# CDBG-DR FUNDED PROGRAMS

# SECTION 3 WORKER OR TARGETED SECTION 3 WORKER

# SELF-CERTIFICATION FORM[[1]](#footnote-1)

# **Purpose**

This form serves to identify individuals who may qualify under the federal definition of a Section 3 Worker or Targeted Section 3 Worker. A Section 3 Worker or Targeted Section 3 Worker status could assist in providing a preference in training and employment opportunities. The act of completing this form, as well as providing supporting documentation,[[2]](#footnote-2)2 is completely voluntary.

# **Section 3 Worker and Section 3 Targeted Worker Definitions**

A Section 3 Worker is any worker who currently or when hired, within the past five years: has an income below the income limit established by HUD for the previous or annualized calendar year; or is employed by a Section 3 business concern; or is part of a Youth Build program

A Targeted Section 3 worker means a Section 3 worker who is living in the service area of a Section 3 project (within one mile of the Section 3 project, if fewer than 5,000 people live within one mile of a Section 3 project), or when hired within the past five years lived in the service area of the project.

# **Instructions**

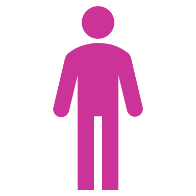
All tables below should be completed with the required information and checkbox questions should contain a response. **Forms that are not completed or are partially missing information will be returned to the individual for completion.**

|  |  |
| --- | --- |
| Individual Information  Use the checkboxes below to identify your preferred method of contact. You can select more than one. | |
| Both Last Names |  |
| First Name |  |
| Physical Address |  |
| Postal Address (if different) |  |
| Email |  |
| Phone number |  |
| Municipality |  |

# 2021 Household Size and Income Levels

HUD has released and made available the 2021 HUD Household Income Limits for all Municipalities for the CDBG-DR Program.

Use the income limits to identify your Section 3 status. Choose one (1) option from the boxes below, either income level for individual or family income limit. **It is required to submit evidence to demonstrate you/your family comply(ies) with the Income Limit selected.**

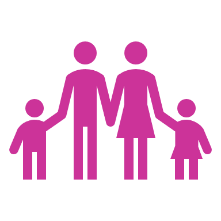


**HUD 2021 Individual Annual Income Qualifications: Less than or equal to $29,700.00**

Is yourindividual annual income less thanor equal to the 2021 limit outlined above?

Yes No

|  |
| --- |
| **OR** |



|  |  |  |
| --- | --- | --- |
| 2021 Family Income Limit for Puerto Rico | | |
| Family Size | 2021 Income Limit Amount | My Family Income |
| 2 | $33,950 |  |
| 3 | $38,200 |  |
| 4 | $42,400 |  |
| 5 | $45,800 |  |
| 6 | $49,200 |  |
| 7 | $52,600 |  |
| 8 | $56,000 |  |

Is your family size income less than or equal to the 2021 limit chosen?

Yes No

# 

# Supporting Evidence of Section 3 Worker Status

Please confirm which type of evidence you are providing.

|  |  |
| --- | --- |
|  | Copies of Tax Returns/W2 confirming income levels. |
|  | Proof of residency. |
|  | Receipt and proof of public assistance. |
|  | Evidence of participation in a public assistance program. |
|  | Evidence of employment within the last six-months. |
|  | Evidence of participation in a Youth Build program. |
|  | Other: |

# Final Certifications

|  |  |
| --- | --- |
| Opt-In | I would like to receive notifications about upcoming networking events and open job opportunities from the Puerto Rico Department of Housing (**PRDOH**).  I will attach my resume. |
| I understand that PRDOH will review this Section 3 Worker Certification form and supporting documentation upon receipt. If the form is incomplete or the supporting documentation is not provided or is not clear, I understand that it is my responsibility to provide any additional documents within **thirty (30) calendar days** of receipt of a written request for information from PRDOH. I understand that failure to respond to a request for additional information after **thirty (30) calendar days** will result in the dismissal of my submission. | |
| I certify, under the penalty of perjury, that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in this certification or other information provided to any possible employing contractor or subcontractor may result in job termination or prosecution. | |
| I authorize my information shared in this form to be added to a database of Section 3 Workers. I understand being on this list may provide additional employment opportunities, however inclusion on that list does not guarantee employment. I acknowledge only my information in this form will be shared with PRDOH staff, developers and contractors working on Section 3 covered projects. | |

**Signature:**

**Date**:

**Residents completing and submitting a Section 3 Worker Self-Certification Form with the supporting documentation for PRDOH can send the information to:**

* **Via email at:** [Section3CDBG@vivienda.pr.gov](mailto:Section3CDBG@vivienda.pr.gov)
* **Online**: <https://cdbg-dr.pr.gov/en/section-3/individual/> (English)

<https://cdbg-dr.pr.gov/seccion-3/individuo/> (Spanish)

* **In writing at:** Puerto Rico CDBG-DR Program

Attn: Federal Compliance and Labor Standards- Section 3

P.O. Box 21365

San Juan, PR 00928-1365

* **In Person:** Intake Center/PRDOH Headquarters at 606 Barbosa Avenue,

Building Juan C. Cordero Dávila, Río Piedras, PR 00918.

# Frequently Asked Questions (FAQ’s)

1. **Why is PRDOH providing this form?**

PRDOH is the grantee of CDBG-DR funding and would like to engage Puerto Rican Residents who may qualify as Section 3 Worker candidates for all new hiring and training opportunities. PRDOH also wants any subrecipients or contractors working with federal CDBG-DR funding to use this form to identify eligible workers for their new hiring or training opportunities.

1. **Why does this form offer 2021-income limits?**

HUD releases information once a year. This form contains 2021-income limits and will be edited annually once new income limits are released.

1. **Will my information become public?**

PRDOH will safeguard your information. Only if you choose to be placed on a listing for job, training or hearing about networking opportunities will PRDOH share this with contractors or other subrecipients who are looking for candidates. You can always choose to opt out afterwards by writing to our email: [Section3CDBG@vivienda.pr.gov](mailto:Section3CDBG@vivienda.pr.gov).

1. **How many times do I have to complete this form?**

Once every three (3) years until you are either hired or placed in a training opportunity funded with CDBG-DR funds. If you are not chosen for any job opportunity you applied for or training opportunity, and the 2022 HUD data is released, you are encouraged, but not required, to complete this form again.

**You can access more frequently asked questions on the PRDOH web page:** <https://cdbg-dr.pr.gov/en/section-3/individual/frequently-asked-questions/> (English) and <https://cdbg-dr.pr.gov/seccion-3/individuo/preguntas-frecuentes/> (Spanish).

**END OF FORM**

1. This Section 3 Worker or Targeted Section 3 Worker Certification is valid for a period of three (3) years. [↑](#footnote-ref-1)
2. 2 Examples of acceptable evidence to determine eligibility for preference is proof of residency in a public housing development, receipt of public assistance, or evidence of participation in a public assistance program. [↑](#footnote-ref-2)