

Section 3 Resident Certificate

This form will be used in support of Newport News Redevelopment and Housing Authority's (NNRHA), Section 3 efforts for providing economic opportunities to low and moderate income persons, particularly persons receiving federal assistance for housing. Providing the requested information is strictly voluntary and highly confidential. The information you provide will help NNRHA provide preference to persons that qualify under HUD regulations as Section 3 residents.

Section 3 resident(s) must be:

- **A resident of public housing, or**
- **A low income person who lives in the metropolitan area or non – Metropolitan County in which the Section 3 covered assistance is expended**

1. My current address is (give street address, city, state, and zip code)

2. I do _____ do not _____ reside in public housing. If you do, please give the name of your public housing community

3. I do _____ do not _____ receive assistance from a Housing Choice voucher (Section 8). If you do, please give the name of the agency that issued you the Housing Choice Voucher.

If you are **not** a public housing or Housing Choice Voucher resident, the chart below will help you to identify whether you are a Section 3 resident. Find your family size on the chart. If your family's annual income is equal to or less than the income listed below that box, you are a Section 3 resident.

Family Size	1	2	3	4	5	6	7	8
Annual Income	\$39,550	\$45,200	\$50,850	\$56,500	\$61,050	\$65,550	\$70,100	\$74,600

4. There are _____ total number of individuals in my family and my household income is equal to or less than \$ _____ (refer to chart above).

I understand that the information above relating to the size and annual income of my family may require verification. Upon request, I agree to provide documents verifying this information. I also authorize my employer to release this information for the United States Department of Housing and Urban Development, the Newport News Redevelopment and Housing Authority and the prime and/or sub-contractors to verify my status as a "Section 3 Resident". I declare and affirm under penalty of prosecution for perjury that the statements made herein are true and accurate to the best of my knowledge. I understand that falsifying information and incomplete statements may be cause to disqualify this certification.

Signature _____

Date _____