## **SECTION 3 BUSINESS CERTIFICATION**

The undersigned bidder/contractor certifies as part of its bid or contract that it is a section 3 business as indicated below (check applicable box):

- [] <u>Category 1 Business</u>: A business that is owned 51% or more by Section 3 Residents.
- [] <u>Category 2 Business</u>: A business whose current full time employees, either temporary, seasonal or permanent, consist of at least 30% Section 3 Residents or whose current permanent, full time employees were Section 3 Residents when they were first hired and the period from the date they were first hired to the date of certification does not exceed three (3) years.

A Section 3 resident is defined as any low or very low income person residing within Richmond County. Low income is defined at 80% of the area median income based on family size.

Family Size	Maximum Income
1	\$32,450
2	\$37,050
3	\$41,700
4	\$46,300
5	\$50,050
6	\$53,750
7	\$57,450
8	\$61,150

- [] <u>Category 3 Business</u>: A business that provides sufficient evidence to assure a commitment to subcontract more than 25% of the total dollar amount of all subcontracts to Section 3 Businesses.
- [] Is not a Section 3 Business.

Business Name

**Business Address** 

Certifying Signature

Title

Date

Project

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a Section 3 Business, any false statements, omissions, or other misrepresentations made by me on this application may result in immediate contract dismissal and/or debarment from future federally-funded projects. The Undersigned hereby authorizes and requests any person, firm or corporation to furnish any information requested by the Augusta Housing Authority in verification of the recitals comprising this \_\_\_\_\_day of \_\_\_\_\_, 20\_\_\_\_.

			Name of Contractor/Owner
			Title
	State of Georgia	) )SS )	
says that he/she is		of	being duly sworn, deposes and and that the answers
			n contained are true and correct.

Subscribed and sworn to before me this \_\_\_\_\_\_ day of \_\_\_\_\_\_, 20\_\_\_\_

Notary Public

My Commission Expires: