# Section 3 Business Concern Certification for Contracting

Instructions: Enter the following information and select the criteria that applies to certify your business’ Section 3 Business Concern status.

##### Business Information

Name of Business

Address of Business

Name of Business Owner

Phone Number of Business Owner

Email Address of Business Owner

##### Preferred Contact Information

Same as above

Name of Preferred Contact

Phone Number of Preferred Contact

##### Type of Business (select from the following options):

Corporation Partnership Sole Proprietorship Joint Venture

##### Select from *ONE* of the following three options below that applies:

At least 51 percent of the business is owned and controlled by low- or very low-income persons (Refer to income guidelines on page 4).

At least 51 percent of the business is owned and controlled by current public housing residents or residents who currently live in Section 8-assisted housing.

Over 75 percent of the labor hours performed for the business over the prior three-month period are performed by Section 3 workers (Refer to definition on page 4).

(frontside)

**Business Concern Affirmation**

I affirm that the above statements (on the frontside of this form) are true, complete, and correct to the best of my knowledge and belief. I understand that businesses who misrepresent themselves as Section 3 business concerns and report false information to Brainerd HRA may have their contracts terminated as default and be barred from ongoing and future considerations for contracting opportunities. I hereby certify, under penalty of law, that the following information is correct to the best of my knowledge.

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Print Name:   
Signature: Date: \_\_\_\_\_\_\_\_\_\_

\*Certification expires within six months of the date of signature

Information regarding Section 3 Business Concerns can be found at [24 CFR 75.5](https://www.ecfr.gov/cgi-bin/text-idx?SID=569b66a547528bf6c5c47f75b825cb94&mc=true&node=pt24.1.75&rgn=div5#se24.1.75_15)

**FOR ADMINISTRATIVE USE ONLY**

Is the business a Section 3 business concern based upon theircertification? **□YES □NO**

**EMPLOYERS MUST RETAIN THIS FORM IN THEIR SECTION 3 COMPLIANCE FILE FOR FIVE YEARS.**

This form is informational only for the Brainerd HRA. You must register online to be officially certified:

<https://portalapps.hud.gov/Sec3BusReg/BRegistry/RegisterBusiness>

(backside)

##### The Brainerd Housing Authority

##### Section 3 Income Limits

**Eligibility Guidelines**

The worker’s income must be at or below the amount provided below for an individual (household of 1) regardless of actual household size.

**Individual Income Limits for the county of Crow Wing  
FY 22 (2022)**

| **Income Limits Category** | **FY 22 (2022)**  **Income Limits** |
| --- | --- |
| Extremely Low Income Limits (30%) | 17,500 |
| Very Low Income Limits (50%) | 29,200 |
| Low Income Limits (80%) | 46,700 |

See <https://www.huduser.gov/portal/datasets/il.html> for most recent income limits.

Section 3 Worker Definition:

* A low or very low-income resident (the worker’s income for the previous or annualized calendar year is below the income limit established by HUD); or
* Employed by a Section 3 business concern; or
* A YouthBuild participant.

Targeted Section 3 Worker Definition:

* Employed by a Section 3 business concern or
* Currently meets or when hired met at least one of the following categories as documented within the past five years:
  + A resident of public housing; or
  + A resident of other public housing projects or Section 8-assisted housing; or
  + A YouthBuild participant.