



Miami-Dade Public Housing Agency

Compliance

701 NW 1st Court • Miami, FL 33136

786-469-4230 • Fax: 786-469-4151

www.miamidade.gov/housing

SECTION 3 BUSINESS APPLICATION

Miami-Dade Housing Agency's (MDPHA) Administration and Compliance requires each Section 3 business applicant to complete a "Scope of Services" for its firm as part of the business application process. MDPHA uses this information to ensure each business is placed in the appropriate business category on our Section 3 (S-3) business lists. These lists are provided to MDPHA contractors and developers, and to other municipalities including the cities of Miami, Hialeah and Miami Beach. MDPHA also provides scope of services information to organizations and contractors to increase the chances for an S-3 business to be awarded MDPHA and non-MDPHA work.

MDPHA recommends including the following items under your firm's Scope of Service:

1. Business name, address, phone and fax numbers, and email address
2. Business contact person's name, phone number and email address
3. Business start date
4. Licenses
5. Description of services (preferably in bullet form)
6. Previous experience in performing work for the County or other entities
7. Size of previous awards or contracts (provide range)
8. Insurance capacity and bonding capacity (if applicable)
9. Race, ethnicity and gender of firm's owner

Thank you for your interest in MDPHA's Section 3 Program. If you have any questions, please contact the Section 3 Office at 786-469-4230 or send an email to mhall@miamidade.gov.



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SECTION 3 BUSINESS APPLICATION

This Section 3 form is optional and not required to do business with MDPHA.

NAME OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

PHONE: _____ FAX: _____

ALTERNATE PHONE: _____ CELL: _____

EMAIL ADDRESS: _____

CONTACT PERSON: _____ TITLE: _____

1. TYPE OF BUSINESS (Check Applicable Status)

- Corporation
- Partnership
- Sole Proprietorship
- *Joint Venture

Ethnicity: _____ Gender: _____ Federal Employer Identification Number _____

2. CHECK AND ATTACH ALL THAT APPLY

<input type="checkbox"/> If corporation, statement from Secretary of State showing firm is current with annual fees or provide copy of cancelled check. <input type="checkbox"/> List of Owners/Stockholders and ownership percentage (%) of each <input type="checkbox"/> Business Occupational License	<input type="checkbox"/> Partnership or Joint Venture Agreement <input type="checkbox"/> Sole Owner (If Applicable) <input type="checkbox"/> Miami-Dade Vendor's License <input type="checkbox"/> Scope of Services (Required)
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CHECK WHERE APPLICABLE

- 3. The above named business is 51% or more owned by Section 3 resident(s). Indicate name and address of each **Section 3 resident(s) in 51% or more ownership position**, complete **Document 00401, "Section 3 Resident Preference Claim Form"**, attaching one form for each Section 3 resident, and evidence of status. The form includes examples of documentation that can be submitted.
- 4. The above-named business' full-time (F/T), permanent workforce includes at least **30%** Section 3 residents as employees. Submit the information, below, with this application, **only if Box no. 4 is checked, for each S-3 full-time employee.**
 - A. Employee List (**Document 00452**)
 - B. Section 3 Resident Preference Claim Form (**Document 00401**)
 - C. Section 3 Resident or Employee Household Income Certification Form (**Document 00402**, only submit if proof of participation in Federal assistance program is not attached).
 - D. Contractor or Subcontractor Payroll Report Form (**Document 00406-1**, complete for each F/T employee who has been employed at least one month).

NO. 5, BELOW, IS ONLY APPLICABLE TO PRIME CONTRACTORS, AND SHOULD NOT BE CHECKED BY ANY SUBCONTRACTING FIRMS WHO ARE COMPLETING THIS APPLICATION.

- 5. Firm will contract (where applicable) in excess of **25 % of the total amount of subcontracts to public housing-owned businesses (public housing funded awards only)**, or to Miami-Dade S-3 businesses (non-public housing funded awards), able to substantiate a S-3 business claim. In order to be eligible to claim a contracting preference, the S-3 business applicant must attach "Section 3 Letter of Intent" (form(s) as evidence of its contracting commitment to said subcontracting firm(s) with bid or proposal.

SECTION 3 RESIDENTS WHO ARE NOT CURRENTLY LOW OR VERY-LOW INCOME PERSONS, BUT WERE LOW INCOME PERSONS, MAY BE INCLUDED (INCLUDE PROOF OF INCOME AT TIME OF HIRE), AS LONG AS THE DATE OF FIRST EMPLOYMENT WITH THE BUSINESS HAS NOT EXCEEDED A PERIOD OF THREE YEARS.

I certify to the best of my knowledge that the information contained here within, and the documents attached, is true and correct.

CORPORATE SEAL

PRINT NAME: _____

SIGNATURE: _____ **DATE:** _____

TITLE: _____

FOR OFFICE USE ONLY:

Date Received: _____

Initial Application Reviewed by: _____

Final Application Reviewed by: _____



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SECTION 3 RESIDENT PREFERENCE CLAIM FORM

A Section 3 resident seeking the preference in training and employment as defined in the Section 3 regulation at 24 CFR Part 135, shall certify to the recipient, contractor or subcontractor, and submit evidence showing they meet the criteria of a Section 3 resident, (i.e. proof of receipt of public assistance or residency in a United States Department of Housing and Urban Development (USHUD) or other federally-assisted housing program, e.g., Public Housing, Section 8, Section 202, etc.)

MIAMI-DADE 2009 INCOME LIMITS

	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
*Very Low Income (50%)	\$23,600	\$26,950	\$30,350	\$33,700	\$36,400	\$39,100	\$41,800	\$44,500
** Low-Income (80%)	\$37,750	\$43,100	\$48,500	\$53,900	\$58,200	\$65,500	\$66,850	\$71,150

CERTIFICATION FOR SECTION 3 RESIDENT

I, _____, am a legal resident of the U.S.A.
(Your Name)

MY SOCIAL SECURITY NUMBER is _____.

MY RACE/ETHNICITY is _____.
(Optional: For statistical purposes only)

MY PERMANENT ADDRESS is _____

(Include City, Street, Zip Code) _____

I have attached one of the following documents as proof of my status:

- 1. Proof of residency (lease in a USHUD or other federally assisted program).
- 2. Proof of public assistance, e.g., Temporary Assistance to Needy Families (TANF) recipients, etc.
- 3. Proof of participation in a HUD YOUTHBUILD program.
- 4. Proof of participation in a federally assisted program such as Job Training Partnership Act (JTPA), etc.
- 5. Proof of participation in a state or local assistance program, or other program that assists low- or very-low income persons.

ONLY PROVIDE FOLLOWING IF ONE OF THE ABOVE IS NOT APPLICABLE:

- 6. Use Document 00402, "Section 3 Employee Household Income Certification Form" to show employee household income if no other documents are attached.

PRINT NAME: _____

SIGNATURE: _____ DATE: _____



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SECTION 3 RESIDENT OR EMPLOYEE HOUSEHOLD INCOME CERTIFICATION FORM

Any individual who is seeking to be certified as a Section 3 resident, and who is **not a public housing resident, or not in a federally assisted housing program, or not a recipient public assistance program** shall attest to their total current gross annual household income, and provide the name and date of birth of each household member. All additional household income earned by household members, excluding children under 18, and/or provided through public or private assistance, child support, bank or investment earnings must be included, where indicated below.

I, _____, (Individual's Full Name) **DO SOLEMNLY SWEAR THAT THE INFORMATION I HAVE PROVIDED BELOW IS TRUE.**

Number of family members who live in my household: _____.

My total current gross annual household income is: _____.

The source(s) of my total **annual** household income is/are:

	Head of Household	Spouse (if applicable)	Other Adult Members age 18 & over (if applicable)	Other Adult Members age 18 & over (if applicable)	Other Adult Members age 18 & over (if applicable)	Other Adult Members age 18 & over (if applicable)
Gross Earnings						
TANF						
Child Support						
Bank Income						
Other Income (list)						
1.						
2.						
3.						
4.						
5.						

PRINT NAME: _____

SIGNATURE: _____ DATE: _____



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SECTION 3 CONTRACTOR OR SUBCONTRACTOR PAYROLL REPORT

***SECTION 3 PERMANENT, FULL-TIME EMPLOYEES ONLY**

Submit documentation for each current public housing or other Section 3 employee for four weeks or one month, immediately preceding Invitation to Bid notice, or application date, whichever is more recent.

EMPLOYEE NAME	TIME PERIOD	SOCIAL SECURITY #	HOURLY RATE	HOURS PER WEEK	GROSS PAY PER WEEK

COMPANY NAME: _____

PRINT NAME: _____

AUTHORIZED COMPANY TITLE: _____

SIGNATURE: _____ DATE: _____

* Miami Dade Housing Agency may request the contractor or subcontractor to produce copies of their firm's actual payroll records to substantiate any information included on this form.



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SECTION 3 BUSINESS CERTIFICATION DEFINITIONS & GUIDELINES

The following two pages include Section 3 definitions and guidelines a Miami Dade Housing Agency (MDPHA) Section 3 (S-3) certified business needs to adhere to when seeking to recruit and fill new or vacant positions. The guidelines are presented in a checklist format in order to familiarize the S-3 business with the criteria MDPHA staff will use to evaluate the S-3 business's training and employment recruitment and selection procedures.

The term "new hires," is defined by the United States Department of Housing and Urban Development (USHUD) as follows:

New hires means full-time employees for permanent, temporary or seasonal employment opportunities and include, but are not necessarily limited to, all management, maintenance, clerical and administrative jobs arising in connection with the development(s) stipulated in the contract award.

The term "Section 3 resident" is defined by USHUD as follows:

A **Section 3 resident** is an individual who lives in Miami-Dade County and (a) is a resident of public housing; **or** (b) is a resident of another federally assisted housing program (Section 8, Section 202, etc.); **or** is a current recipient or participant in a public assistance program (Temporary Assistance to Needy Families, Job Training Partnership Act, etc.); **or** (c) whose family household income meets the definition of a low-or very-low income family (see Miami-Dade low and very low Income limits).

MIAMI-DADE 2009 INCOME LIMITS

	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
*Very Low Income (50%)	\$23,600	\$26,950	\$30,350	\$33,700	\$36,400	\$39,100	\$41,800	\$44,500
** Low-Income (80%)	\$37,750	\$43,100	\$48,500	\$53,900	\$58,200	\$65,500	\$66,850	\$71,150

SECTION 3 RESIDENT PRIORITY ORDER FOR TRAINING AND EMPLOYMENT OPPORTUNITIES

- Category 1 Public housing residents from MDPHA public housing developments;
- Category 2 Participants in HUD Youthbuild programs currently operating in Miami-Dade County. For more information, contact YWCA of Greater Miami, Inc. at 305-377-9922, or Fax 305-373-9922;
- Category 3 Recipients of federal government housing assistance programs, such as Section 8, Section 202, HOME, etc.
- Category 4 Participants in a federally funded job training program, such as Job Training Partnership Act, etc.; or
- Category 5 Other individuals who reside in Miami-Dade County, and meet the definition of a low or very low-income person, as defined, in the current Miami-Dade Income limits.