

**SECTION 3 RESIDENT SELF CERTIFICATION**

**PART 1 Resident Information:**

<b>Name</b>	_____
<b>Home Address</b>	_____
<b>Email</b>	_____    _____
<b>Telephone #</b>	_____

**Employment Experience, Training and/or Job Skills in the following areas:**

Clerical \_\_\_\_\_  
 Laborer \_\_\_\_\_  
 Craft or Trade (please specify) \_\_\_\_\_

**PART 2 Income Survey:**

<i>How many persons live in your home?</i>	_____ persons
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<i>What is the total yearly income of ALL persons, 18 years and older, living in your</i>	\$ _____ total yearly household income
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Note: Total yearly income means all funds (salaries, dividends, interest, etc.) received during the

**Please note, in order to qualify as a Section 3 Resident the total yearly household income must be less than 80% of AMI. See the current year HUD Income Limits sheet in this manual.**

**PART 3 Resident Certification: This certification is valid for a period of 3 years (PLEASE READ CAREFULLY)**

*I authorize the information above to be added to a database of Section 3 Residents that will enable me to receive notice of employment opportunities with the Providence Housing Authority (PHA) and with future Section 3 covered projects. I understand the Section 3 Resident list may provide additional employment opportunities, however inclusion on that list does not guarantee employment. I further understand that this list may be accessed by PHA staff, developers and contractors working on Section 3 covered projects for the PHA; however, no personal information will be made available to the developers, contractors, or public.*

Yes       No

*Under penalty of perjury I certify that I, \_\_\_\_\_ (print name), am a legal resident of Providence, Rhode Island and qualify as a Section 3 Resident because I meet the income limits as published on this form OR I am a Providence Housing Authority resident. I agree to furnish to PHA any requested documentation in support of verification of this self-certification.*

**Printed Name** \_\_\_\_\_ **Signature** \_\_\_\_\_  
**Date** \_\_\_\_\_