## **SECTION 3 WORKER CERTIFICATION FORM (24 CFR §75)**



(Public Housing Financial Assistance Programs Only)

PART I: EMPLOYEE INFORMATION (to be completed by the worker) Name: Hiring Priority (check the applicable box) P1: Resident of HACLA's public housing project where the work is performed: Address: P2: Residents of other projects managed by HACLA; P3: Participants in YouthBuild programs; and P4: Other low- and very low-income person residing within the Los Angeles metropolitan area. Email Address: Phone Number: 35-44 Age Group: 18-24 25-34 45-64 Gender: How did you hear about the job? Are you a Trade Union member? If yes, state: **Enrollment Date: SECTION 3/TARGETED SECTION 3 WORKER INFORMATION** 1. Based on the below definition, do you qualify as a Section 3 Worker? 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 categories, as documented: The worker's income for the previous or annualized calendar year is below the income limit established by HUD (maximum of \$66,250 per worker in 2021. See www.hacla.org for more information). The worker is employed by a Section 3 business concern. The worker is a YouthBuild participant. 2. Based on the below definition, do you qualify as a Targeted Section 3 Worker? No 🗌 A Targeted Section 3 worker for public housing financial assistance is a Section 3 worker who: 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: i. A resident of public housing or Section 8-assisted housing; A resident of other public housing projects or Section 8-assisted housing managed by the PHA that is providing the assistance; or iii. A YouthBuild participant. By signing below, I hereby certify and declare under penalty of perjury under the laws of the United States and the State of California that the above information is true and correct, and further agree to provide the Housing Authority of the City of Los Angeles with documentation verifying my Section 3 eligibility upon request. Worker Signature: Date: \_\_\_\_\_ PART II: EMPLOYER AND PROJECT INFORMATION (to be completed by the employer) Employer Name: HACLA Contract Number and Project Total Hours Worked by Description: this Worker on this Project: Work Location: Position/Job Title: Pay Rate: YES NO NO Hire Date: End Date: Permanent: Does your business qualify as a Section 3 Business based on definition in 24 CFR Part 75.5? YES NO By signing below, I hereby certify and declare under penalty of perjury under the laws of the United States and the State of California that, based upon Company's payroll records and personnel file, the information provided above is true and correct, and that I am authorized on behalf of the Company to make this certification. \_\_\_\_\_Tel/Email: Employer Contact Name:

Date:

Signature: \_