



Self-Certification of Eligibility for Section 3 Resident Status

Economic Opportunities for Low – and Very Low-Income Persons

Section 3 is a Housing and Urban Development (HUD) requirement designed to ensure that the HUD funds invested in housing and community development activities also provide employment opportunities for low-income people.

The following information is needed to determine Section 3 Resident eligibility. Please respond to the following questions.

- Yes
No

• Do you currently reside in the City of St. Petersburg? Yes No

 - My current address is (street address, city, state and zip code):

- Yes
No

• Are you a current resident of any St. Petersburg Housing Authority Property? Yes No
- If so, which one? _____
- The total number of individuals in my family (all family members currently living in my household, including myself) is _____.
- Yes
No

• Is the income from all sources for your household over the last 12 months under the amounts listed below for the number of people in your household?

FY 2020 Income Limits Summary as set by HUD for low (80%) income

1 household member	2 household member	3 household member	4 household member	5 household member	6 household member	7 household member	8+ household member
\$39,400	\$45,000	\$50,650	\$56,250	\$60,750	\$65,250	\$69,750	\$74,250

I, _____, have answered all of the above questions truthfully. I understand that the information above may require verification. I agree to provide documents verifying this information and authorize my employer to release information required by the Housing Authority to verify my status as a "Section 3 Resident".

ATTENTION

Chapter 414.39 of the Florida Statutes makes it a crime, punishable by fine up to \$50,000 or imprisonment for up to five (5) years, or both, if an applicant deliberately makes a false statement about his or her income in order to gain an employment preference based on Section 3 eligibility.

SIGNATURE

DATE

The foregoing instrument was subscribed and sworn before me this _____ day of _____, 20____ by _____ (name of person acknowledging) who is personally known by me or who has produced _____ (type of identification) as identification.

State of Florida
County of _____

NOTARY PUBLIC
Printed: _____
My commission expires _____, 20_____.