

## Ramsey County HRA Section 3 Application for Business Concerns

(In compliance with Section 3 of the HUD Act of 1968 and 24 CFR Part 75)

### Business Information

Business Name: \_\_\_\_\_ Business Owner Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax#: \_\_\_\_\_

Email: \_\_\_\_\_

Principal Contact Person and contact information (if different than owner): \_\_\_\_\_

### Type of Business Legal Entity: (Check the one that applies)

Sole Proprietorship    Partnership    Corporation    S Corporation    Joint Venture    LLC

Federal UEI	State I.D.	Bonding/Insurance Co	Bonding/Insurance Limit \$
_____	_____	_____	_____

Description of Industry/Services Provided:

NAICS Code(s): \_\_\_\_\_

The North American Industry Classification System (NAICS) is the standard used by Federal statistical agencies in classifying business establishments for the purpose of collecting, analyzing, and publishing statistical data related to the U.S. business economy.

### Section 3 Business Eligibility

A Section 3 business concern is a business that meets at least ONE of the following criteria, documented within the last six-month period (check off only one). Please provide requested documentation relating to the criteria that you check off:

I certify the business is 51% or more owned and controlled by a certified Section 3 worker or I have an **individual** (household of 1) annualized gross income that is less than 80% of the area median income (AMI). State your annualized gross yearly income \$ \_\_\_\_\_ for previous year.

**\*Minneapolis-St. Paul-Bloomington Metro Area Median Income (AMI) Limits – 2023:**

Low-Income= 80% of AMI Gross Income \$66,300 or below

Very-low income= 50% AMI Gross Income \$43,500 or below

I certify over 75% of the labor hours performed for the business over the prior three-month period was performed by Section 3 workers certified workers. **\*Prior to approval for this option, you will need to send a copy of Section 3 worker certification(s), or you can complete the employee certification for the Section 3 worker(s).**

I certify at least 51 % of the business is owned and controlled by current public housing residents or residents who currently live in Section 8-assisted housing.

I affirm that the above statements (on the frontside of this form) are true, complete, and correct to the best of my knowledge and belief. I understand that businesses who misrepresent themselves as Section 3 business concerns and report false information to [insert name of recipient/grantee] may have their contracts terminated as default and be barred from ongoing and future considerations for contracting opportunities. I hereby certify, under penalty of law, that the following information is correct to the best of my knowledge.

Signature of Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Authorized Representative \_\_\_\_\_

\*Certification expires within six months of the date of signature.

\*Information regarding Section 3 Business Concerns can be found at [24 CFR 75.5](#)

Submit via: [ramseycounty.us/Section3](http://ramseycounty.us/Section3) or Send electronically to: [AskCED@ramseycounty.us](mailto:AskCED@ramseycounty.us)

**FOR ADMINISTRATIVE USE ONLY**

Is the business a Section 3 business concern based upon their certification?  YES  NO

**EMPLOYERS MUST RETAIN THIS FORM IN THEIR SECTION 3 COMPLIANCE FILE FOR FIVE YEARS.**