

SECTION 3 RESIDENT CERTIFICATION

Any employee claiming Section 3 Resident status must complete this form. Information provided on this form shall remain confidential and shall be used for certification and reporting purposes only. Please fax or email this form to (503) 823-5539 Cathleen.Massier@portlandoregon.gov

Name:

Address:

City:

State:

Zip:

Employer Name:

Hire Date:

Position:

Section 3 Criteria: A Section 3 qualified person must:

- a) Be a resident of public housing; or
- b) Live in the metropolitan statistical area (MSA) covering Clark, Columbia, Multnomah, Clackamas, Washington, Skamania and Yamhill counties, **and**
- c) Earn no more than the following amounts for the respective counties, as follows:

INCOME LIMITS (Clark, Columbia, Multnomah, Clackamas, Washington, Skamania, & Yamhill)			
Number in Household	Annual Household Income Less Than	Number in Household	Annual Household Income Less Than
1	\$41,850	5	\$64,550
2	\$47,800	6	\$69,350
3	\$53,800	7	\$74,100
4	\$59,750	8	\$78,900

Based on the criteria above, please select from the following:

I am a resident in a Home Forward property. Please provide Property Name:

I am currently a participant in a Section 8 Program located within the the MSA. Please fill-in the following:

There are a total of _____ members in my family. The total number of deductions claimed on my Federal income tax return from last year was _____. The total gross income for my family, from all sources, from all related family members was \$_____.

I am a participant in Portland Youthbuilders. Please attach supporting documentation.

I am a resident living within the MSA, and I meet the income guidelines stated above. My current gross annual income is _____. There are a total of _____ members in my family.

If you are claiming income eligibility for more than (1) in household, please provide name and date of birth, for each household member.

Name	Date of Birth

The source(s) of my total annual household income is/are (fill-out table, below):

	Head of Household	Spouse (if Applicable)	Other Adult members- 18 or older (if applicable)	Other Adult members- 18 or older (if applicable)	Other Adult members- 18 or older (if applicable)	Other Adult members- 18 or older (if applicable)
Gross Earnings						
Temporary Assistance for Needy Families (TANF)						
Child Support						
Bank Income						
Other Income (list)						
1.						
2.						
3.						

I hereby certify under penalty of perjury that the information above is true and correct.

Print Name: _____ Signature: _____ Date: _____

WARNING: Title 18, US Code Section 1001, States that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the United States is guilty of a felony. State law may also provide penalties for false or fraudulent statements.