

SRDP-12C Section 3 Business Concern Certification

Instructions: If you are certifying as, or are a Section 3 Business Concern, enter the following information and select the criteria that applies to certify your business' Section 3 status (Information regarding Section 3 Business Concerns can be found in **SRDP-12A Section 3 Packet for Recipients/Contractors/Subcontractors.**)

If you are not a Section 3 Business Concern nor certifying as one, please check box 4 in section C below, sign, date and submit. Neither the SRDP-12C-2 nor SRDP-12C-3 forms in this packet need to be completed.

A. Business Information:

Name of Business:

Business Address:

Name of all Business Owners:

Name	% of Ownership	Low-Income? (Yes/No) Use Chart on next tab	Public Housing Resident/Section 8 Voucher Holder (Yes/No)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Preferred Contact Information:

Name of Preferred Contact:

Phone #:

Email:

B. Type of Business (select from the following options)

Corporation Partnership Sole Proprietorship Joint Venture

C. The Following is True of Our Business (select all that apply):

- ☐ 1. At least 51 percent (51%) of the business is owned and controlled by low- and very low-income persons (Refer to the income guidelines on the following page and **attach SRDP-12C-3 copies for each owner**).
- ☐ 2. At least 51 percent (51%) of the business is owned and controlled by current public housing residents or residents who are Section 8 voucher holders (**attach proof of residency/Section 8 voucher holder**).
- ☐ 3. Over 75 percent (75%) of the labor hour performed for the business over the prior 3-month period were performed by certified Section 3 workers (**complete the following spreadsheet, SRDP-12C-2 and all SRDP-12C-3 - Section3 Worker Self-Certification for Business Concerns** forms for all employees must be included with the submission of this certification.)
- ☐ 4. This business is **not certifying** as a Section 3 Business Concern.

Business Concern Affirmation - I affirm that the information I have provided is true and correct to the best of my knowledge.

Printed Name: Title:

Signature: Date: