# 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 LimitsCategory** | **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.