

MINORITY & FEMALE OWNED BUSINESS AND SECTION 3 BUSINESS CONCERN CERTIFICATION

INSTRUCTIONS: ENTER THE FOLLOWING INFORMATION AND SELECT THE CRITERIA THAT APPLIES TO CERTIFY YOUR BUSINESS' SECTION 3 BUSINESS CONCERN AND MBE/WBE STATUS

Certification expires within six months of the date of signature

Information regarding Section 3 Business Concerns can be found at [24 CFR 75.5](#)

Name of Business: _____

Address: _____

Phone: _____ Fax: _____ DUNS: _____

Contact Person: _____ E-mail: _____ EIN# _____

Please check one: _____ Currently active business. _____ No longer in business.

Type of Business *(select from the following options)*:

- Corporation Partnership Sole Proprietorship Joint Venture

Description of Work or Service: _____

MBE/WBE BUSINESS LISTING: Please check those that apply:

- 1a. This business: _____ IS _____ IS NOT a Minority Owned Business
2a. This business: _____ IS _____ IS NOT a Female Owned Business

SECTION 3 Listing: Does the business meet one of the following preferences? _____ YES _____ NO

A Section 3 Business means a business that meets one or more of the following criteria:

To become **CERTIFIED** as a Section 3 Business please check all boxes that apply and **RETAIN written evidence of the same:**

- 1) _____ At least 51 percent of the business is owned and controlled by low- or very low-income persons;
- 2) _____ At least 51 percent of the business is owned and controlled by current public housing residents or residents who currently live in Section 8-assisted housing; or
- 3) _____ Over 75 percent of the labor hours performed for the business over the prior three-month period are performed by Section 3 workers.

A Section 3 Resident is defined as any individual who resides within the County in which the federal assistance is expended and whose family income does not exceed 80% of the median income of the County adjusted for family size.

Business Concern Affirmation

I affirm that the above statements are true, complete, and correct to the best of my knowledge and belief. I understand that businesses who misrepresent themselves as Section 3 business concerns and report false information to YCPC may have their contracts terminated as default and be barred from ongoing and future considerations for contracting opportunities. I hereby certify, under penalty of law, that the following information is correct to the best of my knowledge.

Signature Name of Authorized Official of Business

Date

Print Name: _____

FOR ADMINISTRATIVE USE ONLY

Is the business a Section 3 business concern based upon their certification? YES NO

EMPLOYERS MUST RETAIN THIS FORM IN THEIR SECTION 3 COMPLIANCE FILE FOR FIVE YEARS.