



Housing Authority of Maricopa County Section 3 Resident Questionnaire and Certification Form

A Section 3 Resident seeking the preference training and employment as defined in the Section 3 regulation at 24 CFR Part 135, shall certify to the recipient, contractor, or subcontractor, and **if requested**, submit evidence showing they meet the criteria of a "Section 3 Resident" as defined as **1) a public housing resident or 2) a low- or very low-income person residing in the metropolitan area or non-metropolitan County in which the Section 3 covered assistance is expended.**

I, _____, am a legal resident of the U.S.A.
Print Name

My permanent address is _____
Street City Zip Code

Email: _____ Telephone: _____

Please check one of the boxes below, the consent box at the bottom of this page, and sign and date the form.

- "I am a resident of public housing with the Housing Authority of Maricopa County.
- "I am a Section 8 voucher holder with the Housing Authority of Maricopa County.
- "I am a resident of public housing or a Section 8 voucher holder with _____.
- "I am a recipient of another federally-assisted program and/or I fit the income qualifications below for total household income.*

**Total household income. Please review the chart below, match your household size (include yourself) with the maximum household income; then, check the box that applies to your household.*

HAMC 2011 Income Limits*

	<input type="checkbox"/> 1 Person	<input type="checkbox"/> 2 Person	<input type="checkbox"/> 3 Person	<input type="checkbox"/> 4 Person	<input type="checkbox"/> 5 Person	<input type="checkbox"/> 6 Person	<input type="checkbox"/> 7 Person	<input type="checkbox"/> 8 Person
Very Low Income (50%)	\$22,950	\$26,200	\$29,500	\$32,750	\$35,400	\$38,000	\$40,650	\$43,250
Low Income (80%)	\$36,700	\$41,950	\$47,200	\$52,400	\$56,600	\$60,800	\$65,000	\$69,200

*From 2011 Income Limits Report by HUD dated May 31, 2011.

I authorize the information above to be added to a database of Section 3 Residents that will enable me to receive notice of employment and training opportunities for future Section 3 covered projects. I understand that this list may be accessed by HAMC staff and Maricopa County staff, contractors, developers, and subcontractors working on Section 3 covered projects.

This certification is valid for a period of 3 years after which a new form will need to be completed to continue to receive preference for employment and training opportunities as a Section 3 Resident or recipient of another federally-assisted program.

Under penalty of perjury, I certify that I have personal knowledge of the certifications made in this affidavit and that the same are true.

Signature: _____ Date: _____

**Please Fax Section 3 Questionnaire to 602-744-4549 or mail to:
 Laura Schreiber, HAMC, 2024 N. 7th St., Phoenix, AZ 85006**