



New York State
Homes and Community Renewal
Office of Fair Housing and Equal Opportunity
 Website: www.nyshcr.org
 Email: OFHEO@nyshcr.org

Certification for Business Concerns
Seeking Section 3 Preference in Contracting and Demonstration of Capability

Business Name:		Business Address:	
Business Type:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	
	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Joint Venture	

Attached is the following documentation evidencing status:

For business claiming status as a Section 3 resident-owned enterprise:

- | | |
|---|---|
| <input type="checkbox"/> Copy of resident lease | <input type="checkbox"/> Copy of receipt of public assistance |
| <input type="checkbox"/> Copy of evidence of participation in a public assistance program | <input type="checkbox"/> Other |

For business entity as applicable:

- | | |
|--|--|
| <input type="checkbox"/> Copy of Articles of Incorporation | <input type="checkbox"/> Corporation Annual Report |
| <input type="checkbox"/> Assumed Business Name Certificate | <input type="checkbox"/> Organization chart with names and titles and brief function statement |
| <input type="checkbox"/> Partnership Agreement | <input type="checkbox"/> Certificate of Good Standing |
| <input type="checkbox"/> Latest Board minutes appointing officers | <input type="checkbox"/> Additional Documentation |
| <input type="checkbox"/> List of owners/stockholders and % ownership of each | |

For business claiming Section 3 status by subcontracting 25% of the dollar amount awarded to qualified Section 3 Business(es):

- List of subcontracted Section 3 business(es) and subcontract amount

For business claiming Section 3 status, claiming at 30% of their workforce are currently Section 3 residents or were Section 3 eligible residents within 3 years of date of first employment with business:

- | | |
|--|---|
| <input type="checkbox"/> List of all current full-time employees | <input type="checkbox"/> List of employees claiming Section 3 status |
| <input type="checkbox"/> PHA/IHA Residential lease less than 3 years from date of employment | <input type="checkbox"/> Other evidence of Section 3 status less than 3 years from date of employment |

For any business claiming Section 3 status, evidence of ability to perform successfully under the terms and conditions of the proposed contract:

- | | |
|--|---|
| <input type="checkbox"/> Current financial statement | <input type="checkbox"/> List of owned equipment |
| <input type="checkbox"/> Statement of ability to comply with public policy | <input type="checkbox"/> List of all contracts for the past two years |

NOTARIZATION

Authorizing Name (print or type): _____ (Corporate Seal)

Authorizing Signature: _____

Sworn to and subscribed before me this ____ day of _____, 20__ to certify with witness by my hand and seal of office.

NOTARIAL SEAL:

Notary Public

Instructions

Evidence of Section 3 Certification

Any business seeking Section 3 preference in the awarding of contracts or purchase agreements must complete the Certification for Business Concerns Seeking Section 3 Preferences in Contracting and Demonstration of Capability form. The business seeking Section 3 preference must be able to provide adequate documentation as evidence of eligibility under the Section 3 Program.

This certification along with any supporting documentation for Section 3 preference for business concerns must be submitted prior to the submissions of bids for approval.