



Section 3 Certification: Business Owner with 30% of Employees Income-Qualified



CERTIFICATION

- The Section 3 Business Certificate will be issued to acknowledge that a business has met the criteria established by the HUD Act of 1968, 24 CFR PART 135 - Section 3.
- The business shall be listed in the Section 3 Business Directory for 3 years.
- Certification by the City of Cleveland is also recognized by Cuyahoga County and Cuyahoga Metropolitan Housing Authority.

QUALIFICATIONS for Certification as a business with 30% Section 3 Resident Employees:

- A business having at least 30% permanent, full time Section 3 Residents on the payroll completes the Section 3 Business Certification Form (30% Section 3 Resident Employment). At least 30% of permanent, full time employees must be Section 3 Residents or within three (3) years of the date of first employment with the business were Section 3 Residents.
- A Section 3 Resident Income Verification Form (Section 3 Business Certification) must be completed by each Section 3 Resident employee as evidence that each individual meets the HUD definition of a Section 3 Resident.



City of Cleveland - Section 3 30% Employees Certification Checklist



<p>Applications for Section 3 Certification can now be submitted on-line at: https://cleveland.diversitycompliance.com</p>	
COMPANY NAME:	
OWNER NAME:	
DATE APPLICATION SUBMITTED:	
Application & Eligibility Documentation (submit all)	
<input type="checkbox"/>	Section 3 – 30% Business Certification Application;
<input type="checkbox"/>	Section 3 – Form B-Clause Acknowledgement Form;
<input type="checkbox"/>	Section 3 – Form D-Resident Income Verification Form completed for ALL full-time (W4) employees who qualify (household size & income criteria met) as a Section 3 employee;
<input type="checkbox"/>	Form C-Notarized list of ALL (bona-fide W4) full time employees of the company;
<input type="checkbox"/>	Current State of Ohio Workers Compensation Certificate;
<input type="checkbox"/>	Proof of Liability Insurance (current certificate);
Business Capacity Evaluation (submit all)	
<input type="checkbox"/>	List of 10 previous jobs performed
<input type="checkbox"/>	List of existing jobs underway
<input type="checkbox"/>	Copies of invoices relating to those jobs
<input type="checkbox"/>	Copy of largest contract award verification
<input type="checkbox"/>	On Company letterhead – 3 references relating to prior jobs completed (submit copies of related invoices)
<input type="checkbox"/>	Current Certificate designating company as a certified Minority Business Enterprise, Female Business Enterprise or Cleveland Small Business through the Mayor’s Office of Equal Opportunity. (if applicable)
<input type="checkbox"/>	Registration with the City of Cleveland (if applicable – plumbing, electrical, heating).
CERTIFICATION RENEWAL (for businesses previously certified with expirations of less than 60 days)	
Submit ONLY	
<input type="checkbox"/>	A new Business Certification application;
<input type="checkbox"/>	Updated Liability Insurance;
<input type="checkbox"/>	Updated State of Ohio Workman's compensation documentation;
<input type="checkbox"/>	Updated Registration with The City of Cleveland Department of Building and Housing;
<input type="checkbox"/>	Notarized Employee list (Form C) with updated Resident Income Verification Forms (Form D) for each qualifying employee.
Mail to:	Ms. Yvette Mosby Department of Community Development 601 Lakeside Ave., Rm. 320 Cleveland Ohio 44114
Questions:	Yvette Mosby: 216.664.4092 or ymosby@city.cleveland.oh.us



CLEVELAND SECTION 3 BUSINESS CERTIFICATION APPLICATION



30% Section 3 Resident Employees Version

Certification by the City of Cleveland is recognized by CMHA and Cuyahoga County

Company Name:		OEO Certified Date:	
Address:		Registered with B&H Dept.	Yes / No
City/State:		Total # of Employees:	
Zip Code:		# of Section 3 Employees:	
Person Completing Form:		% of Section 3 Employees:	
Gender & Ethnicity	M/F Ethnicity: _____	Year Established: _____	Ward #:
Phone Number:		CHECK ONE:	
Fax Number:		Sole Proprietor <input type="checkbox"/>	
E-mail Address:		Corporation <input type="checkbox"/>	
Federal Tax ID:		Partnership <input type="checkbox"/>	

Please review the Section 3 Application Checklist to determine the required documentation that must be submitted with this application.

This business is located in Cuyahoga County and registered with the City of Cleveland and State of Ohio to perform the following work:

- | | | |
|---------------------------------------|--------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> HVAC | <input type="checkbox"/> Environmental Cleaning |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Masonry | <input type="checkbox"/> Window & Door Installation |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Pest Control | <input type="checkbox"/> Landscaping & Lawn Care |
| <input type="checkbox"/> Security | <input type="checkbox"/> Carpet / Flooring | <input type="checkbox"/> Concrete or Asphalt |
| <input type="checkbox"/> Vinyl Siding | <input type="checkbox"/> Electrical | <input type="checkbox"/> Asbestos Surveys & Abatement |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Demolition | <input type="checkbox"/> Other: _____ |

As primary owner of this business, I certify that at least thirty percent (30%) of the company's permanent, full-time employees are currently Section 3 residents, or within three (3) years of the date of first employment with the business were Section 3 residents. The residents meet the HUD low income definition as verified by the attached Section 3 Income Verification Form (Section 3 Business Certification) completed and signed by each Section 3 Resident employee claimed by my business.

FORM D INCOME VERIFICATION FORM(S) ARE ATTACHED FOR EACH SECTION 3 RESIDENT EMPLOYEE

Owner's Name:	Title:
Signature:	Date:

This application is subject to all rules and regulations developed by the HUD Fraud, Waste and Abuse Office.

For assistance please contact: **Yvette Mosby 216-664-4092** yvosby@city.cleveland.oh.us



Section 3 CERTIFICATION as Income-Qualified 51% Business Owner



CERTIFICATION

- The Section 3 Business Certificate will be issued to acknowledge that a business has met the criteria established by the HUD Act of 1968, 24 CFR PART 135 - Section 3.
- The business shall be listed in the Section 3 Business Directory for 3 years.
- Certification by the City of Cleveland is also recognized by Cuyahoga County and Cuyahoga Metropolitan Housing Authority.

QUALIFICATION for certification as 51% Business Owner:

1. When a qualified Section 3 Resident is the primary owner having 51% or more ownership he/she (or, if less than 51%, holds the greatest percentage of ownership) must complete the Section 3 Business Certification Form (51% Section 3 Resident Ownership) form. This category was created by HUD for business concerns that are primarily owned by a person(s) that meet the HUD definition of being low income.

2. If there are two or more Section 3 Resident owners that together own 51% or more of the business, each additional owner (not having majority ownership) must complete the Section 3 Resident Income Verification Form (Section 3 Business Certification).



CITY OF CLEVELAND
Mayor Frank G. Jackson

Section 3 Certification Checklist 51% Income-Qualified Owner



Applications for Section 3 Certification can now be submitted on-line at: https://cleveland.diversitycompliance.com	
Company Name:	
Owner Name:	
Date Application Submitted:	
Application & Eligibility Documentation (submit all) <ul style="list-style-type: none"> <input type="checkbox"/> Section 3 – 51% Business Certification Application; <input type="checkbox"/> Form B - Sec 3 Clause Acknowledgement Form; <input type="checkbox"/> Current Contractor Certificate of Registration with the City of Cleveland, Department of Building & Housing (if applicable); <input type="checkbox"/> Secretary of State Certification confirming applicant(s) is or are the majority shareholder(s)/owner(s), or; <input type="checkbox"/> If a corporation, Secretary of State Articles of Incorporation with the State of Ohio affixed; <input type="checkbox"/> Most recent IRS 1040 Tax Statement (Individual(s) and Corporate or if a Sole Proprietor – IRS 1040 with Schedule C); <input type="checkbox"/> Current State of Ohio Workers Compensation Certificate. <input type="checkbox"/> Proof of Liability Insurance (current certificate). 	
Business Capacity Evaluation (submit all): <ul style="list-style-type: none"> <input type="checkbox"/> List of 10 previous jobs performed. <input type="checkbox"/> List of existing jobs underway. <input type="checkbox"/> Copies of invoices relating to those jobs. <input type="checkbox"/> Copy of largest contract award verification. <input type="checkbox"/> On Company letterhead – 3 references relating to prior jobs completed (submit copies of related invoices). <input type="checkbox"/> Current Certificate designating company as a certified Minority Business Enterprise, Female Business Enterprise or Cleveland Small Business through the Mayor’s Office of Equal Opportunity (if applicable). 	
CERTIFICATION RENEWAL (for businesses previously certified with expirations of less than 60 days) Submit ONLY <ul style="list-style-type: none"> <input type="checkbox"/> A new Business Certification Application <input type="checkbox"/> Updated IRS Tax return (most recent) <input type="checkbox"/> Updated Liability Insurance (current certificate) <input type="checkbox"/> Updated State of Ohio Workman's compensation documentation <input type="checkbox"/> Updated Registration with the City of Cleveland Department of Building & Housing 	
Mail to:	Ms. Yvette Mosby yomosby@city.cleveland.oh.us 216-664-4092 Department of Community Development 601 Lakeside Ave., Rm. 320 Cleveland Ohio 44114



Section 3 Business Certification Application for 51% Income- Qualified Owner



BUSINESS CERTIFICATION VERSION		For 2013 Income ONLY																		
Business Owner Name (print):		Date:																		
Address:		Phone:																		
City, State, Zip		Fax:																		
Section 3 Contact Person:		E-mail:																		
<input type="checkbox"/> This business is located in Cuyahoga County and registered with the City of Cleveland and State of Ohio to perform the following work: <table style="width: 100%; margin-top: 10px;"> <tr> <td><input type="checkbox"/> Carpentry</td> <td><input type="checkbox"/> HVAC</td> <td><input type="checkbox"/> Environmental Cleaning</td> </tr> <tr> <td><input type="checkbox"/> Painting</td> <td><input type="checkbox"/> Masonry</td> <td><input type="checkbox"/> Window & Door Installation</td> </tr> <tr> <td><input type="checkbox"/> Plumbing</td> <td><input type="checkbox"/> Pest Control</td> <td><input type="checkbox"/> Landscaping & Lawn Care</td> </tr> <tr> <td><input type="checkbox"/> Security</td> <td><input type="checkbox"/> Carpet / Flooring</td> <td><input type="checkbox"/> Concrete or Asphalt</td> </tr> <tr> <td><input type="checkbox"/> Vinyl Siding</td> <td><input type="checkbox"/> Electrical</td> <td><input type="checkbox"/> Asbestos Surveys & Abate.</td> </tr> <tr> <td><input type="checkbox"/> Computers</td> <td><input type="checkbox"/> Demolition</td> <td><input type="checkbox"/> Other: _____</td> </tr> </table>			<input type="checkbox"/> Carpentry	<input type="checkbox"/> HVAC	<input type="checkbox"/> Environmental Cleaning	<input type="checkbox"/> Painting	<input type="checkbox"/> Masonry	<input type="checkbox"/> Window & Door Installation	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Pest Control	<input type="checkbox"/> Landscaping & Lawn Care	<input type="checkbox"/> Security	<input type="checkbox"/> Carpet / Flooring	<input type="checkbox"/> Concrete or Asphalt	<input type="checkbox"/> Vinyl Siding	<input type="checkbox"/> Electrical	<input type="checkbox"/> Asbestos Surveys & Abate.	<input type="checkbox"/> Computers	<input type="checkbox"/> Demolition	<input type="checkbox"/> Other: _____
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<input type="checkbox"/> Computers	<input type="checkbox"/> Demolition	<input type="checkbox"/> Other: _____																		
<p>As primary owner, having __% ownership of this business, I certify that my Total Household Income in 2013 was not greater than the amount checked below (based on the number of persons in my family). Note: If there are two or more Section 3 Resident owners that together own 51% or more of this business, the individual with majority interest completes this form and all other owners must complete and submit the Section 3 Resident Income Verification form (Section 3 Business Certification) with this form. If you need the form for 2014, please request.</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 Person household with total income equal to or less than \$33,650 <input type="checkbox"/> 2 Person household with total income equal to or less than \$38,450 <input type="checkbox"/> 3 Person household with total income equal to or less than \$43,250 <input type="checkbox"/> 4 Person household with total income equal to or less than \$48,100 <input type="checkbox"/> 5 Person household with total income equal to or less than \$51,950 <input type="checkbox"/> 6 Person household with total income equal to or less than \$55,750 <input type="checkbox"/> 7 Person household with total income equal to or less than \$59,600 <input type="checkbox"/> 8 Person household with total income equal to or less than \$63,450 <p><input type="checkbox"/> I certify that at least fifty-one percent (51%) of the company is owned by me (or, if less than 51%, that I hold the greatest percentage of ownership) and that I meet the definition of a section 3 resident of Cuyahoga County. I agree to provide any additional documentation (if requested) that confirms the accuracy of my Family Size and Total Household Income. If there are additional Section 3 Resident owners, each is to complete the Section 3 Resident Income Verification (Business Certification version).</p>																				
Print Name (Employee):		Date Hired:																		
Address:		City & Zip:																		
Signature (Employee):		Date Form Completed:																		
For more information contact: <table style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 33%;">Cuyahoga Co.</td> <td style="width: 33%;">Harry Conard: hconard@cuyahogacounty.us, (216) 443-7531</td> <td style="width: 33%;"></td> </tr> <tr> <td>Cleveland</td> <td>Yvette Mosby: ymosby@city.cleveland.oh.us (216) 664-4092</td> <td></td> </tr> </table>			Cuyahoga Co.	Harry Conard: hconard@cuyahogacounty.us, (216) 443-7531		Cleveland	Yvette Mosby: ymosby@city.cleveland.oh.us (216) 664-4092													
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<i>This form is subject to all rules and regulations established by the HUD Fraud, Waste and Abuse Office.</i>																				



CITY OF CLEVELAND
Mayor Frank G. Jackson

Form B: SECTION 3 Clause Acknowledgement



Business Certification Version

Company Name:			
Address:			
City, State, Zip:		E-mail:	
Phone Number:		Fax:	
Sec. 3 Contact Person:		Date:	

I. Section 3 of the Housing and Urban Development (HUD) Act of 1968

- Section 3 promotes economic development and individual self-sufficiency by ensuring opportunities generated by HUD financial assistance are directed to low-income persons and businesses which hire them.
- Section 3 requirements apply to projects receiving \$200,000+ in Federal assistance for housing construction and rehabilitation and to contractors receiving \$100,000+ who must comply with Section 3 requirements in the same manner as direct recipients.

II. Section 3 Clause

All contracts associated with a Section 3-covered project must include the Section 3 Clause (attached).

III. Section 3 Compliance Goals

- Employment: at least 30% of the aggregate number of new hires must be Section 3 residents.
- Contracting: at least 10% of the total dollar amount of all covered construction contracts and at least 3% of all other contracts must be awarded to certified Section 3 businesses.

IV. Project Employment & Contracting Information

Should Section 3-covered assistance be awarded, the following information must be submitted prior to recipient's first disbursement request.

- Core Contractors List including all contracts of any size.
- Core Employees Lists for Developer and all Contractors/Subcontractors awarded \$100,000+.
- Documentation of Good Faith Efforts to utilize certified Section 3 businesses.
- Section 3 Employment Plan documenting project's estimated overall and Section 3 hiring opportunities.

V. Section 3 Compliance Narrative

Please describe the strategies and tactics you will utilize to achieve Section 3 hiring and contracting goals.

VI. Section 3 Reporting Obligations

Each quarter, Developer must submit Workforce and Business Utilization Reports detailing progress and good faith efforts toward meeting Section 3 hiring and contracting goals. Reports are due the 15th of the month following the end of the quarter (1/15, 4/15, 7/15 & 10/15).

VII. Non-Compliance

Failure to comply with and/or demonstrate good faith efforts to satisfy Section 3 employment and contracting requirements may result in sanctions, probation, withholding of payments or debarment.

I understand Section 3 requirements and, upon receipt of covered assistance, will take affirmative action to satisfy and document good faith efforts to comply with all Section 3 notification, information, hiring, contracting and reporting obligations.

Contractor Contact:	Title
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Signature:	Date
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For more information contact:	Cleveland Cuyahoga Co.	Yvette Mosby: ymosby@city.cleveland.oh.us, (216) 664-4092 Harry Conard: hconard@cuyahogacounty.us, (216) 443-7531
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Section 3 Clause

A. The work to be performed under this contract is subject to the requirements of Section 3 of the Housing and Urban Development Act of 1968, as amended, 12 U.S.C. 1701u (Section 3). The purpose of Section 3 is to ensure that employment and other economic opportunities generated by HUD assistance or HUD-assisted projects covered by Section 3, shall, to the greatest extent feasible be directed to low-and very low-income persons, particularly persons who are recipients of HUD assistance for housing.

B. The parties to this contract agree to comply with HUD's regulations in 24 CFR part 135, which implement Section 3. As evidenced by their execution of this contract, the parties to this contract certify that they are under no contractual or other impediment that would prevent them from complying with the part 135 regulations.

C. The contractor agrees to send to each labor organization or representative of workers with which the contractor has a collective bargaining agreement or other understanding, if any, a notice advising the labor organization or workers' representative of the contractor's commitments under this Section 3 Clause and will post copies of the notice in conspicuous places at the work site where both employees and applicants for training and employment positions can see the notice. The notice shall describe the Section 3 preference, shall set forth minimum number and job titles subject to hire, availability of apprenticeship and training positions, the qualifications for each; and the name and location of the person(s) taking applications for each of the positions; and the anticipated date the work shall begin.

D. The contractor agrees to include this Section 3 Clause in every subcontract subject to compliance with regulations in 24 CFR part 135, and agrees to take appropriate action, as provided in an applicable provision of the subcontract or in this Section 3 clause. Upon a finding that the subcontractor is in violation of the regulations in 24 CFR part 135, the contractor will not subcontract with any subcontractor where the contractor has notice of knowledge that the subcontractor has been found in violation of the regulations in 24 CFR part 135.

E. The contractor will certify that any vacant employment positions, including training positions, that are filled (1) after the contractor is selected but before the contract is executed, and (2) with persons other than those to whom the regulations of 24 CFR part 135 require employment opportunities to be directed were not filled to circumvent the contractor's obligations under 24 CFR part 135.

F. Noncompliance with HUD's regulations in 24 CFR part 135 may result in sanctions, termination of this contractor for default, and debarment or suspension from future HUD assisted contracts.



CITY OF CLEVELAND
Mayor Frank G. Jackson

Form C: Section 3 Core Employee Report



Please note: For the City of Cleveland and Cuyahoga County reporting is required from each contractor with an award of \$100,000 or more.

Instructions: List all employees on company payroll at the time the award was received noting the employee's hire date and whether they qualify as a Section 3 Resident. Section 3 Residents must meet low income criteria. For City contracts the employee must reside in the City to qualify for Section 3 Resident status. For Cuyahoga County the employee must reside in the Cleveland Metro Area to qualify.

Organization:		DATE:	
Project Name:			
Section 3 Contact:			
Address:			
City, State, Zip:			
Phone:			
E-mail:			

	Name	Hire Date	Sec. 3 Resident?	Job Title or Trade
1			<input type="checkbox"/>	
2			<input type="checkbox"/>	
3			<input type="checkbox"/>	
4			<input type="checkbox"/>	
5			<input type="checkbox"/>	
6			<input type="checkbox"/>	
7			<input type="checkbox"/>	
8			<input type="checkbox"/>	
9			<input type="checkbox"/>	
10			<input type="checkbox"/>	
11			<input type="checkbox"/>	
12			<input type="checkbox"/>	
13			<input type="checkbox"/>	
14			<input type="checkbox"/>	
15			<input type="checkbox"/>	
16			<input type="checkbox"/>	

Owner signature:

Subscribed and sworn before me this ____ day of ____, 20__.

Notary's signature: _____

(Affix Seal Here)

For more information contact:

Cuyahoga Co.
Cleveland

Harry Conard: hconard@cuyahogacounty.us, (216) 443-7531
Yvette Mosby: ymosby@city.cleveland.oh.us, (216) 664-4092

For additional Core Employees - Please Notarize EACH PAGE

Form Updated April 2014

	Name	Hire Date	Sec. 3 Resident?	Job Title or Trade
17			<input type="checkbox"/>	
18			<input type="checkbox"/>	
19			<input type="checkbox"/>	
20			<input type="checkbox"/>	
21			<input type="checkbox"/>	
22			<input type="checkbox"/>	
23			<input type="checkbox"/>	
24			<input type="checkbox"/>	
25			<input type="checkbox"/>	
26			<input type="checkbox"/>	
27			<input type="checkbox"/>	
28			<input type="checkbox"/>	
29			<input type="checkbox"/>	
30			<input type="checkbox"/>	
31			<input type="checkbox"/>	
32			<input type="checkbox"/>	
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34			<input type="checkbox"/>	
35			<input type="checkbox"/>	
36			<input type="checkbox"/>	
37			<input type="checkbox"/>	
38			<input type="checkbox"/>	
39			<input type="checkbox"/>	
40			<input type="checkbox"/>	
41			<input type="checkbox"/>	
42			<input type="checkbox"/>	
43			<input type="checkbox"/>	
44			<input type="checkbox"/>	
45			<input type="checkbox"/>	
46			<input type="checkbox"/>	
47			<input type="checkbox"/>	
48			<input type="checkbox"/>	
49			<input type="checkbox"/>	
50			<input type="checkbox"/>	

Owner signature: _____

Subscribed and sworn before me this ____ day of ____, 20__.

Notary's signature: _____

(Affix Seal Here)

For more information:

Cuyahoga Co.
Cleveland

Harry Conard: hconard@cuyahogacounty.us, (216) 443-7531
Yvette Mosby: ymosby@city.cleveland.oh.us (216) 664-4092



CITY OF CLEVELAND
Mayor Frank G. Jackson

Form D – Resident Income Verification (2013 Income)



BUSINESS CERTIFICATION VERSION

INSTRUCTIONS: This form must be completed for all Core Employees **IF** they qualify as Section 3 Residents. To count toward Certification by the City of Cleveland, income-qualified residents must live in Cleveland.

This section to be completed by the EMPLOYER:

For 2013 Income ONLY

Developer/Reporting Business Owner:		Date:
Project Name (if applicable):		Contract Number:
Address:		Phone:
City, State, Zip		Fax:
Section 3 Contact Person:		E-mail:
Year: _____	<input type="checkbox"/> Core Employees	<input type="checkbox"/> 1st Qtr <input type="checkbox"/> 2nd Qtr <input type="checkbox"/> 3rd Qtr <input type="checkbox"/> 4th Qtr

This section to be completed by the EMPLOYEE:

I verify I was hired by the business listed above to perform the following work (check all that apply):

- | | | |
|---------------------------------------|--------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> HVAC | <input type="checkbox"/> Environmental Cleaning |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Masonry | <input type="checkbox"/> Window & Door Installation |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Pest Control | <input type="checkbox"/> Landscaping & Lawn Care |
| <input type="checkbox"/> Security | <input type="checkbox"/> Carpet / Flooring | <input type="checkbox"/> Concrete or Asphalt |
| <input type="checkbox"/> Vinyl Siding | <input type="checkbox"/> Electrical | <input type="checkbox"/> Asbestos Surveys / Abatement |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Demolition | <input type="checkbox"/> Other: _____ |

I am a resident of the City (if a City Project) or the County (if a County or CMHA Project) and my total income last year in **2013** was not greater than the amount and family size indicated below (if you need form for 2014 please request):

- 1 Person household with total income equal to or less than \$33,650
- 2 Person household with total income equal to or less than \$38,450
- 3 Person household with total income equal to or less than \$43,250
- 4 Person household with total income equal to or less than \$48,100
- 5 Person household with total income equal to or less than \$51,950
- 6 Person household with total income equal to or less than \$55,750
- 7 Person household with total income equal to or less than \$59,600
- 8 Person household with total income equal to or less than \$63,450

I certify that the information provided is true and accurate and, if requested, I agree to provide documentation confirming the accuracy of my family size and household income for the year noted.

Print Name (Employee):	Date Hired:
Address:	City & Zip:
Signature (Employee):	Date Form Completed:

For more information contact:
 Cuyahoga Co. Harry Conard: hconard@cuyahogacounty.us, (216) 443-7531
 Cleveland Yvette Mosby: ymosby@city.cleveland.oh.us (216) 664-4092

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