

## SECTION 3 WORKER SELF-CERTIFICATION FORM

All employees working on a HUD funded project must certify their status related to Section 3 requirements to allow the employer, subrecipient, and State of Iowa to monitor, track, and report hours worked by Section 3 and Targeted Section 3 employees on the HUD funded project. Reporting hours worked by Section 3 and Targeted Section 3 employees is mandatory for all contractors & subcontractors.

EMPLOYER SECTION. This section to be completed by the employer or grant administrator: Company Name: \_\_\_\_\_ Is the company a Section 3 Business: □YES □NO Project Name: \_\_\_\_\_ Project Location: \_\_\_\_\_ Employee Name:\_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_ State: \_\_\_\_ Based on the employee's home address, the annual 80% County Income Limit for a household of 1 for the year \_\_\_\_\_ is \$\_\_\_\_\_. To determine the annual income limit please visit: https://www.huduser.gov/portal/datasets/il.html **EMPLOYEE SECTION.** This section to be completed by the employee: \_\_\_\_ am a resident of the City of \_\_\_\_\_ I (employee name) \_\_\_ in the County of in the State of and do hereby affirm the following information to be correct: □YES□NO My annual income, for me alone, on all jobs worked since December 1, 2020, was at or below the following: If you answered YES to the above question, you are considered a Section 3 employee and need to answer the following questions: □YES I am employed by a Section 3 Business (see above employer certification). □YES I am or was (within the last five (5) years) a Youth Build participant. □YES □NO I live within one (1) mile of the project location (see project location information above). I affirm that the information contained in this report, including the above statements, are true, complete, and correct to the best of my knowledge and belief. Any false statements made knowingly and willfully may subject the signer to penalties under Section 1010 of Title 18 of the United States Code. Signed Date