



---For AMHA OFFICE USE ONLY---	
Referral Date	_____
Received Date	_____
Staff Initials	_____

**Akron Metropolitan Housing Authority**  
**Section 3 Resident Certification and Consent to Release Information**

**Part A. Section 3 Resident Certification**

A Section 3 resident seeking the preference training and employment as defined in the Section 3 regulation at 24 CFR Part 135, shall certify to the recipient, contractor, or subcontractor, and **if requested**, submit evidence showing they meet the criteria of a Section 3 resident.

I, \_\_\_\_\_, am a legal resident of the U.S.A.  
 (PRINT NAME)

My permanent address is: (PLEASE PRINT) \* Items marked are for data collection purposes only.

Street Address		_____							
City/State/Zip		_____							
Home Phone		Cell Phone		_____					
Other Phone		E-Mail		_____					
Birthdate	_____	Gender*	Male	Female	Ethnicity*	Hispanic	Non-Hispanic	_____	
Race*	_____	Primary Language*	English	Spanish	Other (please specify below)				

Please check one of the two boxes below:

I am a resident of public housing with the Akron Metropolitan Housing Authority (AMHA). This includes the Housing Choice Voucher Program (formerly Section 8) and Local Housing Authority (LHA). (If so, check this box & continue on to Parts B – G on this form.)

**Or** if you are a NON-AMHA resident

I am a participant of another federally-assisted program and/or I fit the income qualifications listed below for *\*total household income\**. (If so, provide the appropriate documentation listed below and continue on to Parts B – G on this form.)

Total number in household \_\_\_\_\_

**Non-AMHA residents** please check appropriate item below and attach one of the following documents as proof of status:

- \_\_\_ 1. Proof of residency (lease of other federally-assisted housing program)
- \_\_\_ 2. Proof of public assistance, e.g., Temporary Assistance to Needy Families (TANF) recipients, etc.
- \_\_\_ 3. Proof of participation in a HUD YOUTHBUILD program
- \_\_\_ 4. Proof of participation in a federally-assisted program such as the Workforce Investment Act, etc.
- \_\_\_ 5. Proof of participation in a state or local assistance program, or other program that assists low- or very-low income persons.
- \_\_\_ 6. Proof of income for the past year, such as income statement, etc.

**Total Household Income - Summit County 2011 Income Limits – Effective 6/1/2011**

FY 2011 Income Limit Area	Median Income	FY 2011 Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
		<u>Very Low (50%) Income Limits</u>	\$23,000	\$26,250	\$29,550	<b>\$32,800</b>	\$35,450	\$38,050	\$40,700	\$43,300
\$65,600		<u>Extremely Low (30%) Income Limits</u>	\$13,800	\$15,800	\$17,750	<b>\$19,700</b>	\$21,300	\$22,900	\$24,450	\$26,050
		<u>Low (80%) Income Limits</u>	\$36,750	\$42,000	\$47,250	<b>\$52,500</b>	\$56,700	\$60,900	\$65,100	\$69,300

**Part B. Educational and Training Background**

1. Highest level of education completed: \_\_\_ High School \_\_\_ GED \_\_\_ College: \_\_\_\_\_  
(Specify Degree: Bachelor, Associate, Graduate etc.)
2. Have you completed a Construction Training program such as the Akron Urban League's Construction Program, YouthBuild or Sherwin Williams training?  YES  NO
3. Are you seeking training to better and/or increase employment opportunities?  YES  NO

### Part C. Primary Work Skills

Construction (Laborer, painting, carpentry, etc.)       Office/Clerical (Data entry, filing, computer skills, etc.)       Security       Housekeeping

Maintenance/Janitorial (Auto, building, etc.)       Other, please specify \_\_\_\_\_

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### Part D. Consent to Release Contact Information

- I hereby **CONSENT** to have my contact information (name, telephone number, address and email) forwarded to prospective employers or referral agencies for possible training, hiring, or contracting opportunities.
- I **DO NOT CONSENT** to have my contact information released.
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### Part E. Opportunity for FREE (Temporary) Community Voice Mail Box

Akron Metropolitan Housing Authority will now provide residents on the Section 3 Registry (until further notice) with a **FREE (temporary)** community voice mail box to receive job opportunities through AMHA and the community. Would you like an AMHA representative to contact you for an appointment to receive a FREE voice mail box?

\_\_\_\_\_ YES      \_\_\_\_\_ No

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### Part F. Section 3 Business Registry

To qualify as a Section 3 Business, and therefore may receive preference for an award of a Section 3 contract, your business must have: qualified Section 3 residents who own 51% or more of the business; whose permanent full time employees include at least 30% Section 3 residents; or provides evidence of a commitment to subcontract in excess of 25% of the dollar award of all subcontracts to be awarded to business concerns that meet the qualifications of Section 3 covered assistance.

1. Do you own your own business?       YES       NO
  2. What is the name of your business? \_\_\_\_\_  
Please provide the following items for verification:
    - Application for Employer ID #, Form SS-4 or most recent tax Schedule C
    - Certificate of Insurance
    - Worker's Compensation Certificate
    - State of Ohio Business Certificate
  3. What type of work do you do? \_\_\_\_\_
  4. How many employees do you have working in your business? \_\_\_\_\_ Self/Business Owner(s)      \_\_\_\_\_ # of employees
  5. What is the average salary or hourly rate for an employee? \$ \_\_\_\_\_ per \_\_\_\_\_
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### Part G. CERTIFICATION

I certify that the information I have provided regarding my Section 3 eligibility is true and complete to the best of my knowledge.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_