

SECTION 3 BUSINESS AFFIDAVIT

- 1 . Company Name: _____
- 2 . Address: _____
- 3 . Business Structure: corporation partnership sole proprietorship joint venture
4. Type of business (i.e. house painting, accounting): _____

TYPE OF SECTION 3 BUSINESS CONCERN

	Yes	No
1. Is the Company a Section 3 Business Concern as defined below?	<input type="checkbox"/>	<input type="checkbox"/>
a. Business is 51% or more owned by Section 3 residents*; or	<input type="checkbox"/>	<input type="checkbox"/>
b. At least 30% of the business's permanent, full-time employees are currently Section 3 residents, or within 3 years of the date of first employment with the firm were Section 3 residents; or	<input type="checkbox"/>	<input type="checkbox"/>
c. Business provides evidence of a commitment to award more than 25% of the dollar amount of all subcontracts to businesses that fall within (a) or (b) above (provide list of subcontracted Section 3 businesses and subcontract amount):	<input type="checkbox"/>	<input type="checkbox"/>
2. Has the Company been selected to carry out any HUD YouthBuild Program?	<input type="checkbox"/>	<input type="checkbox"/>

**A Section 3 Resident is 1) a Salem Housing Authority resident; or 2) a Salem resident whose total family income does not exceed 80% of the median income for the area as per the HUD local income limits; or 3) a resident of the Boston Metropolitan Statistical Area whose total family income does not exceed 80% of the median income for the area as per the HUD local income limits.*

VERIFICATION

Please attached the company's current payroll registry highlighting the staff meeting the Section 3 requirements. In addition, each potential Section 3 staff member must complete and submit the Section 3 Resident Certification. The Company hereby agrees to provide, upon request, any additional documents needed to verify the information provided above. Section 3 Business Certifications are valid for one year.

Under penalty of perjury, I certify that I am the _____ (Title) of the Company, that I am authorized by the Company to execute this affidavit on its behalf, that I have personal knowledge of the certification made in this affidavit and that the same are true.

Name: _____
 (Printed) _____
 (Signature)

COMMONWEALTH OF MASSACHUSETTS

Essex, ss.

On this ____ day of _____, 20__ before me, the undersigned Notary Public, personally appeared _____, proved to me through satisfactory evidence of identification, which were _____, to be the person whose name is signed on the preceding or attached document in my presence.

For Community Development Office Use Only

Based on the documentation provided, this business has been verified a Section 3 Business located within the BMSA:

____ Yes ____ No

By: _____ Date: _____

_____, Notary Public

My Commission Expires _____

Submit to the Dept. of Planning & Community Development, 120 Washington St., Salem, MA 01970