



**DEKALB COUNTY GOVERNMENT**  
DEPARTMENT OF PURCHASING AND CONTRACTING  
Contract Compliance Division

**SECTION 3 BUSINESS CONCERN SELF CERTIFICATION**

DeKalb County Department of Purchasing and Contracting, Contract Compliance Division is seeking to extend the benefits of and to promote compliance with Section 3 by identifying Section 3 Business Concerns and targeting Section 3 Business Concerns for DeKalb County business opportunities, events and educational programs.

In an effort to comply with Federal Section 3 Regulations which promote contract, employment and training opportunities for DeKalb County residents, the DeKalb County Department of Purchasing and Contracting, Contract Compliance Division has instituted a Section 3 Self Certification process.

Applicants seeking certification must complete and submit the attached Section 3 Business Concern Self Certification forms are as follow:

1. If your company is qualified because it is owned (51% or more) by one or more Section 3 residents, then complete **Form A, "Section 3 Business Concern – Resident Business Owner(s)";**  

**OR**
2. If your company is qualified because 30% or more of its full time permanent workforce are Section 3 Residents\*, then complete **Form B, "Section 3 Business Concern – 30% + Workforce".**  

**OR**
3. If more than 25% of all subcontract work to be awarded shall be performed by Section 3 business concerns as described above, then complete **Form C, "Section 3 Business Concern-Subcontractor".**

Please answer all questions, sign the completed forms, and notarize the affidavit. Completed packets may be returned to Contract Compliance Division, DeKalb County Department of Purchasing and Contracting, 1300 Commerce Dr., 2<sup>nd</sup> Floor, Decatur, GA 30030.

If you have any questions or require assistance, please do not hesitate to contact the Contract Compliance Division via email at [contract@dekalbcountyga.gov](mailto:contract@dekalbcountyga.gov) or telephone, (404) 371-6395.

## **SECTION 3 TERMS AND TERMINOLOGY**

### **1. What is Section 3?**

Section 3 is provision of the Housing and Urban Act (HUD) of 1968 that helps fosters local economic development, neighborhood improvement and self-sufficiency. It's a HUD funded programs that generates employment, training and contracting opportunities to low and very-low income persons or businesses.

### **2. What does the term “Section 3 Resident “mean?**

1. A public housing resident; or
2. Low or very low-income person residing in the metropolitan area.

### **3. What does the term “Section 3 business Concern mean?**

1. 51% or more owned by a Section 3 resident; or
2. At least 30% of it full time employees including Section 3 residents, or business concerns.
3. Provide evidence, as required of a commitment to subcontract in excess of 25% of the dollar award of all subcontracts to be award to business concerns that meet the qualifications in the above paragraph.

### **4. How does it differ from MBE/WBE?**

Section 3 is both race and gender neutral. It is based on income-level and location.

### **5. What is a Section 3 covered project?**

A Section 3 covered project involves the construction or rehabilitation of housing, or other public construction such as street repair, sewage line repair or installation, updates to building facades, etc.

### **6. What is a Metropolitan Area?**

Metropolitan Statistical Area (MSA)

### **7. What is a new hire?**

A new hire is a full time employee for a new permanent , temporary or seasonal position that is created from a Section 3 related covered project.



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**SECTION 3 BUSINESS CONCERN**  
**SELF CERTIFICATION APPLICATION**  
**\*All Applicants Must Complete This Form\***

Business Name: \_\_\_\_\_

D.B.A. (If different from above): \_\_\_\_\_

Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Fax: \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_ Business Website: \_\_\_\_\_

Employer ID Number: \_\_\_\_\_ Owner(s) Social Security Number (if no EIN): \_\_\_\_\_

Contact Person & Title: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Description of Business \_\_\_\_\_

Date Business was established: \_\_\_\_\_  
Month/Day/Year

**Type of Business Entity (check one):**

- Corporation  Partnership  Sole Proprietorship  
 Limited Liability Corporation (LLC)  Limited Liability Partnership (LLP)  Joint Venture

**Check all that apply:**

- LSBE-DEKALB  LSBE-MSA  WBE  MBE  DBE

Certifying Agency: \_\_\_\_\_ Certification #: \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Please Include:**  Copy of Business License  Copy of Business Tax Returns (Prior Year)

**I certify that the information provided is true and accurate and agree to provide upon request, documents verifying the information submitted to qualify as a Section 3 Business Concern.**

Print: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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DeKalb County Government, Department of Purchasing and Contracting, Contract Compliance Division  
1300 Commerce Dr. 2<sup>nd</sup> Floor, Decatur, Georgia 30030 – Email - contract@dekalbcountryga.gov  
Telephone (404) 371-6395 - Fax – (404) 371-2511



**DEKALB COUNTY GOVERNMENT**  
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**SECTION 3 BUSINESS CONCERN**  
**Resident Business Owner(s) – Form A**

A business can be certified as a Section 3 Business Concern if the business is owned (51% or more) by DeKalb County Section 3 Resident(s).

Name of Owner: \_\_\_\_\_

Home Address: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Percentage of Ownership: \_\_\_\_\_%

**Please Attach:**    Proof of Public Housing Assistance (PHA) Lease    Proof Of DeKalb County Residence  
 Proof of Public Assistance (TANF, MEDICAID, WIC)    Current Business Tax Returns

Check the appropriate box for your family size and income:

Check Box	# of Persons in Household	Gross Household Income Max.
<input type="checkbox"/>	1 Individual	\$38,300
<input type="checkbox"/>	2 Individuals	\$43,750
<input type="checkbox"/>	3 Individuals	\$49,200
<input type="checkbox"/>	4 Individuals	\$54,650
<input type="checkbox"/>	5 Individuals	\$59,050
<input type="checkbox"/>	6 Individuals	\$63,400
<input type="checkbox"/>	7 Individuals	\$67,800
<input type="checkbox"/>	8 Individuals	\$72,150

*If the business is owned by more than one Section 3 resident, each should submit a separate Resident Owner Verification Form. List each owner below:*

Please list additional Section 3 Resident owners of the business below:

Name	Position	% Percentage of Ownership

I certify that I am a resident of DeKalb County, GA and my total household income last year was not more than the amount shown above for my family size. I further certify the information provided is true and accurate and agree to provide upon request, documents verifying the information submitted to qualify as a Section 3 Business Concern.

Print: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



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**SECTION 3 BUSINESS CONCERN**  
**30% + Workforce – Form B**

A business can be certified as a Section 3 Business Concern if at least 30% of its permanent, full-time employees are Section 3 residents, or were Section 3 residents within three years of the date of the first employment with the business. For your firm to be eligible UNDER THIS CRITERIA, you must provide the following information for **all permanent fulltime employees**. **Copy this form if necessary.**

List All Employees	Date Hired	Section 3 Resident	Job Title/Trade	Salary Range
Name: Address: City/Zip		<input type="checkbox"/>		
Name: Address: City/Zip		<input type="checkbox"/>		
Name: Address: City/Zip		<input type="checkbox"/>		
Name: Address: City/Zip		<input type="checkbox"/>		
Name: Address: City/Zip		<input type="checkbox"/>		
Total Number of Employees:	<b>Full-Time</b>	<b>Part-Time</b>	<b>Contract</b>	
Number of Section 3 Residents:				
Section 3 % of Total Workforce:				

**I certify that the information provided is true and accurate and agree to provide upon request, documents verifying the information submitted to qualify as a Section 3 Business Concern.**

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

**Title:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_





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**SECTION 3 PREFERENCE INCOME VERIFICATION FORM**

A Section 3 resident seeking the preference in training and employment provided by this part shall certify, or submit evidence to the recipient contractor or subcontractor, if requested, that the person is a Section 3 resident, as defined in 24 CFR 135.5. (An example of evidence of eligibility for the preference is evidence of receipt of public assistance, or evidence of participation in a public assistance program.)

**CERTIFICATION FOR SECTION 3 RESIDENT**

I, \_\_\_\_\_, am a legal resident of DeKalb County, Georgia and qualify as a Section 3 Resident because I meet the income guidelines for a low or very-low income person as outlined in the Area Median Income Limit Chart below.

**AREA MEDIAN HOUSEHOLD INCOME LIMITS FOR DEKALB COUNTY**

Family Size	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Low Income (80%)	\$36,800	\$42,050	\$47,300	\$52,550	\$56,800	\$61,000	\$65,200	\$69,400

My permanent address is: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Number of individuals living in my household: \_\_\_\_\_

My total annual household income for the prior calendar year (2011) is: \_\_\_\_\_

I have attached Two the following documentations as evidence of my status:

- \_\_\_ Proof of participation in a federal, state or local public assistance program
- \_\_\_ Proof of public assistance (i.e., TANF, Food Stamps, Medicaid)
- \_\_\_ Proof of Public Housing Assistance (PHA) Lease

**And**

- \_\_\_ Copy of current W-2 documents or copy of my current personal taxes



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I certify that my answers are true and complete to the best of my knowledge.

**Affidavit:**

I declare and affirm penalty of prosecution for perjury that the statements made in this application and attached documents are true and accurate to the best of my knowledge. I understand that falsifying information and incomplete statements will disqualify certification status.

\_\_\_\_\_  
Company Name

(Corporate Seal)

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Typed Name of Authorized Representative

\_\_\_\_\_  
Official Title

\_\_\_\_\_  
Date

*Signed, sealed and delivered in the presence of:*

\_\_\_\_\_  
Notary Public

\_\_\_\_\_, County, Georgia.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
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**APPENDIX “A”**  
**SECTION 3 SELF CERTIFICATION CHECKLISTS**  
 (Minimum Documentation Required For Self Certification)

<b>Required Documents</b>	<b>Resident Status</b>			<b>Include</b>
<b>Certification Based on Residents Status</b>	If Applicable			
Copy of Current Local Business License	X			
Copy of Current Property Tax Bill	X			
Copy of Current Utility Bill	X			
Copy of Current PHA Residential Lease	X			
Copy of evidence of participation in a public assistance program	X			
Copy of receipt of public assistance	X			
Previous Year Individuals Tax Return	X			
Copy of Business Lease Agreement	X			
List of all contracts for the past 2 year including contract and award amounts	X			
<b>Required Documents</b>		<b>Workforce Status</b>		<b>Include</b>
<b>Certification Based on Workforce Status</b>	If Applicable			
Copy of Current Local Business License		X		
Copy of Current Property Tax Bill		X		
Copy of Current Utility Bill		X		
List of all current full-time employees		X		
PHA lease within 3 years of hire date		X		
List of employees claiming Section 3		X		
Current Financial Statement		X		
List of Owned Equipment		X		
List of all contracts for the past 2 year including contract and award amounts		X		
<b>Required Documents</b>			<b>Subcontractor Status</b>	<b>Include</b>
<b>Certification Based on 25% Commitment Status</b>	If Applicable			
Copy of Current Local Business License			X	
Previous Year Individuals Tax Return			X	
List of employees claiming Section 3			X	
List all Section 3 subcontracted business and subcontracted amounts			X	

### SECTION 3 INCOME LIMITS

All residents of public housing developments of the DeKalb Housing Authority qualify as Section 3 residents. Additionally, individuals residing in the County of DeKalb, Georgia who meet the income limits set forth below, can also qualify for Section 3 status.

A picture identification card and proof of current residency is required.

#### Eligibility Guidelines

#### HUD SECTION 3 FOR LOW INCOME LIMIT

Family Size	50% Very Low Income Limits	80% (Low) Income Limits
1 Person	23,000	36,800
2 Person	26,300	42,050
3 Person	29,600	47,300
4 Person	32,850	52,550
5 Person	35,500	56,800
6 Person	38,150	61,000
7 Person	40,750	65,200
8 Person	43,400	69,400

\* Section 3 Income Limits Effective May 31, 2011