Section 3 Business Certification Form

To qualify for the Section 3 preference, a business must meet one of the following definitions as described in 24 CFR Part 135:

1. A business that is 51 % or more owned by low- or very low-income persons, or

2. A business whose permanent, full-time employees consist of persons, at least 30% of whom are Section 3 residents or within three years of the date of first employment with the business were Section 3 residents, or

3. A business that provides evidence of a commitment to subcontract, in excess of 25% of the dollar amount of all subcontracts to be awarded, to business concerns that meet either the first or second definition of Section 3 businesses. These are businesses that are neither owned by low- or very-low income persons, nor employ (as their own employees) a substantial number (30%) of low- or very-low income persons, but actively seek and award subcontracts to businesses owned by low- or very-low income persons.

It is the responsibility of the business to document its qualifications as a Section 3 business. Check the documentation below that is provided with this form and submit to YCH Section 3 Coordinator, 147 W. Main Street, Woodland, CA 95695.

❑ Copy of Articles of Incorporation ❑ Business License ❑ Partnership Agreement ❑ Current Board minutes appointing officers ❑Organizational chart with names, titles and a brief functional statement ❑Other information as deemed appropriate the Yolo County Housing Name of document: _____	❑Assumed Business Name Certificate ❑Certificate of Good Standings ❑Corporation Annual Report ❑List of owners/stockholders and percent ownership ❑Documentation verifying 30% of full-time employees meet the definition of Section 3 residents (#2 above) ❑Statement of past experience for subcontracting in excess of 25% of the contract including contact information for verification

I self-certify that my company meets the definition of a Section 3 business as stated above and have provided the appropriate documentation as verification.

_____	_____	_____
Signature of Principal	Title	Date

Name of Business/Contact:	
Address:	
Phone Number:	Email Address: