

**Section 3 Employer Certification Form**

Contractors on Section 3 projects must submit this form for each worker/employee reported as a Section 3 worker or Targeted Section 3 worker.

Section 3 Worker Name:	Address:
Position:	Date Hired:
Employer Name (Contractor/Subcontractor):	Email:
Project Name:	

**Section 3 Eligibility**

**Please indicate which of the following is true for the worker listed above.**

Worker currently fits or when hired within the past five years fit, as documented (*Check all that apply*):

- Worker's income from your employment is below the income limit based on a calculation of what the worker's wage rate would translate to if annualized on a full-time basis
- Worker is employed by a Section 3 Business Concern (Select if your business qualifies as a Section 3 Business Concern)
- Worker is a resident of public housing or Section 8-assisted housing; or other public housing projects or Section 8-assisted housing managed by the PHA that is providing the assistance; or
- Worker is a Youthbuild participant.

<p><b>HUD Income Limits</b></p> <p>To access covered project area's Income Limit please visit HUD Income Limit Documentation System at:</p> <p align="center"><a href="http://www.huduser.gov/portal/datasets/il.html">www.huduser.gov/portal/datasets/il.html</a>.</p>
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**Certification:**

I affirm that the above statements above are true, complete, and correct to the best of my knowledge and belief and understand proof of this information may be requested by the Louisiana Housing Corporation. I hereby certify on behalf of the company, under penalty of law, that the following information is correct to the best of my knowledge.

<b>Owner/Authorized Representative:</b> (Typed/printed name & Signature)	
<b>Date:</b>	<b>Phone Number:</b>

**EMPLOYERS MUST RETAIN THIS FORM IN THEIR SECTION 3 COMPLIANCE FILE FOR FIVE YEARS.**