SECTION 3 RESIDENT SELF-CERTIFICATION FORM

The purpose of this form is to comply with Section 3 of the HUD Act of 1968 certification requirements.

Printed Name of Individual: _____

My home address is (must be a street address and NOT a P.O. Box number):

_____

Street Address **Apt Number** **City** **State** **Zip**

Phone #: _____ **Email Address:** _____

I certify that I am a legal resident of the United States and meet the income eligibility and federal guidelines for a Section 3 Resident below:

<u>To qualify as a Section 3 Resident, you must meet one of the following standards:</u>

1. Be a public housing resident or a Housing Choice Voucher program participant (Section 8 rent assistance voucher) managed by SHA; OR

2. Be a low income or very low income person who resides in a city where Spartanburg Housing Authority (SHA) is located and whose total household income does not exceed the following amounts:

Family Size	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
Household Income	32,900	37,600	42,300	46,950	50,750	54,500	58,250	62,000

(Check all that apply):

☐ I am a public housing resident (Name of housing development: _____)

☐ I am a Section 8 rent assistance participant with SHA (have a Housing Choice Voucher)

☐ I live in the service area of the Housing Authority (Spartanburg Housing Authority)

My total annual household income is $_____ and there are a total of _____ people living in my household.

I hereby certify to the U.S. Department of Housing and Urban Development (HUD) and to the Spartanburg Housing Authority that all of the information on this form is true and correct. I attest under penalty of perjury that my total household income and household size is as shown above, and that proof of this information may be requested in the future. If found to be inaccurate, I understand that I may be disqualified as an applicant and/or a certified Section 3 individual which may be grounds for termination of training, employment, or contracts that resulted from this certification. I also understand that failure to complete this form completely and accurately may result in other administrative remedies available to HUD. Finally, I authorize the Spartanburg Housing Authority to include my name on a list of Section 3 Residents seeking employment and to include my contact information so that contractors may contact me.

_____ _____

Signature Date