SECTION 3 RESIDENT CERTIFICATION

Return to: City of Woonsocket, Department of Planning & Development, 169 Main Street, PO Box B, Woonsocket, RI 02895

A Section 3 resident seeking preference in training and employment provided by this part shall certify and submit evidence to the City of Woonsocket, recipient contractor, or subcontractor, as requested, that the person is a Section 3 resident, as defined in Section 135.5. (An example of eligibility evidence is income tax returns to document low-income status.)

General Information

Name _____

Address _____City_____ State____ Zip Code_____

Telephone Number _____ Email Address_____

Job Skills/Trades _____

Employer (if applicable)

_____

I wish to be placed on the City's certified Section 3 resident list and receive notices of Section 3 employment opportunities? ☐ Yes ☐No

Certification
Check Yes or No for each statement.
 If you check "Yes" to one or more of the following, you may certify yourself as a Section 3 Resident.
1. I am a public housing resident ☐ Yes ☐No
2. I am a HUD Youthbuild program participant ☐ Yes ☐No
3. My total annual family income is under low income limits below☐ Yes ☐No

My total annual family income is: _____

The family size of my household is:____

Household Size – limits effective December 2012 and subject to change							
1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
$40,250	$46,000	$51,750	$57,500	$62,100	$66,700	$71,300	75,900

 I, _____, am a legal resident of the City of Woonsocket, RI and qualify as a Section 3 resident because I meet the income eligibility guidelines for a low- or very-low-income person as published above. I understand that the information above may require verification. I agree to provide documents verifying this information if requested and authorize my employer, if applicable, to release information required by the City to verify my status as a "Section 3 Resident". I certify that the above statements are true, complete, and correct to the best of my knowledge and belief.

Signature_____   **Date**_____