



SECTION 3 CERTIFICATION for HIRED CONTRACTORS / SUBCONTRACTORS & DEMONSTRATION of CAPABILITY FORM

Business	License Number	DUNS Number
Physical Address	City	State ZIP Code
Mailing Address (if different from the above)	City	State ZIP Code
Email Address	Telephone	

Please provide additional information about the Business named above—including:

1) Type of Business

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Other: _____ |

2) Evidence of Section 3 Status

Attach copies of the following:

a) if claiming status as a business 51%-owned by Tangipahoa Parish residents of low income:

- | | |
|---|---|
| <input type="checkbox"/> PHA/IHA Residential Lease | <input type="checkbox"/> Receipt of Public Assistance |
| <input type="checkbox"/> Other Evidence of Participation in a Public Assistance Program | <input type="checkbox"/> Other Evidence of Income Eligibility |

b) if claiming status by employing of a full-time workforce of which at least 30% is Tangipahoa Parish residents of low income:

- | | |
|---|--|
| <input type="checkbox"/> List of All Full-time Employees | <input type="checkbox"/> List of Section 3 Full-time Employees |
| <input type="checkbox"/> PHA/IHA Residential Lease Dated Less than 3 Years from the Section 3 Employee's Date of Employment | <input type="checkbox"/> Other Evidence of the Section 3 Employee's Status |

c) if claiming status by subcontracting more than 25% of work to businesses described by a or b above:

- List of Subcontracted Businesses with Subcontracted Amounts

d) as applicable:

- | | |
|---|---|
| <input type="checkbox"/> Articles of Incorporation | <input type="checkbox"/> Certificate of Good Standing |
| <input type="checkbox"/> Assumed Business Name Certificate | <input type="checkbox"/> Partnership Agreement |
| <input type="checkbox"/> List of Owners/Stockholders with the Percent Ownership of Each | <input type="checkbox"/> Organizational Chart with Names, Titles, and Functions |
| <input type="checkbox"/> Minutes from the Appointment of Officers | <input type="checkbox"/> Annual Report |
| <input type="checkbox"/> Additional Documentation | |

3) Evidence of Ability to Perform the Job(s) or Contract Being Sought

Attach copies of the following:

- | | |
|--|--|
| <input type="checkbox"/> Current Financial Statement | <input type="checkbox"/> Statement of Compliance with Public Policy |
| <input type="checkbox"/> List of Owned Equipment | <input type="checkbox"/> List of All Contracts Awarded within the Past 2 Years |

Please also certify the following:

I, the undersigned, am duly authorized to represent the Business named above in seeking Section 3 preference for said Business for jobs and/or contracts created by HUD-funded projects of the City of Hammond. The information I have provided is true and accurate to the best of my knowledge and ability and I understand falsification of this information could subject me and/or my Business to penalties under local, State and/or federal laws.

Signature

Name

Title

Date

Corporate Seal