



PUBLIC HOUSING AND COMMUNITY DEVELOPMENT
Resident Services Community Planning and Outreach Division
701 NW 1st Court • Miami, FL 33136
786-469-4230 • Fax: 786-469-4199
www.miamidade.gov/housing
Section3@miamidade.gov

SECTION 3 BUSINESS APPLICATION

Section 3 Definitions and Guidelines

Section 3 is a provision of the United States Department of Housing and Urban Development (USHUD) Act of 1968 that helps foster local economic development, neighborhood economic improvement and individual self-sufficiency. Section 3 is to ensure that economic opportunities generated by certain HUD funded projects shall, to the greatest extent feasible, and consistent with existing Federal and State laws, be directed to low and very low income persons (particularly those receiving assistance for housing), and to the businesses that provided economic opportunities to these persons.

Below are Section 3 definitions and guidelines a Public Housing Community Development (PHCD) Section 3 (S-3) certified business needs to adhere to when seeking to recruit and fill new or vacant positions. PHCD staff will use these guidelines to evaluate the S-3 business' training and employment recruitment and selection procedures.

The term “**new hires**,” is defined by USHUD as 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 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 2012 INCOME LIMITS

	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Very Low Income (50%)	\$23,000	\$26,250	\$29,550	\$32,800	\$35,450	\$38,050	\$40,700	\$43,300
Low-Income (80%)	\$36,750	\$42,000	\$47,250	\$52, 500	\$56,700	\$60,900	\$65,100	\$69,300

SECTION 3 RESIDENT PRIORITY ORDER FOR TRAINING AND EMPLOYMENT OPPORTUNITIES

- Category 1 Public housing residents from PHCD public housing developments;
- Category 2 Participants in HUD Youthbuild programs currently operate 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.

Warning: Title 18, US Code Section 1001, states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the United States is guilty of a felony. State law may also provide penalties for false or fraudulent statements.





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SECTION 3 BUSINESS APPLICATION

Section 3 certification is optional and not required to do business with PHCD.

Name of business: _____

Business Address: _____

Phone: _____ Fax: _____ Alternate Phone: _____ Cell: _____

Email address: _____ Contact Person: _____ Title: _____

Ethnicity: _____ Gender: _____ (Optional: For statistical purposes only)

Federal Employer Identification Number: _____

Type of business: (Check Applicable Status)

- Corporation Partnership Sole Proprietorship Joint Venture

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"/> Partnership or Joint Venture Agreement <input type="checkbox"/> Sole Owner (If Applicable) <input type="checkbox"/> Business Occupational License
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Please select one of the following three qualification methods for Section 3 certification:

- 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 401, Section 3 Resident Preference Claim, attaching one form for each Section 3 resident, and evidence of status. For each Section 3 resident who does not provide proof of participation in federal assistance program, complete Document 402, Section 3 Resident Preference Claim.
- 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, for each Section 3 full-time employee.
 - A. Employee List (Document 452)
 - B. Section 3 Resident Preference Claim (Document 401)
 - C. Section 3 Resident Household Income Certification (Document 402, only if proof of participation in federal assistance program is not provided).
 - D. Payroll Report (Document 406-1, report each F/T employee who has been employed at least one month).



The qualifying option below, is only applicable to prime contractors.

- 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 Section 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" (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 the 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.

Print Name: _____

Signature: _____ Date: ____ / ____ / ____

Title: _____

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SECTION 3 BUSINESS EMPLOYEE LIST – Document 452

Company Name: _____

Address: _____

Telephone Number: _____ Fax: _____

Please complete information for ALL employees of the company. Attach proof of program participation for Section 3 (S3) employees who claim they are participants in a Miami-Dade Public Housing (PH), Section 8 (S8) or other federal assistance (FA) program. Use additional pages of this form when necessary and number each page.

Employee Name	Address	Category of Work	Date of Hire	FT/PT	S3	PH, S8, or FA

FT = Full Time PT = Part time S3 = Section 3 Resident S8 = Section 8 Resident PH = Public Housing Resident
FA = Federal Assistance Program Participant

Total Number of Employees: _____ Signature: _____ Date: _____

Print Name/Title: _____

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SECTION 3 PAYROLL REPORT* Document 406-1

Submit documentation for each current public housing or other Section 3 resident who is a permanent, full time firm 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: _____

Title: _____

Signature: _____ Date: _____

* PUBLIC HOUSING AND COMMUNITY DEVELOPMENT 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 RESIDENT PREFERENCE CLAIM – Document 401

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.)

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Section 3 Resident Certification

I, _____, am a legal resident of the U.S.A.
 (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 402, "Section 3 Resident Household Income Certification" to show employee household income, if no other documents are attached.

Print Name: _____

Signature: _____ Date: _____

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SECTION 3 RESIDENT HOUSEHOLD INCOME CERTIFICATION – Document 402

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.						

Print Name: _____ Signature: _____ Date: _____

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