employer certification).		
□YES	□NO	I am or was (within the last five (5) years) a Youth Build participant.		
□YES	□NO	I live within one (1) mile of the project location (see project location information above).		
and correct	to the best of m	y knowledge and belief	rt, including the above statements, are true, complete, f. Any false statements made knowingly and willfully 1010 of Title 18 of the United States Code.	
Signed			Date	