

Individual Affidavit on Family Size and Income for Section 3 Resident Certification

(Complete this form <u>after</u> certified payroll is submitted on Labor Compliance Management (MyLCM))

An individual seeking preference in training and employment provided as a result of the Seattle Housing's Section 3 program¹ shall certify and submit evidence, if requested, that the person is a Section resident as defined by the Section 3 Person Criteria listed below:

Section 3 Person Criteria: A Section 3 qualified person must:

- 1) Be a City of Seattle Housing Authority public housing resident; or
- 2) Live in the metropolitan statistical area (MSA) covering King, Snohomish, and Pierce counties, and,
- 3) Earn no more than the following amounts for the respective MSA as follows:

Region/Area	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
King and Snohomish Counties	\$ 48,550	\$55,450	\$ 62,400	\$ 69,300	\$ 74,850	\$ 80,400	\$ 85,950	\$ 91,500
Pierce County	\$ 40,500	\$ 46,300	\$ 52,100	\$ 57,850	\$ 62,500	\$ 67,150	\$71,750	\$ 76,400

NOTE: Information provided on this form shall remain confidential and shall be used for certification and reporting purposes only. Please return the original form to: 4570 MLK Jr. Way S, Seattle, WA 98108, or Fax: (206) 721-6392, Attention: Samuel Pierce. If you have questions, please contact Sam Pierce at (206) 913-9227 or spierce@seattlehousing.org.

Nam	me:							
Add	dress:	City:	State:	Zip:				
Emp	ployer Name:	·						
Hire	ployer Name: e Date (the hire date for the company, NO	T the hire date for	the project):					
	sition Title: Wag							
1.	I am a resident in a Seattle Housing (If Yes, please list the name of the property Property Name:	y and skip Questior	ıs 2 and 3 and sig	n at the bottom.)				
2.	I am currently in Seattle Housing At (If Yes, please skip question 3 and sign at)	· ·	n 8 Program	YESNO				
3.	I am a participant in a HUD Youthb (If Yes, please skip question 4 and sign at	_	YES	NO				
4.	There are a total of members in Federal income tax return from last	•		of deductions claimed on my				
5.	The total gross income for my familion my Federal Income tax return for	•		•				
	I herby certify under penalty of perjury that the information above is true and correct.							
Sign	gnature			Date				

¹ As authorized under the Housing and Urban Development Section 3 Act of 1968, as amended, and codified in 24 CFR Part 135.