



FORM 1

Certification of Intent to Comply with Section 3

This form is to be submitted by proposers with their proposal. Failure to submit this form may result in the rejection of your proposal.

I hereby certify that:

1. I am the _____ [Insert Title] of _____
_____ [Insert Name of Proposer] (the "Company");
2. I am duly authorized by the Company to submit a proposal on its behalf to the Boston Housing Authority for _____
[Insert Project Name and Number] and to execute any and all documents required to be filed as a condition of such proposal;
3. I have read and understood the Section 3 Provision, which applies Section 3 of the Housing and Urban Development Act of 1968, as amended, and the Section 3 regulations found at 24 CFR 135.
4. The Company will comply with the requirements of 24 CFR 135 and the Section 3 Provision. This includes ensuring that, to the greatest extent feasible, at **least twenty-five (25) percent or more of the total number of labor hours worked by all Workers on a Section 3 project are Section 3 Workers; and Five (5) percent or more are Targeted Section 3 Workers.**
5. The Company is responsible for the compliance of its subcontractors and will ensure that its subcontractors comply with the requirements set out in 24 CFR 135 and the Section 3 Provision.
6. Any vacant positions filled after the contract award notification but before contract execution will not be filled to circumvent the Company's Section 3 obligations.

Signed under the penalties of perjury.

[Company]

Date: _____

By: _____
[Signature]
Duly Authorized



APPENDIX C-5

Section 3 Forms

FORM 2

Section 3 Hiring, Training, and Contracting Opportunities

This form is to be completed by the proposer on behalf of itself and all projected subcontractors, if any. Provide estimates of hiring and contracting needs on the project.

HIRING OPPORTUNITIES

Job Category	Number of positions needed to complete project	Number of positions filled by current employees*	Number of positions to be filled by Section 3 Workers	Anticipated dates of work
<i>Example: Tenant Coordinator</i>	1	0	1	10/1/11-12/31/11
1) Technicians				
2) Office/Clerical				
3) Trade				
4) Trade				
5) Tenant Coordinator				
6) Other:				
Totals				

SUBCONTRACTING OPPORTUNITIES

Sub-trade and Company (if known)	Filed Sub-trade? (Y/N)	Section 3 Business Concern? (Y/N)	Specification Reference	Amount of Contract
<i>Example: HVAC Inc.</i>		Y	06200	8,000
1)				
2)				
3)				

The above tables represent an accurate estimate of workforce and subcontracting needs for this project and also represent the number of Section 3 Workers, Targeted Section 3 Workers, and business concerns that the company proposes to employ and/or contract with.

Signed under the penalties of perjury.

[Company]

Date: _____

By: _____
[Signature] Duly Authorized



FORM 3
Quarterly Section 3 Report

This form or a certified substitute document containing the information requested below is to be completed by the consultant and all subcontractors, if any, and submitted upon request. Attach verifications (e.g., Section 3 Workers Affidavit and copy of photo identification) as necessary.

BHA Job No. _____

Month Ending: _____

SECTION 3 WORKER LABOR HOURS

EMPLOYEE NAME	JOB TITLE	TARGETED/ SECTION 3 WORKER? (Y/N)	ADDRESS	DATE HIRED	LABOR HOURS THIS MONTH	LABOR HOURS TO DATE
<i>Example: Gladys Jones</i>	<i>Project Assistant</i>	<i>Y</i>	<i>Franklin Field, 100 Ames St. Dorchester, MA 02124</i>	<i>10/15/21</i>	<i>80</i>	<i>200</i>
1)						
2)						
3)						
4)						
5)						

SECTION 3 BUSINESS CONCERNS

SECTION 3 BUSINESS CONCERN	ADDRESS	DATES OF WORK	CONTRACT PRICE	PAID TO DATE	AMOUNT REMAINING TO BE PAID
<i>Example: ABC Security Co.</i>	<i>123 Main St., Boston MA 02111</i>	<i>11/1/20-5/30/21</i>	<i>15,000</i>	<i>2,500</i>	<i>12,500</i>
1)					
2)					
3)					
4)					

[Company]

Date: _____
[Signature]

By: _____



BOSTON HOUSING AUTHORITY SECTION 3 WORKER AFFIDAVIT

Eligibility for Preference: Any person seeking Section 3 preference in training and employment shall certify or submit evidence to the Boston Housing Authority (BHA) that

Circle only one:

1. I qualify as a **Section 3 Worker** because (*circle only one*):
 - a. My income from last year is below the low-and very-low income limit of the Boston-Cambridge-Quincy, MA and Rockingham County, NH area. (*see chart below*)
 - b. I am employed by a Section 3 business concern
 - c. I am a YouthBuild Participant
2. I qualify as a **Targeted Section 3 Worker** because (*circle only one*):
 - a. I am or have been in the past five years a resident of BHA
 - b. I am or have been in the past five years a participant of BHA's Section 8 voucher program
 - c. I am or have been in the past five years a resident or a participant of a Section 8 voucher program managed by another public housing authority
3. I **do not** qualify as a Section 3 Worker or Targeted Section 3 Worker

Income Limit Chart. Based on income from the past twelve (12) months, my annual household income is at or below (*circle only one*):

Number in Household	Low Income (80%)	Very Low Income (50%)
1 Individual	70,750	47,000
2 Individuals	80,850	53,700
3 Individuals	90,950	60,400
4 Individuals	101,050	67,100
5 Individuals	109,150	72,500
6 Individuals	117,250	77,850
7 Individuals	125,350	83,250
8 Individuals	133,400	88,600

Eligibility Guideline for FY 2021 (updated in April)

(Verify current income levels at <http://www.huduser.org/portal/datasets/il.html>)

I hereby agree to provide, upon request, documents verifying the information provided on this form and authorize my employer to release information required to verify my Section 3 status. I certify that the information on this form is complete and accurate. I understand that providing false statements or information is punishable under state and federal law. Signed under the penalties of perjury,

Print Name: _____

Signature: _____