

MINNEAPOLIS PUBLIC HOUSING AUTHORITY
SECTION 3 BUSINESS CERTIFICATION UNDER 24 C.F.R. § 135.36 (1)(IV)

Legal Name of Business: _____

Business Address: _____

Your Name: _____

Your Title With Business: _____

Your Phone Number: _____ E-Mail: _____

Circle Legal Status of Business: Corporation Partnership Sole Proprietorship Joint Venture

1. Check the category of the Section 3 Business.

_____ Category 4a: Business is owned by Section 3 residents who live in the 13 county Metropolitan Area and meet the income and family size limits to qualify as a low income person. See MPHA's Section 3 Contracting and Employment Goals, Part C.

_____ Category 4b: The business' permanent workforce, which may be seasonal, includes 30% Section 3 residents who live in the 13 county Metropolitan Area and meet the income and family size limits to qualify as low income persons. See MPHA's Section 3 Contracting and Employment Goals, Part C.

_____ Category 4c: Business will subcontract 25% of the total dollar amount awarded to certified Section 3 Business(s) under Category 4a or 4b.

2. Check the documentation below that is attached showing the Section 3 Business Status.

_____ Section 3 Business Certificate from a government entity in the Metropolitan Area.

_____ Provide a list of all full time employees. On the list, identify all employees claiming Section 3 resident status and provide proof of their residency; income; and family size, by attaching w-2 forms, federal tax returns or evidence of participation in a government assistance program.

_____ List of Section 3 business subcontractors and their Section 3 Business Certificates.

_____ Other/please explain _____

Under penalty of perjury, I declare the above information and attached documents to be true and correct.

Date: _____ Signature: _____