



SECTION 3 RESIDENT CERTIFICATION

Section 3 is the legislative directive from the U.S. Department of Housing and Urban Development (HUD) for providing preference in new employment, training, and contracting opportunities that are generated by HUD-funded projects to income-qualified local residents. Section 3 also provides contracting preferences to businesses that substantially employ local income-qualified residents.

Individuals seeking Section 3 preference in training and employment opportunities shall certify eligibility for Section 3 Resident status and submit evidence to the City of Tamarac Community Development Department, recipient contractor, or subcontractor, as requested.

General Information

Name _____

Address _____ City _____ State _____ Zip Code _____

Telephone Number _____ Email Address _____

Certification

Please check "Yes" or "No" for each statement.

- 1. I am a resident of public housing or a homeless shelter. Yes No
- 2. I participate in a federal, state, or local public assistance program. Yes No
- 3. My total annual household income is within the Income Limits below: My household size is: _____ Yes No

Household Size	2018 Maximum Household Income
1	\$ 45,300
2	\$ 51,750
3	\$ 58,200
4	\$ 64,650
5	\$ 69,850
6	\$ 75,000
7	\$ 80,200
8	\$ 85,350

Effective March , 2018. Income limits are subject to annual adjustment.

Residence Verification

Attach at least one of the following to this certification form:

- Copy of a valid driver’s license or State identification card. Copy must be readable, especially the I.D. number.
- Resident verification (*i.e. lease agreement, utility bill*) if the address on your license or State I.D. is not your current residence.
- Proof of residency in public housing or homeless shelter

Signature

I understand the information above may require verification. I agree to provide documentation if requested and authorize my employer, if applicable, to release information required by the City of Tamarac to verify my status as a “Section 3 Resident.” I hereby certify that the information provided above is true and accurate, and understand falsification of any information could subject me to disqualification from participation and punishment under the law.

Print Name

Signature

Date

Return this signed certification form and all attachments to:

City of Tamarac
Community Development Department
7525 NW 88th Avenue, Room 206
Tamarac, FL 33321-2401

(For office use only, do not complete this section)

Date Certification Received: _____

Reviewed By: _____