

# PROFESSIONAL SERVICES

## SECTION 3 BUSINESS APPLICATION

This form must be completed to certify whether your firm qualifies for a preference as a Section 3 Business Concern.

Business Name:

Address:

City:

State/Zip:

e-mail:

Federal Tax ID:

Contact Person & Title:

Contact Phone:

Contact Fax:

Number of Employees: Full-Time:

Part-Time:

CCB#:

Is Business certified by the Oregon COBID?

Yes No

City of Portland Bus. License #:

If YES, check all that apply: DBE MBE WBE ESB

### **Work Description (select all that apply)**

Accountant	Engineer	Marketing
Advertising	Florist	Minister
Appliance Repair	Graphics	Payroll
Architect	Insurance	Photography
Bookkeeping	Investment Counselor	Planner
Catering	Janitorial	Public Relations
Communications	Landscape Maintenance	Training
Data Processing	Lawyer	Other
Doctor	Management Systems	

**Does your firm qualify as a Section 3 Business Concern?** Yes No (If yes, select the Section 3 business concern type listed below)

**Type A:** For Businesses claiming status as a Section 3 resident-owned enterprise, please attach one of the following:

Copy of subsidized housing lease

Copies of receipts or evidence of public assistance (i.e. Food Stamps, Housing Vouchers, Medical Aid, etc)

Other evidence (i.e. Section 3 Resident Certification form showing qualification based on income)

**Type B:** For Businesses claiming that at least 30% of their full-time, permanent workforce is currently Section 3 residents, or were Section 3 residents within 3 years of date of first employment with the business, please attach a list of all current employees **and**:

A list of employees claiming Section 3 Status along with their Section 3 Resident Certification Form

**Type C:** For Businesses claiming Section 3 status by subcontracting 25% of the dollar awarded to qualified Section 3 businesses (**specific to bidding phase of a project**), please attach a list of subcontracted Section 3 businesses, documentation, and subcontract amount.

SIGNATURE

BUSINESS EMPLOYEE LIST, FOR FIRMS APPLYING AS A TYPE B SECTION 3 BUSINESS CONCERN

Company Name:

Address:

Instructions: Please complete information for all employees of the company. For Section 3 employees, attach Section 3 Resident Certification and Section 3 Resident Household Income Certification. Use additional pages of this form, where necessary.

Employee Name	Address	Work Title	Date of Hire	FT or PT	Section 3?
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Legend: FT = Full Time PT = Part Time Sec.3= Section 3 Resident

**TOTAL NUMBER OF EMPLOYEES:**

**SIGNATURE:**

**DATE:**

## 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](mailto: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	\$49,280	5	\$76,000
2	\$56,320	6	\$81,600
3	\$63,360	7	\$87,200
4	\$70,320	8	\$92,880

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.