**MAINE CDBG PROGRAM**

**SECTION 3 CERTIFICATION FORM**

The purpose of HUD’s Section 3 program is to provide employment, training and contracting opportunities to low-income individuals, particularly those who are recipients of government assistance for housing or other public assistance programs. **Your response is voluntary, confidential, and has no effect on your employment.**

**Eligibility for Section 3 Worker or Targeted Section 3 Worker Status**

A Section 3 worker seeking certification shall self-certify and submit this form to the recipient contractor or subcontractor, that the person is a Section 3 worker or Targeted Section 3 Worker as defined in 24 CFR Part 75.

**Instructions:** Enter/select the appropriate information to confirm your Section 3 worker or Targeted Section 3 Worker status.

**Employee Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you a resident of public housing or a Housing Choice Voucher Holder (Section 8)?

☐YES ☐NO

2. Are you a resident of the Town of \_\_\_\_\_\_\_\_? ☐YES ☐NO

3. In the field below, select the amount of individual income you believe you earn on an annual basis.

30% 50% 80% Above 80%

\_\_\_\_ Below 13,450 \_\_\_\_ 13,451 - 22,400 \_\_\_\_ 22,401 – 35,850 \_\_\_\_ Above 35,851

**Employee Affirmation**

I affirm that the above statements are true, complete, and correct to the best of my knowledge and belief. I hereby certify, under penalty of law, that the following information is correct to the best of my knowledge.

Employee Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Hired: \_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**FOR ADMINISTRATIVE USE ONLY**

Is the employee a Section 3 worker based upon their self-certification? **□YES □NO**

Is the employee a Targeted Section 3 worker based upon their self-certification? **□YES □NO**

Was this an applicant who was hired as a result of the Section 3 project? **□YES □NO**

If Yes, what is the name of the company? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

REV 8/19/21