

Section 3 Worker Certification Employer Certification and Project Information

Contractors on Section 3 projects must submit this form for each employee reported as a Section 3 worker or Targeted Section 3 worker, as defined in 24 CFR 75.5.

Section 3 Worker Name:	Address:
Position/Job Title:	Project:
Employer Name:	Authorized Representative Name and Title:
Employer Phone #:	Employer Email:

Section 3 Eligibility:

1. Does this employee qualify as a Section 3 worker per 24 CFR 75.5? **YES** **NO**

Section 3 worker means any worker who currently fits, or when hired within the past five years fit, **at least one** of the following criteria, as documented (*check all that apply*):

- The worker's income for the previous or annualized calendar year is below the limit established by HUD (see below, or refer to www.huduser.gov/portal/datasets/il.html).
- The worker is employed by a Section 3 business concern.
- The worker is a YouthBuild participant.

HUD Income Limits

The income limits for the **New Orleans-Metairie, LA HUD Metro FMR Area** apply to the following parishes: Jefferson, Orleans, Plaquemines, St. Bernard, St. Charles, St. John the Baptist, and St. Tammany.

Fiscal Year	2022	2021	2020	2019	2018	2017
Low-income (80% AMI)	\$43,900	\$39,300	\$39,450	\$37,750	\$36,750	\$35,500

2. Does this employee qualify as a Targeted Section 3 worker per 24 CFR 75.21? **YES** **NO**

A **Targeted Section 3 worker** for housing and community development financial assistance means a Section 3 worker who is (*check all that apply*):

- A worker employed by a Section 3 business concern; or
- A worker who currently fits or when hired fit **at least one** of the following categories, as documented within the past five years:
 - Living within the service area or neighborhood of the project, as defined in 24 CFR Part 75.5; or
 - A YouthBuild participant. (*If checked, attach a copy of the employee's self-certification.*)

The City of New Orleans Office of Community Development reserves the right to request additional documentation at any time to verify the information provided on this form.

Certification:

By submitting this form, I hereby certify under penalty of perjury that the information provided above is true and correct, and that I am authorized on behalf of the company to make this certification. I agree to provide documentation verifying the employee's Section 3 eligibility to the City of New Orleans if requested.

Authorized Representative Signature

Date

