**SELF-CERTIFICATION FOR SECTION 3 RESIDENT**

Metropolitan Housing Alliance

**ELIGIBILITY FOR PREFERENCE**

A Section 3 resident seeking the preference in training and employment provided by this part shall certify that the person is a Section 3 resident, as defined by the Department of Housing and Urban Development “HUD” Fair Housing and Equal Opportunity “FHEO” division.

The undersigned represents and says under penalty of law, as follows:

* 1. My current address is:
  2. I am a resident of public housing. **YES ( ) NO ( )**

If yes, list name of development:

* 1. The total number of individuals in my household (count any person living in household, not just family or those persons related to you) is:
  2. Last year, the annual income for my household size was less than the amount listed in the table below: **YES ( ) NO ( )**
  3. I have skills, training, or experience in the following area(s):

**INCOME LIMITS 2019**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| # in Household | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 80% AMI  (gross income) | $39,000 | $44,600 | $50,150 | $55,700 | $60,200 | $64,650 | $69,100 | $73,550 |

I authorize the information above to be added to a database of Section 3 residents that will enable me to receive notice of employment and training opportunities for future Section 3 covered projects. I understand that this list may be accessed by Metropolitan Housing Alliance staff, contractors, developers, and subcontractors working on Section 3 covered projects. **YES ( ) NO ( )**

This certification is valid for a period of three (3) years, after which, a new form will need to be completed to continue to receive preference for employment and training opportunities as a Section 3 Resident.

Under penalty of perjury, I certify that I have personal knowledge of the certifications made in this affidavit and that the same are true.

Name (signature): Date:

Name (print):

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_