



**SECTION 3 PREFERENCE INCOME VERIFICATION FORM**

A section 3 resident seeking the preference in training and employment provided by this part shall certify, or submit evidence to the recipient contractor or subcontractor, if requested, that the person is a Section 3 resident, as defined in 24 CFR 135.5. (An example of evidence of eligibility for the preference is evidence of receipt of public assistance, or evidence of participation in a public assistance program.)

**CERTIFICATION FOR SECTION 3 RESIDENT**

I, \_\_\_\_\_, am a legal resident of the Mecklenburg County Area\* and I *(check one box)*

- qualify as a Section 3 resident                       do not qualify as a Section 3 resident

based on my family size and household income during 2013 for the income levels as outlined in the Mecklenburg County Area Median Income limits listed below.

\*Mecklenburg County is part of the **Charlotte-Gastonia-Concord, NC-SC HUD Metro FMR Area**. The **Charlotte-Gastonia-Concord HUD Metro FMR Area** contains the following areas: Cabarrus County, NC; Gaston County, NC; Mecklenburg County, NC; Union County, NC; and York County, SC.

**2014 Mecklenburg County Area Median Income Limits**

Family Size	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
Income	\$35,950	\$41,100	\$46,250	\$51,350	\$55,500	\$59,600	\$63,700	\$67,800

My permanent address is: \_\_\_\_\_  
 Street Address **(No PO Box)**

\_\_\_\_\_  
 City                                      State                                      Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Number of family who live in my household: \_\_\_\_\_

My total annual household income for the prior calendar year (2013) is: \_\_\_\_\_

I have attached **ONE** of the following documentation as evidence of my status:

- Proof of public assistance (i.e., TANF, Food Stamps, Medicaid, SCHIP)
- Proof of participation in a HUD Youth Build program
- Proof of participation in a federal, state or local public assistance program (WIA, etc.)
- Copy of current Federal Tax filings (2013)

I certify that my answers are true and complete to the best of my knowledge and I understand that falsification of the above information may be punishable under law.

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

Please return to the CHA Section 3 Coordinator at 400 East Boulevard, Charlotte, 28203 or fax to 704-336-7892.