**TARGETED SECTION 3 WORKER CERTIFICATION**

If an employee has been identified as Section 3 worker, please have the employee complete this form to determine if he/she is a Targeted Section 3 employee as defined in Section 75.5.

|  |  |
| --- | --- |
| Date: |  |
| Worker Name: |  |
| Worker Address: |  |

|  |  |
| --- | --- |
| **To meet the income qualifications, the Worker must earn at or below of the 80% AMI income limit.** | |
| 80% AMI Income Limit (1 person) | $ |

TARGETED SECTION 3 WORKER

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| --- |
| **Place a check mark beside all the following that apply:** |
| My income is at or below the 80% AMI listed above. |
| I work for a Section 3 business |
| I am a YouthBuild participant. |
| I reside in public housing or Section 8-assisted housing. |
| I reside within 1 mile of the worksite. If fewer than 5,000 people live within one mile of a work site, within a circle centered on the work site that is sufficient to encompass a population of 5,000 people according to the most recent U.S. Census. |

|  |  |
| --- | --- |
| I hereby certify that the information provided by me to be true and correct and understand any falsification of any of the information could subject me to disqualification from participation and punishment under the law. | |
|  |  |
| Signature of Worker | Date |
|  |  |
| Printed Name |  |

|  |  |
| --- | --- |
| I hereby certify that the above information was provided by the employee as true and accurate. | |
|  |  |
| Signature of Contractor/Employer | Date |
|  |  |
| Printed Name |  |