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:

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

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

2. Be a low income or very low income person who resides in a city where Charlotte Housing Authority (CHA), also know as INLIVIAN is located and whose total household income does not exceed the followingamounts:

Family Size	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
Household Income	37,550	42,900	48,250	53,600	57,900	62,200	66,500	70,800

(Check all that apply):
☐ I am a public housing resident (Name of housing development: _____)
☐ I am a Section 8 rent assistance participant with CHA (have a Housing Choice Voucher)
☐ I live in the service area of the Housing Authority Charlotte 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 Charlotte 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 Charlotte Housing Authority to include my name on a list of Section 3 Residents seeking employment andto include my contact information so that contractors may contact me.

_____   _____
Signature   Date