



Section 3 Program

A 1968 Housing and Urban Development Act

Section 3 Resident Application

Allow two weeks for certification process.

Submit application by mail, fax or email:

City of Houston

Fax: 713-868-8366

Housing & Community

Phone: 713-868-8300

Development Dept.

Email: Krystal.Shultz@houstontx.gov

Section 3 Program

Toni.Dupree@houstontx.gov

601 Sawyer, 4th Floor

Houston, TX 77007

"To ensure that employment and economic opportunities generated by certain HUD financial assistance shall, to the greatest extent feasible and consistent with existing federal, state and local laws and regulations, be directed to low- and very low income persons."

Section 3 Resident Application Checklist



THIS CHECKLIST MUST BE SUBMITTED WITH APPLICATION

Resident Name: _____

Section 3 Resident Certification Form

Form is filled out in its entirety .

Attached the following documents:

Proof of Identity:

Copy of Driver’s License/State Identification Card

Copy of Social Security Card

Proof of Residency:

Utility bill, lease agreement, or reference letter from head of household

Proof of Income:

Recent paycheck stub, certified letter from employer, current tax return, unemployment statement, self-certifying letter stating income.

Note: If resident is claiming zero income, the Certification of Zero Income will be accepted as Proof of Income.

Skills/Experience:

Copy of Resume (optional, but recommended)

Section 3 Certification of Zero Income

Form filled out only if claiming zero income

City of Houston HCDD Income Certification Form

Form filled out in its entirety, regardless of income amount.

Supplement to Certification

Form filled out in its entirety.



Section 3 Resident Certification Form

Part 1. General Information - PLEASE PRINT CLEARLY

Project Name (if applicable) _____

Name _____

Street Address _____

City, State, Zip Code _____

Phone Number _____

Email Address _____

Job Skills/Trades _____

Part 2. Public Assistance Qualification

Check Yes or No for each question.

1. Are you a public housing resident? (Proof: copy of addendum lease) Yes No
2. Do you participate in a federal, state, or local public assistance program? (Proof: voucher or awards letter) Yes No

Part 3. Complete the following statements:

1. Total annual **family** income: _____
2. Family size of household: _____

Part 4. Provide the following supporting documentation:

- Proof of Identification, provide two: driver's license, state identification card, social security card
- Proof of Residency, provide one: lease agreement, utility bill, reference letter from head of household
- Proof of Income, provide one: paycheck stub/payroll printout, certified letter from employer, current tax return, unemployment statement, self-certifying letter stating income.
- Resume of work skills and related evidence of experience (optional, but recommended)

2013 Annual Income Limits

Family Size	1	2	3	4	5	6	7	8
Low Income	\$37,100	\$42,400	\$47,700	\$52,950	\$57,200	\$61,450	\$65,700	\$69,900

I hereby acknowledge that I, _____, am a legal resident of the Houston metropolitan area and qualify as a Section 3 resident because I meet the income eligibility guidelines for a low or very low income person as published above. I understand that the information above may require verification. I agree to provide proper documentation verifying this information if requested and authorize my employer, if applicable, to release information as required by HCDD. I certify that the above statements are true, complete, and correct to the best of my knowledge and belief.

Signature _____

Date _____

For Office Use Only		
Copy of ID	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Proof of Residency	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Proof of Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Resume	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section 3 Certification of Zero Income



Project Name (if applicable): _____

I hereby certify that I do not individually 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.

I certify that I currently have zero income of any kind and there is no significant changes expected in my financial or employment status during the next 12 months.

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



City of Houston
Housing and Community Development Department
Income Certification

Initial Certification
 Recertification
 Other* _____

PART I. HOUSEHOLD COMPOSITION						*Household Member
*HH Mbr #	Last Name	First Name & Middle Initial	Relationship to Head of Household	Date of Birth (MM/DD/YYYY)	F/T Student (Y or N)	Social Security or Alien Reg. No.
1			HEAD			
2						
3						
4						
5						

PART II. GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS)				
*HH Mbr #	(A) Employment or Wages	(B) Soc. Security/Pensions	(C) Public Assistance	(D) Other Income
TOTALS	\$ _____	\$ _____	\$ _____	\$ _____
Add totals from (A) through (D) above			TOTAL INCOME (E):	\$ _____

PART III. INCOME FROM ASSETS				
*HH Mbr #	(F) Type of Asset	(G) C/I	(H) Cash Value of Asset	(I) Annual Income from Asset
TOTALS:			\$ _____	\$ _____
Enter Column (H) Total		Passbook Rate		
If over \$5000 \$ _____ X		2.00%	= (J) Imputed Income	\$ _____
Enter the greater of the total of column I, or J: imputed income			TOTAL INCOME FROM ASSETS (K)	
			\$ _____	
(L) Total Annual Household Income from all Sources [Add (E) + (K)]				\$ _____

HOUSEHOLD CERTIFICATION & SIGNATURES			
<p>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.</p> <p>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.</p>			
Printed Name	(Date)	Printed Name	(Date)
Signature	(Date)	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	A Elderly
2 Black/African American	B Disabled
3 Native American	C Elderly & Disabled
4 Hispanic American	
5 Asian/Pacific American	
6 Hasidic Jew	

Print Name

Signature

Date