



SECTION 3 SELF-CERTIFICATION FORM for RESIDENTS

Name Telephone

Physical Address City State ZIP Code

Mailing Address (if different from the above) City State ZIP Code

Please certify the following (***1-4 must be true to self-certify***):

- 1) I am a resident of Tangipahoa Parish who lives at the Physical Address indicated above.
- 2) I am considered to be of low income for the following reason(s) (mark ***all*** that apply):
 - a) My household's size is _____ persons and earns, before taxes and other deductions, an amount equal to or less than the annual income limit shown below for the household's size.

Household Size	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
Annual Income Limit	\$34,300	\$39,200	\$44,100	\$48,950	\$52,900	\$56,800	\$60,700	\$64,650

- b) I am resident of a public housing development of the Hammond Housing Authority (HHA).
- c) I receive food stamps, LaCHIP, Medicaid, TANF, WIC, or other public assistance.
- 3) I have attached copies of the following as documentation of the above (only ***a-b*** are required if you are a HHA resident; ***a-c*** are required if you are not a HHA resident):
 - a) Photo ID
 - b) HHA Residential Lease/Other Lease/Mortgage/Deed/Other Evidence of Residency
 - c) 2 Recent Paystubs/Benefits Letter/Evidence of Participation in a Public Assistance Program
- 4) The information I, the person named above and undersigned, have provided in seeking Section 3 preference for jobs and/or job training created by HUD-funded projects of the City of Hammond is true and accurate to the best of my knowledge and ability. I understand falsification of this information could subject me to penalties under local, State, and/or federal laws.

If you are seeking preference for a job, please complete this section.

Signature

I further certify I am qualified for:

Date

Job(s)