CITY OF SAINT PAUL
SECTION 3 RESIDENT APPLICATION FORM

Application Instructions: Complete parts 1-4. Note: If you are an employee of a business that is applying to be certified as a Section 3 business concern, you are only required to complete parts 1-2 and sign the certification statement. The City reserves the right to request additional information to verify Section 3 resident eligibility.

Unless you indicate otherwise, by submitting this application you authorize your name, contact information, skills and union affiliation information to be distributed to employers, community based organizations, unions and other similar institutions solely for the purpose of facilitating employment and training opportunities. No other information will be shared.

☐ **Check here if you do not want your information released or if you are an employee of a business that is applying to be certified**. (*By checking this box you may not receive notice of all employment and training opportunities. Also, employers will be unable to contact you for employment opportunities.)*

Part 1. Demographic Information

An individual seeking preference in training and employment as defined in the Section 3 regulation at 24 CFR Part 135, shall certify to the recipient, contractor, or subcontractor, and submit evidence showing they meet the criteria of a Section 3 resident.

PRINT NAME: _____

ADDRESS: _____

CITY: _____ COUNTY: _____ ZIP: _____ STATE: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE:_____

FAX: _____ EMAIL: _____

Part 2. Evidence of Status – You can qualify as a Section 3 resident if you live in public/Indian housing, or if you receive certain types public assistance, or if your family/household meets the income guidelines listed below.

1. Do you participate in any of the following programs?

☐ Public Assistance
(MFIP, DWP, WIC, Heating assistance Free or reduced lunch program, etc.)

Specify: _____

☐ Public/Indian Housing Programs

Name of Program:_____

2. How many family members are in your household?

_____

3. What is your family's gross annual household income?

$_____

FY 2013 - FAMILY INCOME GUIDELINES

Family Size	1	2	3	4	5	6	7	8
Low-Income	$45,100	$51,550	$58,000	$64,400	$69,600	$74,750	$79,900	$85,050

Part 3. Applicable Skills & Affiliations

1. Do you possess any special training or skills?

- ☐ Accounting
- ☐ Architecture
- ☐ Bricklaying
- ☐ Carpentry
- ☐ Carpet Installation
- ☐ Computer/Information
- ☐ Other (please specify):
- ☐ Demolition
- ☐ Drywall
- ☐ Electrical
- ☐ Engineering
- ☐ Fencing
- ☐ Janitorial
- ☐ Landscaping
- ☐ Machine Operation
- ☐ Marketing
- ☐ Painting
- ☐ Plumbing
- ☐ Word Processing

_____

_____

_____

2. Indicate if you have a union affiliation and specify the union name and number:

_____ Local # _____

3. Do you participate in a local Youthbuild program? ☐Yes ☐No

If yes, indicate the Youthbuild program: _____

Part 4. Notice of Employment & Training Opportunities

Check the boxes below to indicate your preference for receiving notices of Section 3 economic opportunities.

- ☐ E-mail Notification *(By checking here you authorize the City to upload your application into Job Connect, which will send you automated e-mail notifications of opportunities.)*
- ☐ U.S. Mail *(Check here if you prefer to receive notices by mail. Note: this may result in a delay of notification.)*
- ☐ Text Message Notification *(By providing your mobile number below, you give the City permission to send notices by text message. Please note:* ***standard mobile carrier text messaging rates will apply.****)*

Cell Phone # _____ Service Provider (*ex. AT&T*):_____

Certification

I, _____, (Individual Full Name) certify that my answers in this application form are true and accurate to the best of my knowledge. I also understand that false or misleading information in my application, subsequent submissions, or interview may result in penalties including, but not limited to, decertification from the Section 3 program and/or termination from employment.

SIGNATURE: _____ DATE: _____

Please return the Section 3 Business Certification Application and all attachments to:

Department of Human Rights & Equal Economic Opportunity
c/o Section 3
City Hall 280
15 West Kellogg Boulevard
Saint Paul, MN 55102

Please call 651-266-8900 with any questions.