Section 3 Program

a 1968 Housing and Urban Development Act

CITY OF HOUSTON
HOUSING AND COMMUNITY DEVELOPMENT

Section 3 Business Application

Return completed application to:
Housing & Community Development
Compliance Division
601 Sawyer, 4th Floor
Houston, TX 77007
Erica.Newman@houstontx.gov
Vanessa.Rosales@houstontx.gov

Incomplete applications will not be processed.
Allow two (2) weeks for processing.
Do not staple any part of the application.

New applicants and re-certifying applicants must complete this application in full.

IMPORTANT: Please read pages **3-5** for more information about the certification process.

ALL FIELDS ARE REQUIRED, EXCEPT WHERE NOTED

Date	Company Name	
Trades Provided – Please be detailed, response will be published in the Section 3 Business Database.		
Complete Business Address		
Phone Number	Alt. Phone Number	
Company's Tax ID Number	Contact Person	Owner Ethnicity
Email	Alt. Email Address	
Bonding Agent *(if applicable)*	Bonding Company *(if applicable)*	Bonding Limit *(if applicable)*

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Grounds for Non-Certification or Temporary Certification

Debarred, Excluded or Suspended by a Federal Agency

The business and all principal members of the business will be checked against the exclusion databases found on System for Award Management and HUD's Limited Denial of Participation/HUD Funding Disqualification/Voluntary Abstentions Database.

If a principal member and/or business is listed as a debarred/excluded/suspended party, certification will be subject to HUD's approval. Additional documentation may be requested by HCDD and/or HUD to complete the certification review.

In the event that certification is denied, the applicant may reapply once the debarment, exclusion or suspension has been lifted and is no longer listed on the reporting database.

https://www.SAM.gov
https://www5.hud.gov/ecpcis/main/ECPCIS_List.jsp

Delinquent Business Property Taxes and Business Personal Property Taxes

The business will be checked against delinquent property taxes (business location only) and delinquent business personal property taxes within applicable taxing jurisdictions.

In the event that the applicant is shown to have delinquent property taxes, a regular three-year certification can be issued if the following documentation can be provided:

Proof of Payment in Full - Receipt from taxing authority that all delinquent taxes have been paid.

A Temporary Certification will be given if the following documentation can be provided:

Proof of Payment Plan - Copy of signed payment plan agreement issued by taxing authority and copies of cancelled payment checks from start of payment plan to current.

The temporary certification will expire at the end of the payment plan agreement. At that time, applicant will need to provide proof of payment in full in order to receive a regular three-year certification.

Incomplete Application Submission

Only complete applications will be processed. All sections of the application and requested supporting documentation are required (except where noted by the option to write N/A). **No exceptions will be given for incomplete applications.**

Applicant will be notified via email of any application discrepancies. As a courtesy, the applicant will be given 10 business days from the date the email is sent to resolve any discrepancies. In the event that the applicant fails to submit a complete application within the 10 days, the application will be denied certification and closed out. The applicant must submit a new application for future certification.

Section 3 Business Certification Priority Preferences

Per the Section 3 Federal Regulation, 24 CFR Part 135.36 (2), certified businesses are assigned a priority number based on the following preferences:

> **Priority 1** – Section 3 business concerns that provide economic opportunities for section 3 residents in the service area or neighborhood in which the section 3 covered project is located. This will include all businesses **located within in the City of Houston** and/or any zip code that is recognized by the City of Houston website search. **See page 16 for zip code look up instructions.**
>
> **Priority 2** – Applicants selected to carry out HUD Youth build programs.
>
> **Priority 3** – All other Section 3 business concerns. This includes all businesses that are **located outside of the City of Houston** and/or have a zip code that is not recognized by the City of Houston website search. **See page 16 for zip code look up instructions.**

Priority of Preferences When Awarding Contracts on a Section 3 Covered Project

When bidding on a Section 3 Covered Project as a certified Section 3 Business (General Contractor, Subcontractor or Professional Service), bids are reviewed/awarded based on the Section 3 Bid Selection Process, stated in the Section 3 Federal Regulation, 24 CFR Part 135.92 III (2)(i)(ii); **see page 5.**

When multiple Section 3 Businesses submit bids on the same scope of work and all bid amounts fall within the allowed percentage gap stated in the Section 3 Bid Selection Process, then the reviewer will give preference based on the Section 3 Business's assigned priority number, along with their ability to perform the scope of work and meet all required qualifications. Please read the Section 3 Bid Selection Process for a complete understanding of the bid selection process between a Section 3 Business and Non-Section 3 Business, **see page 5.**

Section 3 is not an entitlement program, there are no guarantees. Businesses must be able to demonstrate that they have the ability or capacity to perform the specific job or successfully complete the contract they are seeking. Also, once the contractor has awarded the required dollar amount to Section 3 Business(es), the contractor is not required to follow the Section 3 Bid Selection Process for all subsequent scopes of work.

Section 3 Bid Selection Process

Procurement by Sealed Bids (Invitations for Bids)

Preference in the award of Section 3 Covered Contracts that are awarded under a sealed bid process may be provided as follows:

Bids shall be solicited from all businesses (Section 3 Business Concerns, and non-Section 3 Business Concerns). An award shall be made to the qualified Section 3 Business Concern with the highest priority ranking and with the lowest responsive bid:

1. Bids shall be solicited from all businesses (i.e. Section 3 Business Concerns and non-Section 3 Business Concerns). An award shall be made to the qualified Section 3 Business Concern with the highest priority ranking (as defined in 24 CFR Part 135) and with the lowest responsive bid if that bid:
    a. is within the maximum total contract price established in HCDD's budget for the specific project for which bids are being taken; and

    b. is not more than "X" higher than the total bid price of the lowest responsive bid from any responsible bidder. "X" is determined as follows:

        X = lesser of:
        When the lowest responsive bid is less than $100,000 . . . . 10% of that bid or $9,000
        When the lowest responsive bid is:
        At least $100,000, but less than $200,000..... 9% of that bid or $16,000
        At least $200,000, but less than $300,000.....8% of that bid or $21,000
        At least $300,000, but less than $400,000.....7% of that bid or $24,000
        At least $400,000, but less than $500,000.....6% of that bid or $25,000
        At least $500,000, but less than $1 million.....5% of that bid or $40,000
        At least $1 million, but less than $2 million.....4% of that bid or $60,000
        At least $2 million, but less than $4 million.....3% of that bid or $80,000
        At least $4 million, but less than $7 million.....2% of that bid or $105,000
        $7 million or more, 5% of the lowest responsive bid, with no dollar limit.

2. If no responsive bid by a Section 3 Business Concern meets the requirements of paragraph 1 of this section, the contract shall be awarded to a responsible bidder with the lowest responsive bid.
3. In both paragraph 1 and 2 above, a bidder, to be considered as responsible, must demonstrate compliance with the "greatest extent feasible" requirement of Section 3.

Section 3 Business Application Checklist

THIS CHECKLIST MUST BE SUBMITTED WITH APPLICATION

Cover Page Business Name:

- ☐ Cover page completed. By checking this box, I acknowledge that pages 3-5 have been read in full.

Part I. Section 3 Statement of Qualifications

Selected Qualifying Category

- ☐ **Filled out Chart A regardless of category**
- ☐ **Category 1: Chart A**
  - ☐ Filled out Chart A
  - ☐ Attached Section 3 Resident Application for each qualifying owner for the 51% rule.
    - ☐ Attached supporting documentation based on selected qualifying statement
  - ☐ Attached 2013 Personal Income Tax Return for each qualifying owner.
- **Category 2: Chart B**
  - ☐ Filled out Chart B-1
  - ☐ Filled out Chart B-2
  - ☐ Attached Section 3 Resident Application for each employee that is used to qualify for the 30% rule.
    - ☐ Attached supporting documentation based on selected qualifying statement.
- **Category 3: Chart C**
  - ☐ Filled out Chart C-1
  - ☐ Filled out Chart C-2
  - ☐ Filled out Chart C-3

Part II. Company Background Information

- ☐ Filled out Company Information section
  - ☐ Attached proof of company category: _____
- ☐ Filled out Previous Companies section, if none write N/A
- ☐ Attached company's Federal Income Tax filings from previous year
- ☐ Attached company's W-9 form
- ☐ Attached company's Insurance Liability Certificate; or
  - ☐ Attached Proof of Ability to obtain Insurance; i.e. Insurance Quote or Approval Letter from Insurance Agency.
- ☐ Listed Current Contracts
- ☐ Listed Completed Projects
- ☐ Listed Principal Members

Part III. References

- ☐ Listed all bank accounts associated with business
- ☐ Attached bank verification letters for each bank listed. Each letter contains the following:
  - ☐ Date account established
  - ☐ Confirm account is in good standing
  - ☐ Typed on bank letterhead
  - ☐ Signed by bank representative
- ☐ Listed (3) three work references from previous contracts. Each letter contains the following:
  - ☐ Time frame of contract
  - ☐ Scope of work completed
  - ☐ Client expresses satisfaction of work completed
  - ☐ Typed on company letterhead, or personal letterhead that includes contact information
  - ☐ Signed by company representative or individual

Part IV. Affidavit

- ☐ Filled out by owner/principal member
- ☐ Notarized

Part I. Section 3 Statement of Qualifications

Your business must classify under one of the following minimum requirements to be qualified as a Section 3 Business Concern before being awarded contracts under Section 3. **If your business qualifies for more than one category, please select only ONE. Note that all categories must fill out Chart A.**

Check the appropriate box:

☐ **1** A majority 51% or more ownership of business shall be held by low to very- low income resident(s). Based on the resident's household income in comparison to the HUD Income Limit for 80% Median Annual Income. **See pg. 17 For HUD Income Limit Chart. Fill out Chart A.**

☐ **2** At least 30% of full time employees of the business are low to very-low income residents. Based on the resident's household income in comparison to the HUD Income Limit for 80% Median Annual Income. **See pg. 17 For HUD Income Limit Chart. Fill out Chart A and Chart B-1 & B-2.**

☐ **3** More than 25% of all contract work has previously been awarded to Certified Section 3 Businesses, or businesses that meet the requirements set forth in categories 1 or 2 above. Going forward, if awarded a contract on a *Section 3 covered contract*, 25% of your contract amount must be awarded to a certified Section 3 Business(es). **Fill out Chart A and Chart C-1, C-2 & C-3.**

Chart A for Category 1, 2, & 3

Complete the chart below for each business owner. If more space is needed attach additional copies of this page. **Have each qualifying owner complete the Section 3 Resident Application, pg. 18-24, and submit their 2013 Personal Income Tax Return.**

Full Name			Home Address		
Last 4 Digits of SSN	% Ownership	Annual Household Income	# in Household	Race	Gender

Full Name			Home Address		
Last 4 Digits of SSN	% Ownership	Annual Household Income	# in Household	Race	Gender

Full Name			Home Address		
Last 4 Digits of SSN	% Ownership	Annual Household Income	# in Household	Race	Gender

Full Name			Home Address		
Last 4 Digits of SSN	% Ownership	Annual Household Income	# in Household	Race	Gender

Chart B-1 for Category 2

How many full-time permanent employees do you currently employ? **Enter number in Box 1** *Employees are defined as individuals placed on company payroll. 1099 Contractors do not qualify as an employee*.	**Box 1**	
Multiply the number in Box 1 by .30 **Enter number in Box 2** *This is the number of employees that must qualify as a Section 3 Resident in order for your business to qualify under Category 2.*	**Box 2**	
Out of the number in Box 1, how many employees qualify as a Section 3 Resident? **Enter number in Box 3** *Based on the employee's household income,* ***either current amount or at any time during the past three years****. The household income cannot exceed the annual income limit stated in the HUD Income Limit Chart, under the 80% Median Annual Income Limit column;* ***pg. 17.***	**Box 3**	
Does the number in Box 3 meet or exceed the number in Box 2? **Enter Yes or No in Box 4** *If Yes, then your business qualifies under Category 2, continue to Chart B-2 to list employees.* *If No, your business does not qualify under Category 2. Return to* ***pg. 7*** *and select another category.* *If your business does not qualify for another category, then certification cannot be issued at this time.*	**Box 4**	

Chart B-2 for Category 2

List employees that qualify as Section 3 Residents. The number of employees listed should equal the number in Box 2 or Box 3. Have each qualifying employee complete the Section 3 Resident Application, pg. 18-24. If more space is needed attach additional copies of this page.

Full Name	Last 4 Digits of SSN	Annual Household Income	# in Household
Home Address			

Full Name	Last 4 Digits of SSN	Annual Household Income	# in Household
Home Address			

Full Name	Last 4 Digits of SSN	Annual Household Income	# in Household
Home Address			

Full Name	Last 4 Digits of SSN	Annual Household Income	# in Household
Home Address			

Chart C-1 for Category 3

List qualifying contracts. In order to qualify for Category 3, applicant must successfully show proof of contracts previously/currently awarded to businesses that are certified as a Section 3 Business under Category 1 or 2, or meet the requirements for Category 1 or 2. Additional information may be requested by HCDD.

How many *Section 3 covered projects* has your business worked on within the past three (3) years? **Enter number in Box 1** *See definition of Section 3 Covered Project.*	**Box 1**	
Total dollar amount of contracts received from projects listed in Box 1. **Enter amount in Box 2**	**Box 2**	
Multiply the amount in Box 2 by .25 **Enter the amount in Box 3**	**Box 3**	
Out of the projects listed in Box 1, how many contracts did your business award to Certified Section 3 Businesses, or businesses that qualify under Category 1 or 2? **Enter number in Box 4**	**Box 4**	
Total dollar amount of awarded contracts to Section 3 Businesses or Qualifying Businesses. **Enter amount in Box 5**	**Box 5**	
Is the amount listed in B5 equal to or greater than amount in Box 3? **Enter Yes or No in Box 6.** *If Yes, continue to Chart C-2 & C-3 to enter project and contract information.* *If No, your business does not qualify under Category 3. Return to **pg. 7** to select another category.* *If your business does not qualify for any category, then certification cannot be issued at this time.*	**Box 6**	

Chart C-2 for Category 3

List project information from Chart C-1 Box 1. If more space is needed attach additional copies of this page.

#____	Project Name	Agency Name
	Start/End Date	Total Contract Amount
#____	Project Name	Agency Name
	Start/End Date	Total Contract Amount
#____	Project Name	Agency Name
	Start/End Date	Total Contract Amount
#____	Project Name	Agency Name
	Start/End Date	Total Contract Amount
#____	Project Name	Agency Name
	Start/End Date	Total Contract Amount

Chart C-3 for Category 3

List Section 3 Businesses or Businesses that qualify under Category 1 or 2 from Chart C-1 Box 4. If more space is needed attach additional copies of this page.

Contract Awarded to:	Contract Award Date:	Contract Amount:
Contact Person:	Phone Number:	Email:

Currently certified as a Section 3 Business with the City of Houston HCDD? *A complete list of certified businesses is located at the COH HCDD Section 3 Website.*	☐ **YES**	☐ **NO**
If Yes, what is the qualifying category? If No, continue to fill out the below portion. Select only one (1) category.	☐ **Category 1**	☐ **Category 2**

☐ **Category 1**	Owner's Name	% of Ownership	Annual Household Income	# In Household
☐ **Category 2**	Total # of Permanent Employees		# of Employees that do not exceed HUD 80% Median Income Limit	

Contract Awarded to:	Contract Award Date:	Contract Amount:
Contact Person:	Phone Number:	Email:

Currently certified as a Section 3 Business with the City of Houston HCDD? *A complete list of certified businesses is located at the COH HCDD Section 3 Website.*	☐ **YES**	☐ **NO**
If Yes, what is the qualifying category? If No, continue to fill out the below portion. Select only one (1) category.	☐ **Category 1**	☐ **Category 2**

☐ **Category 1**	Owner's Name	% of Ownership	Annual Household Income	# In Household
☐ **Category 2**	Total # of Permanent Employees		# of Employees that do not exceed HUD 80% Median Income Limit	

Contract Awarded to:	Contract Award Date:	Contract Amount:
Contact Person:	Phone Number:	Email:

Currently certified as a Section 3 Business with the City of Houston HCDD? *A complete list of certified businesses is located at the COH HCDD Section 3 Website.*	☐ **YES**	☐ **NO**
If Yes, what is the qualifying category? If No, continue to fill out the below portion. Select only one (1) category.	☐ **Category 1**	☐ **Category 2**

☐ **Category 1**	Owner's Name	% of Ownership	Annual Household Income	# In Household
☐ **Category 2**	Total # of Permanent Employees		# of Employees that do not exceed HUD 80% Median Income Limit	

Part II. Company Background Information

Complete the below sections and attach the following business documents:

1. Business Federal Income Tax Return, last year filed
2. W-9 form
3. Insurance Liability Certificate

Company Information

Name of Company		Date Company Established
Complete Address		
Telephone Number	Email	

Select Company Category and provide supporting documentation:

□ **Sole Proprietorship** (Attach Assumed Business Name Certificate or proof of EIN/Federal Tax ID Number)
□ **Partnership** (Attach Partnership Agreement and Assumed Business Name Certificate)
  □ LLC (Attach proof of registration with Secretary of State)
  □ LP (Attach proof of registration with Secretary of State)
□ **Joint Venture** (Attach Joint Venture Agreement and Assumed Business Name Certificate)
  □ LLC (Attach proof of registration with Secretary of State)
  □ LP (Attach proof of registration with Secretary of State)
□ **Corporation** (Attach Article of Incorporation)

Previous Companies

Provide the company name, address and start/end dates for any other contracting firms under which the owners or partners have operated in the past 3 years. **If none, write N/A.** If more space is needed attach additional copies of this page.

Company Name	Owner/Partner	Company Address	Start Date	End Date

Current Contracts

List all current contracts below. If more space is needed attach additional copies of this page.

Contract Name		Address	
Phone Number	Contract Amount	Start Date	End Date

Contract Name		Address	
Phone Number	Contract Amount	Start Date	End Date

Contract Name		Address	
Phone Number	Contract Amount	Start Date	End Date

Completed Projects

List the projects recently completed. If more space is needed attach additional copies of this page.

Contract Name		Address	
Phone Number	Contract Amount	Start Date	End Date

Contract Name		Address	
Phone Number	Contract Amount	Start Date	End Date

Contract Name		Address	
Phone Number	Contract Amount	Start Date	End Date

Principal Members

List the principal members of your company, including all officers. Provide a brief description of their related experience with the current scope of work and other fields. If more space is needed attach additional copies of this page.

Name	Title	Phone Number
Home Address		
Related Experience		

Name	Title	Phone Number
Home Address		
Related Experience		

Name	Title	Phone Number
Home Address		
Related Experience		

Name	Title	Phone Number
Home Address		
Related Experience		

Part III. References

Bank Verification Letter

Please provide bank information for each account that is associated with your business. Each letter must meet the following criteria and should be provided on bank letterhead:

- Date account opened
- Confirm that account is in good standing
- Signed by bank representative

Bank Name	Address	Phone Number	Account Number

Work Reference Letters

Provide (3) three references from previous contracts that your business was engaged with. Each letter must meet the following criteria and should be provided on company letterhead that includes contact information:

- Time frame of contract
- Scope of work completed
- Was client satisfied with work completed?
- Signed by company representative

Name	Address	Phone Number

Part IV. Affidavit

The undersigned hereby authorizes and requests any person, firm or corporation to furnish any information and contact references requested by HCDD in verification of the recitals comprising this _____ day of _____, 20_____.

_____
Company Name

_____, _____
Print Name Title

_____
Signature

STATE OF TEXAS)
) SS
COUNTY OF HARRIS)

_____ being duly sworn, deposes and says that he/she is _____ of _____ and that the answers to the foregoing questions and all statements therein contained are true and correct. Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public

My Commission Expires:

_____

Zip Code Look-Up for Section 3 Business Certification Priority Preference

Zip Code Look-up Instructions

- Visit **http://www.houstontx.gov**
- Enter zip code in top right-hand bar next to **My Zip** button
- Press **My Zip** button

- If an information page is displayed, it means the zip code is located within the City of Houston and the business will be listed as a Priority 1 preference.

ZIP Codes Reference > 77007

Return to ZIP Codes Reference Home Page

City of Houston ZIP Code 77007

SUPER NEIGHBORHOODS	
Washington Avenue Coalition / Memorial Park (SN22)	Lazy Brook / Timbergrove (SN14)
Greater Heights (SN15)	

ELECTED OFFICIALS	
COUNCIL MEMBER	District C - Ellen Cohen , District H - Edward Gonzalez , At-Large Council Members
HARRIS COUNTY	Precinct 2 - Jack Morman , Precinct 1 - El Franco Lee , Precinct 4 - Jack Cagle
TEXAS HOUSE	District 147 - Garnet Coleman , District 134 - Sarah Davis , District 148 - Jessica Farrar
TEXAS SENATE	District 13 - Rodney Ellis , District 6 - Sylvia Garcia , District 15 - John Whitmire
U.S. HOUSE	District 18 - Sheila Jackson Lee , District 2 - Ted Poe

- If a blank information page is displayed, it means the zip code falls outside of City of Houston and the business will be listed as a Priority 3 preference.

ZIP Codes Reference > 77326

Return to ZIP Codes Reference Home Page

City of Houston ZIP Code 77326

SUPER NEIGHBORHOODS

ELECTED OFFICIALS	
COUNCIL MEMBER	
HARRIS COUNTY	
TEXAS HOUSE	
TEXAS SENATE	
U.S. HOUSE	

FACILITY/WEBSITE	DEPT.	ADDRESS	PHONE

2015 HUD Income Limits for Houston and Surrounding Areas

2015 HUD Income Limits for Houston and Surrounding Areas

- Verify that owner/employee's income does not exceed the 80% of Median Low Income limit by household size.

Persons in Household	30% of Median Extremely Low-Income		50% of Median Very Low-Income		80% of Median Low Income	
	Annual Income	Monthly Income	Annual Income	Monthly Income	Annual Income	Monthly Income
1	$14,600	$1,216	$24,300	$2,025	$38,850	$3,238
2	16,650	1,388	27,750	2,313	44,400	3,700
3	20,090	1,674	31,200	2,600	49,950	4,163
4	24,250	2,021	34,650	2,888	55,450	4,621
5	28,410	2,368	37,450	3,121	59,900	4,992
6	32,570	2,714	40,200	3,350	64,350	5,363
7	36,730	3,061	43,000	3,583	68,800	5,733
8	40,890	3,408	45,750	3,813	73,200	6,100

Released March 2015

Attention Business Applicants:
Each employee used to qualify under Category 2 must complete the Section 3 Resident Application and submit supporting documentation as requested.

CITY OF HOUSTON
HOUSING AND COMMUNITY DEVELOPMENT

Section 3 Program

A 1968 Housing and Urban Development Act

Section 3 Resident Application

Return completed application to:
Housing & Community Development
Compliance & Monitoring Division
601 Sawyer, 4th Floor
Houston, TX 77007
Erica.Newman@houstontx.gov
Vanessa.Rosales@houstontx.gov

Incomplete applications will not be processed.
Allow two (2) weeks for processing.
Do not staple any part of the application.

New applicants and re-certifying applicants must complete this application in full.

ALL FIELDS REQUIRED EXCEPT WHERE NOTED

Date:	Project Name (if applicable)
Applicant Name	
Current Home Address	
Phone Number	Email
Job Skills/Trades	

ALL PAGES OF THIS APPLICATION MUST BE SUBMITTED

2015 HUD Income Limits for Houston and Surrounding Areas

Persons in Household	30% of Median Extremely Low-Income		50% of Median Very Low-Income		80% of Median Low Income	
	Annual Income	Monthly Income	Annual Income	Monthly Income	Annual Income	Monthly Income
1	$14,600	$1,216	$24,300	$2,025	$38,850	$3,238
2	16,650	1,388	27,750	2,313	44,400	3,700
3	20,090	1,674	31,200	2,600	49,950	4,163
4	24,250	2,021	34,650	2,888	55,450	4,621
5	28,410	2,368	37,450	3,121	59,900	4,992
6	32,570	2,714	40,200	3,350	64,350	5,363
7	36,730	3,061	43,000	3,583	68,800	5,733
8	40,890	3,408	45,750	3,813	73,200	6,100

Part 1. Section 3 Resident Qualifying Statement

You must qualify under one of the following statements to qualify as a Section 3 Resident. If you qualify for more than one statement, **please select only ONE. Regardless of chosen qualifying statement, you must submit all documents listed under Part 2.**

☐ **Q1** I am a public housing resident and/or particpate in federal,state, or local public assistance. **Follow instructions under Part 3.**

☐ **Q2** My current household has zero income. **Follow instructions under Part 4**.

☐ **Q3** My current household annual income does NOT exceed the 80% Median HUD Income Limit. See above for HUD Income Limit Chart . **Follow instructions under Part 5.**

☐ **Q4** At any time during the past three years (2012-2013) my annual household income was zero or did NOT exceed the 80% Median HUD Income Limit. See above for HUD Income Limit Chart . **Follow instructions under Part 6.**

Part 2. Supporting Documentation for ALL Applicants

Each applicant must submit the following documents, regardless of the qualifying statement:

Proof of Identification Provide one (1) of the following:	◻ Driver's License ◻ State Identification Card	◻ Passport
Proof of Residency Provide one (1) of the following:	◻ Lease Agreement ◻ Utility Bill	◻ Reference Letter from Head of Household

- ◻ Supplement to Income Certification Form
- ◻ Resume - not required, but recommended.

Part 3. Supporting Documentation for Q1

If you selected Q1 qualifying statement under Part 1, you must submit the following documents if you receive either public housing and/or participate in public assistance program:

Public Housing Resident	◻ Lease Agreement
Federal, State or Local Public Asssistance Program	◻ Voucher or Award Letter

Part 4. Supporting Documentation for Q2

If you selected Q2 qualifying statement under Part 1, you must submit the following documents:

1. 2015 Household Income Self-Certification Form
2. 2015 Zero Household Income Self-Certification Form

Part 5. Supporting Documentation for Q3

If you selected Q3 qualifying statement under Part 1, you must submit the following documents:

1. 2015 Household Income Self-Certification Form

Part 6. Supporting Documentation for Q4

If you selected Q4 qualifying statement under Part 1, you must submit the following documents:

1. 2015 Household Income Self-Certification Form
2. 2012-2014 Household Income Self-Certification Form

Section 3 Resident
2015 Household Income Self-Certification

CITY OF HOUSTON
HOUSING AND COMMUNITY DEVELOPMENT

2015 Annual HUD Income Limits – 80% Median

Family Size	1	2	3	4	5	6	7	8
Low Income	$38,850	$44,400	$49,950	$55,450	$59,900	$64,350	$68,800	$73,200

List all members of household, regardless of income or age.

Part 1. Household Composition

#	Last Name	First Name M.I.	Relationship to Head of Household	Date of Birth	Last 4-digits of SSN
1			Head of Household		
2					
3					
4					
5					

Part 2. Gross (Before Taxes) Household Annual Income

#	Employment & Wages	Social Security/Pensions	Public Assistance	Other Income
1				
2				
3				
4				
5				
			Total Gross Household Annual Income	**$**

Part 3. Household Certification & Signature

The information on this form will be used to determine maximum income eligibility. I/we have provided for each person(s) set forth in Part I acceptable verification of current anticipated annual income.

Under penalties of perjury, I/we certify that the information presented in this Certification is true and accurate to the best of my/our knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of certification.

Print Name **Signature** **Date**

Section 3 Resident
2015 Zero Household Income Self-Certification

I hereby certify that I currently do not individually, nor does any member of my household, receive income from any of the following sources:

1. Wages from employment (including commissions, tips, bonuses, fees, etc.);
2. Income from operation of a business;
3. Rental income from real or personal properties;
4. Interest or dividends from assets;
5. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
6. Unemployment or disability payments;
7. Public assistance income;
8. Periodic allowances such as alimony, child support, or gifts received from persons not living in household;
9. Sales revenue from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
10. Any other source not named above.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of my Section 3 certification.

Print Name	Signature	Date

Section 3 Resident
Household Income from 2012-2014 Self-Certification

If you are qualifying as a Section 3 Resident based on your household income from the past three years, check all boxes that applied to you and your household during 2012-2014.

☐ 2012 ☐ 2013 ☐ 2014

☐ At one point in the past three years, my household income was zero.

☐ At one point in the past three years, I was a public housing resident and/or participated in Federal, state or local public assistance programs.

☐ At one point in the past three years, my household income did NOT exceed the 80% Median HUD Income Limit.

☐ At one point in the past three years, I was unemployed.

☐ At one point in the past three years, I was homeless.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of my Section 3 certification.

Print Name	Signature	Date

Supplement to Income Certification

Date: _____

In order to assume compliance with federal equal housing opportunity and fair housing goals, the Department would appreciate receiving the information listed below. You may not be discriminated against on the basis of this information, or on whether or not you choose to furnish this document. **However, if you choose not to furnish it, the owner, recipient or contractor are required to note ethnicity, race, sex, age, and other household composition on the basis of visual observation or surname.** If you do not wish to furnish this information, please initial below:

RESIDENT/APPLICANT: I do not wish to furnish information regarding ethnicity, race, sex, age, and other household composition. ***(Initials)*** _____

See below for Ethnicity, Race, and Other codes that characterize household composition. Enter both Ethnicity and Race codes for each household member, and a code for Other, if applicable. Also indicate if an individual in the household qualifies for the Special Needs occupancy requirement specified in the Land Use Restriction Agreement (LURA) or other document, see below for definition.

LURA defines "Special Needs" as a person who:

- Has a physical, mental or emotional impairment that:
  - Is expected to be of a long, continued and indefinite duration,
  - Substantially impedes his or her ability to live independently, and
  - Is of such a nature that the disability could be improved by more suitable housing conditions,
- Has a developmental disability, as defined in the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. Section 15502);
- Has a disability, as defined in 24 CFR § 5.403;
- Has alcohol and/or drug addictions;
- Is a Colonia resident;
- Is a victim of domestic violence;
- Has HIV/AIDS;
- Is homeless; or
- Is a migrant farm worker.

HH Mbr #	Sex Enter M or F	Age	Race	Other	Special Needs? Y or N
1					
2					
3					
4					
5					
6					
7					

Race Codes:	Other Codes:
1 White American 2 Black/African American 3 Native American 4 Hispanic American 5 Asian/Pacific American 6 Hasidic Jew	A Elderly B Disabled C Elderly & Disabled

Print Name **Signature** **Date**