



City of Dayton
Human Relations Council
 371 W. Second St., Suite 100
 Dayton, OH 45402
 937-333-1403; fax: 937-222-4589
 www.daytonohio.gov/Section3

FOR OFFICE USE ONLY:

Date Received: _____

Reviewer: _____

___ Approved, Date: ___/___/___

___ Denied, Date: ___/___/___

Section 3 Resident Preference Claim Form

A Section 3 resident *seeking the preference in training and employment* as defined in the Section 3 regulation at 24 CFR Part 135, shall certify to the recipient, contractor or subcontractor, and submit evidence showing that he/she meets the criteria of a Section 3 resident, (i.e. proof of receipt of public assistance or residency in a United States Department of Housing and Urban Development (HUD) or other federally-assisted housing program, e.g., Public Housing, Section 8, etc.)

RESIDENT AFFIDAVIT

The undersigned represents and says under penalty of law, as follows:

1. My current address is:

Street Address	City	State	Zip
Phone Number:	Email		

2. I am a resident of public housing: Yes No

3. I reside in one of the following counties in Dayton Metropolitan Area: (Check one)

Greene ___ Miami ___ Montgomery ___ Clark County ___

4. Please list job skills training or certifications received:

Job Training	Certifications

INCOME CERTIFICATION

Please find your household size below and check the box corresponding to your qualifying annual household gross income level. The resident may count towards a firm's Section 3 hiring goal if the individual's income meets the income thresholds below within 3 years of hire with the current firm.

Household Size	YEAR 2016	YEAR 2015	YEAR 2014
1 Person	<input type="checkbox"/> \$35,050	<input type="checkbox"/> \$34,550	<input type="checkbox"/> \$33,750
2 People	<input type="checkbox"/> \$40,050	<input type="checkbox"/> \$39,500	<input type="checkbox"/> \$38,550
3 People	<input type="checkbox"/> \$45,050	<input type="checkbox"/> \$44,450	<input type="checkbox"/> \$43,350
4 People	<input type="checkbox"/> \$50,100	<input type="checkbox"/> \$49,350	<input type="checkbox"/> \$48,150
5 People	<input type="checkbox"/> \$54,100	<input type="checkbox"/> \$53,300	<input type="checkbox"/> \$52,050
6 People	<input type="checkbox"/> \$58,100	<input type="checkbox"/> \$57,250	<input type="checkbox"/> \$55,900
7 People	<input type="checkbox"/> \$62,100	<input type="checkbox"/> \$61,200	<input type="checkbox"/> \$59,750
8 People	<input type="checkbox"/> \$66,100	<input type="checkbox"/> \$65,150	<input type="checkbox"/> \$63,600
More than 8 people	# of People _____ Income \$ _____	# of People _____ Income \$ _____	# of People _____ Income \$ _____

Please Provide One of the Following Document(s)

- Proof of residency (lease in a HUD or other federally assisted program).
- Proof of public assistance, e.g., Temporary Assistance to Needy Families (TANF) recipients, food stamps, etc.
- Proof of participation in a HUD YOUTHBUILD program.
- Proof of participation in a federally assisted program such as job training programs, Medicaid, etc.
- Proof of participation in a state or local assistance program, or other program that assists low- or very-low income persons.
- Proof of income eligibility in the form of last 3 paystubs or copy of tax return from 1 of last 3 years.

Yes, I authorize the information from this affidavit to be added to a database of Section 3 residents that will enable me to receive notice of employment and training opportunities for future Section 3 covered projects. I understand that this list may be accessed by the Human Relation Council, Greater Dayton Premier Management Staff, contractors, developers, and subcontractors working on a Section 3 covered projects.

No, I do not authorize information from this affidavit to be added to a database of Section 3 residents.

This certification is valid from the City of Dayton certification date until three years from the qualifying year, after which, this certification must be renewed with valid paperwork.

Under penalty of perjury, I certify that am a legal resident of the U.S.A. I certify that I have personal knowledge of the certifications made in this affidavit and that the same is true.

Signature _____ Date _____

Print Name _____

Notary _____ Date _____ SEAL: