

Section 3 Resident Certification Employee Residing in Los Angeles County

Submit with Bid if Box 1 is checked on Section 3 Business Certification or for all New Hires

NAME _____

ADDRESS _____

I hereby certify that I am not a Section 3 resident; or

I hereby certify that I am a Section 3 resident; based on the following qualification(s):

1. I am a Public Housing Resident:

NAME OF PUBLIC HOUSING SITE

ADDRESS OF PUBLIC HOUSING SITE

2. I am a low-income resident of the metropolitan area and:

FY 2020 INCOME LIMITS

| My household Size is: | My household's gross annual income from all sources is: |
|----------------------------|--|
| <input type="checkbox"/> 1 | \$63,100 or less |
| <input type="checkbox"/> 2 | \$72,100 or less |
| <input type="checkbox"/> 3 | \$81,100 or less |
| <input type="checkbox"/> 4 | \$90,100 or less |
| <input type="checkbox"/> 5 | \$97,350 or less |
| <input type="checkbox"/> 6 | \$104,550 or less |
| <input type="checkbox"/> 7 | \$111,750 or less |
| <input type="checkbox"/> 8 | \$118,950 or less |

According to Title 18, Section 1001 of the U.S. Code, it is a felony for any person to knowingly and willingly make false or fraudulent statements to any department of the United States Government. I, the undersigned, hereby certify that all statements contained herein, are true and correct to the best of my knowledge and belief. I understand the information I provide in this certification is subject to verification, and I agree to provide necessary documentation if requested.

Under the penalty of perjury, I certify that the above information is true and correct.

EMPLOYEE SIGNATURE

DATE

To be Completed by Employer:

The above-named person was hired previous to this certification on: _____

The above-named person is a new hire as of: _____

The above-named person's job title is: _____

Company Name: _____

Employer Name/Signature: _____

Section 3 Resident Certification Employee Residing in Kern County

Submit with Bid if Box 1 is checked on Section 3 Business Certification or for all New Hires

NAME _____

ADDRESS _____

I hereby certify that I am not a Section 3 resident; or

I hereby certify that I am a Section 3 resident; based on the following qualification(s):

1. I am a Public Housing Resident:

NAME OF PUBLIC HOUSING SITE

ADDRESS OF PUBLIC HOUSING SITE

2. I am a low-income resident of the metropolitan area and:

FY 2020 INCOME LIMITS

| My household Size is: | My household's gross annual income from all sources is: |
|----------------------------|--|
| <input type="checkbox"/> 1 | \$39,150 or less |
| <input type="checkbox"/> 2 | \$44,750 or less |
| <input type="checkbox"/> 3 | \$50,350 or less |
| <input type="checkbox"/> 4 | \$55,900 or less |
| <input type="checkbox"/> 5 | \$60,400 or less |
| <input type="checkbox"/> 6 | \$64,850 or less |
| <input type="checkbox"/> 7 | \$69,350 or less |
| <input type="checkbox"/> 8 | \$73,800 or less |

According to Title 18, Section 1001 of the U.S. Code, it is a felony for any person to knowingly and willingly make false or fraudulent statements to any department of the United States Government. I, the undersigned, hereby certify that all statements contained herein, are true and correct to the best of my knowledge and belief. I understand the information I provide in this certification is subject to verification, and I agree to provide necessary documentation if requested.

Under the penalty of perjury, I certify that the above information is true and correct.

EMPLOYEE SIGNATURE

DATE

To be Completed by Employer:

The above-named person was hired previous to this certification on: _____

The above-named person is a new hire as of: _____

The above-named person's job title is: _____

Company Name: _____

Employer Name/Signature: _____

Section 3 Resident Certification
Employee Residing in San Bernardino County / Riverside County
Submit with Bid if Box 1 is checked on Section 3 Business Certification or for all New Hires

NAME _____

ADDRESS _____

I hereby certify that I am not a Section 3 resident; or

I hereby certify that I am a Section 3 resident; based on the following qualification(s):

1. I am a Public Housing Resident:

NAME OF PUBLIC HOUSING SITE _____

ADDRESS OF PUBLIC HOUSING SITE _____

2. I am a low-income resident of the metropolitan area and:

FY 2020 INCOME LIMITS

| My household Size is: | My household's gross annual income from all sources is: |
|----------------------------|--|
| <input type="checkbox"/> 1 | \$42,200 or less |
| <input type="checkbox"/> 2 | \$48,200 or less |
| <input type="checkbox"/> 3 | \$54,250 or less |
| <input type="checkbox"/> 4 | \$60,250 or less |
| <input type="checkbox"/> 5 | \$65,100 or less |
| <input type="checkbox"/> 6 | \$69,900 or less |
| <input type="checkbox"/> 7 | \$74,750 or less |
| <input type="checkbox"/> 8 | \$79,550 or less |

According to Title 18, Section 1001 of the U.S. Code, it is a felony for any person to knowingly and willingly make false or fraudulent statements to any department of the United States Government. I, the undersigned, hereby certify that all statements contained herein, are true and correct to the best of my knowledge and belief. I understand the information I provide in this certification is subject to verification, and I agree to provide necessary documentation if requested.

Under the penalty of perjury, I certify that the above information is true and correct.

EMPLOYEE SIGNATURE _____

DATE _____

To be Completed by Employer:

The above-named person was hired previous to this certification on: _____

The above-named person is a new hire as of: _____

The above-named person's job title is: _____

Company Name: _____

Employer Name/Signature: _____