



## SECTION 3 BUSINESS CONCERN CERTIFICATION

In an effort to comply with the federal Section 3 regulations, §24 CFR 135, - to promote contract, employment and training opportunities for the Charlotte public housing residents- the Charlotte Housing Authority has instituted a Section 3 Certification application process. CHA is seeking to extend the benefits of and to promote compliance with Section 3 by identifying Section 3 business concerns and targeting Section 3 business concerns for CHA business opportunity events and educational programs. For detailed Section 3 information, refer to <http://www.hud.gov/offices/fheo/section3/section3.cfm>.

The CHA's Procurement Department is charged with administering the Authority's Section 3 certification program. Any business concern seeking Section 3 preferences in the awarding of contracts or purchase agreements shall complete appropriate certification forms and provide adequate documentation as evidence of eligibility for preference under the Section 3 program. Business concerns seeking to file for Section 3 preference shall contact:

Sharbara Ellis  
CHA Economic Development Coordinator  
704-336-6883, [section3@cha-nc.org](mailto:section3@cha-nc.org)

Applicants seeking this recognition must complete and submit the attached Section 3 Business Concern Application form and:

1. If your company is qualified because it is 51% or more owned by Section 3 residents\*, then complete form **S3-A, "Section 3 Business Concern – Resident Business Owner(s)" & the Section 3 Preference Income Verification Form for the owner along with income documentation;**

**OR**

2. If your company is qualified because 30% or more of its full-time permanent workforce are currently Section 3 residents, or within three years of the date of first employment with the business concern, then complete form **S3-B, "Section 3 Business Concern – 30% + Workforce" & the Section 3 Preference Income Verification Form for each employee;**

**OR**

3. If your company provides evidence of a commitment to subcontract in excess of 25% of the dollar award of all subcontracts to a Section 3 business concern as described above, then complete form **S3-C, "Section 3 Business Concern-Contracts Awarded"**. 24 CFR 135.5 – Definitions. Section 3 business concern

\*Section 3 Residents: Persons living in the Charlotte-Gastonia-Concord, NC-SC HUD Metro FMR Area whose household income falls below HUD's established income limits. The Charlotte-Gastonia-Concord, NC-SC HUD Metro FMR Area contains the following areas: Cabarrus County, NC; Gaston County, NC; Mecklenburg County, NC; Union County, NC; and York County, SC.

A section 3 business concern seeking a contract or a subcontract shall submit evidence to the recipient contractor, or subcontractor (as applicable), if requested, sufficient to demonstrate to the satisfaction of the party awarding the contract that the business concern is responsible and has the ability to perform successfully under the terms and conditions of the proposed contract. 24 CFR 135.36 (c)

Please answer all questions and sign the forms. Send completed forms to the Economic Development Coordinator via email, [section3@cha-nc.org](mailto:section3@cha-nc.org), fax, 704-336-7892 or mail to 400 East Boulevard, Charlotte NC 28203. If you have any questions, feel free to contact the Procurement office at 704-336-6883.



**SECTION 3 BUSINESS CONCERN APPLICATION**

Business Name: \_\_\_\_\_

D.B.A. (If different from above): \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Business Website: \_\_\_\_\_

Contact Person & Title: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Employer ID Number: \_\_\_\_\_ Owners Social Security Number (if no EIN): \_\_\_\_\_

NC Business License # OR Charlotte Mecklenburg Privilege License #: \_\_\_\_\_

Number of employees: Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_ Contract: \_\_\_\_\_ Total: \_\_\_\_\_

Section 3 employees: Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_ Contract: \_\_\_\_\_ Total: \_\_\_\_\_

Has business worked directly for Charlotte Housing Authority before:  Yes  No

M/WBE Status: Woman Business Enterprise  Yes  No

\*Minority Business Enterprise  Yes  No

\* Ethnic/Racial Code:  African-American;  Native American;  Latino/Hispanic American;  Asian/Pacific American;  Hasidic Jew

List primary product or service: (check all that apply)

- General Contractor
- Electrical Contractor
- Material Supplier
- Mechanical Contractor
- Consultant Services
- Other \_\_\_\_\_

Professional or Contractor License Number (if applicable) \_\_\_\_\_

List additional products or services your business can provide:

\_\_\_\_\_  
\_\_\_\_\_

Type of Business Entity (check one):

- Corporation
- Partnership
- Sole Proprietorship
- Limited Liability Corporation (LLC)
- Limited Liability Partnership (LLP)
- Joint Venture
- Other (describe): \_\_\_\_\_

Capacity limit: (Contract limit your business could manage)

- Up to \$300,000
- \$300,000 – \$500,000
- \$500,000 - \$1 million
- \$1-\$5 million
- \$5-\$10 million
- Other \_\_\_\_\_

**I certify that the information provided is true and accurate and agree to provide upon request, documents verifying the information submitted to qualify as a Section 3 business concern.**

Print Name

Date

Signature



# Charlotte Housing Authority

Building Community, People & Partnerships

## SECTION 3 BUSINESS CONCERN

### Resident Business Owner(s)

Name of Owner: \_\_\_\_\_

Home Address: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Percentage of Ownership: \_\_\_\_\_

**Check the appropriate box for your family size and income and submit a Section 3 Preference Income Form:**

Check Box	# of Persons in Household	Gross Household Income Max.
<input type="checkbox"/>	1 individual	\$41,550
<input type="checkbox"/>	2 individuals	\$47,450
<input type="checkbox"/>	3 individuals	\$53,400
<input type="checkbox"/>	4 individuals	\$59,300
<input type="checkbox"/>	5 individuals	\$64,050
<input type="checkbox"/>	6 individuals	\$68,800
<input type="checkbox"/>	7 individuals	\$73,550
<input type="checkbox"/>	8 individuals	\$78,300

I certify that I am a resident of the Charlotte, NC Metropolitan Area and my total household income last year was less than the amount shown above for my family size. (Note: 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.) FY 2018 Income Limits Documentation

*If the business is owned by more than one Section 3 resident, each should submit a separate Section 3 Resident Income Preference Claim Form. List each owner below:*

NAME & POSITION	ADDRESS	PERCENTAGE OF OWNERSHIP

I certify that the information provided is true and accurate and agree to provide upon request, documents verifying the information submitted to qualify as a Section 3 business concern.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Certificate
STATE OF _____
COUNTY OF _____ } SS:
Subscribed and sworn to before me the _____ day of _____, 20_____
Signature of Notary Public _____
County of Residence _____
Date Commission Expires _____



**SECTION 3 BUSINESS CONCERN**  
**30% + Workforce**

A business can be certified as a Section 3 Business Concern if at least 30% of its permanent, full-time employees are Section 3 residents, or were Section 3 residents within three years of the date of the first employment with the business. For your firm to be eligible UNDER THIS CRITERIA, you must provide the following information for **all permanent full-time employees**. Copy this form if necessary.

List All Employees	Date Hired	Section 3 Resident (Submit the Section 3 Preference Income Verification Form)	Job Title/Trade
Name: Address: City/Zip		<input type="checkbox"/>	
Name: Address: City/Zip		<input type="checkbox"/>	
Name: Address: City/Zip		<input type="checkbox"/>	
Name: Address: City/Zip		<input type="checkbox"/>	
Name: Address: City/Zip		<input type="checkbox"/>	
Name: Address: City/Zip		<input type="checkbox"/>	
Name: Address: City/Zip		<input type="checkbox"/>	
Total Number of Employees:			
Number of Section 3 Residents			
Section 3 % of Total Workforce:			

**I certify that the information provided is true and accurate and agree to provide upon request, documents verifying the information submitted to qualify as a Section 3 business concern.**

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Notary Certificate
STATE OF _____
COUNTY OF _____ } SS:
Subscribed and sworn to before me the _____ day of _____, 20_____
Signature of Notary Public _____
County of Residence _____
Date Commission Expires _____



**SECTION 3 BUSINESS CONCERN**  
**Contracts Awarded**

List all work performed by businesses meeting Section 3 business conditions:

Name of Business & Contact Information	Qualifying Condition	Total Contract Award

I certify that the information provided is true and accurate and agree to provide upon request, documents verifying the information submitted to qualify as a Section 3 business concern.

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Notary Certificate	
STATE OF _____	
COUNTY OF _____	} SS:
Subscribed and sworn to before me the _____ day of _____, 20_____	
Signature of Notary Public _____	
County of Residence _____	
Date Commission Expires _____	



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.

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 2017 for the income levels as outlined in the Mecklenburg County Area Median Income limits listed below.

(Note: 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.)

2018 Mecklenburg County Area Median Income Limits

Table with 9 columns: Family Size, 1 Person, 2 Persons, 3 Persons, 4 Persons, 5 Persons, 6 Persons, 7 Persons, 8 Persons. Row 1: Income, 41,550, 47,450, 53,400, 59,300, 64,050, 68,800, 73,550, 78,300

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 (2017) 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 (2017)

I certify that my answers are true and complete to the best of my knowledge.

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

\_\_\_\_\_  
Signature Date

Please return to the CHA Economic Development Coordinator at 400 East Boulevard, Charlotte, 28203 or fax to 704-336-7892