

	DATE
Applicant Name:	
Current Home Address:	
Phone Number:	Email Address:
Job Skills/Trades:	Other:
Referred By:	

### ALL PAGES OF THIS APPLICATION MUST BE SUBMITTED

#### 2024 Houston/The Woodlands/Sugar Land Region HUD Maximum Annual Household Income Limits\*

Household Size	80% Area Median Income (AMI)	120% Area Median Income (AMI)
1-person	\$53,000	\$79,450
2-person	\$60,600	\$90,800
3-person	\$68,150	\$102,150
4-person	\$75,700	\$113,500
5-person	\$81,800	\$122,600
6-person	\$87,850	\$131,700
7-person	\$93,900	\$140,750
8-person	\$99,950	\$149,850

\*Effective as of May 1, 2024. Household income limits are subject to annual changes.

ALLOW 5-10 BUSINESS DAYS FOR PROCESSING.

# SECTION 3 WORKER APPLICATION A 1968 HOUSING AND URBAN DEVELOPMENT ACT



PART	1. SECTION 3 WORKER	QUALIFYING STA	TEMENT				
You mu	st qualify under one of the fo	llowing statements to q	qualify as a S	Section 3 Worker. Please selec	t only <b>ONE.</b>		
Q1	Income for the previous or complete instructions unde			income limits. See above for I	HUD Income	Limit Chart. Follow and	
Q2	Employed by a Section 3 Bu	usiness Concern. Follow	and comple	ete instructions under Parts 2	and 4 below	and Page 3.	
Q3	Participant in YouthBuild p	rogram. Follow and com	nplete instru	uctions under Parts 2 and 5 be	elow and Pag	e 3.	
Q4				ome was zero or did NOT exce nstructions under Parts 2 and			
PART	2. SUPPORTING DOCU	JMENTATION FOR	ALL APP	LICANTS			
Each ap	plicant must submit the foll	owing documents:					
	<b>Identification</b> one (1) of the following:	Driver's License		State Identification Card	Pa	issport	
	<b>Residency</b> one (1) of the following:	Lease Agreeme Utility Bill	nt/	Reference Letter from Head of Household	Ot	her	
Suj	pplement to Income Certifi	cation Form (required)					
PART	3. SUPPORTING DOCU	JMENTATION FOR	Ql				
	elected QI qualifying stateme ate in public assistance prog		st submit tl	ne following documents if you	ı receive eithe	er public housing and/or	
Public H Residen	9	Lease Agreement		deral, State or Local Public sistance Program	-	Youcher or Award Letter	
PART	4. SUPPORTING DOCU	JMENTATION FOR	Q2				
lf you se	elected Q2 qualifying statem	ent under Part 1, you mu	ust submit t	he following documents:			
1. 2024 F	Household Income Self-Cert	ification Form	2.	2024 Zero Household Incom	e Self-Certifi	cation Form	
3. Section 3 Business Concern Name and Date of Employment:							
PART 5. SUPPORTING DOCUMENTATION FOR Q3							
If you selected Q3 qualifying statement under Part 1, you must submit the following documents:							
1. 2024 F	1. 2024 Household Income Self-Certification Form 2. YouthBuild Participant Letter						
PART 6. SUPPORTING DOCUMENTATION FOR Q4							
If you selected Q4 qualifying statement under Part 1, you must submit the following documents:							
1. 2024 H	Household Income Self-Cert	ification Form	2.	2019-2023 Household Incom	e Self-Certific	cation Form	

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### 2024 Annual HUD Income Limits – 80% Median

Household Size	1	2	3	4	5	6	7	8
	\$53,000	\$60,600	\$68,150	\$75,700	\$81,800	\$87,850	\$93,900	\$99,950
Low Income								

LIST ALL MEMBERS OF HOUSEHOLD, REGARDLESS OF INCOME OR AGE.

PART 1. HOUSEHOLD COMPOSITION						
	Last Name	First Name M.I.	Relationship to Head of Household	Date of Birth	Last 4-digits of SSN	
1						
2						
3						
4						
5						
PART 2. GF	ROSS (BEFORE TAXES) H	OUSEHOLD ANNUAL IN	ICOME			
	Employment & Wages	Social Security/Pensions	Public Assistance	Other I	ncome	
1						
2						
3						
4						
5						

#### PART 3. HOUSEHOLD CERTIFICATION & SIGNATURE

• The information on this form will be used to determine maximum income eligibility. I/we have provided for each person(s) set forth in Part I

acceptable verification of current anticipated annual income.

• Under penalties of perjury, I/we certify that the information presented in this Certification is true and accurate to the best of my/our knowledge and belief.

• The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of certification.

Print Name

Signature

## **SECTION 3 WORKER APPLICATION** 2024 ZERO HOUSEHOLD INCOME SELF-CERTIFICATION



I hereby certify that I currently do not individually, nor does any member of my household, receive income from any of the following sources:

- Wages from employment (including commissions, tips, bonuses, fees, etc.);
- Income from operation of a business;
- Rental income from real or personal properties;
- Interest or dividends from assets;
- Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
- Unemployment or disability payments;
- Public assistance income;
- Periodic allowances such as alimony, child support, or gifts received from persons not living in household;
- Sales revenue from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
- Any other source not named above.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of my Section 3 certification.

Signature

Date



If you are qualifying as a Section 3 Worker based on your household income from the past five years, check all boxes that applied to you and your household during 2018-2022.

2019	2020	2021	2022	2023
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At one point in the past five, my household income was zero.

At one point in the past five years, I was a public housing resident and/or participated in Federal, state or local public assistance programs.

At one point in the past five years, my household income did NOT exceed the 80% Median HUD Income Limit.

At one point in the past five years, I was unemployed.

At one point in the past five years, I was homeless.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of my Section 3 certification.

Print Name

Signature

Date



1. What is	s your age?						
	18-24 years old		25-34 years old		35-4-	4 years old	
	45-54 years old		Over 55				
2. What i	is your gender?						
	Male		Female		Prefe	er not to say	,
3. What i	is your ethnicity?						
	White		Hispanic or Latir	าด	Blac	k or African	American
	Native American or American Indian		Asian/Pacific Isla	ander	Othe (spec		
4. What	is the highest degree o	r level	of school you have	e compl	eted?		
	Less than a high school diploma		n school degree quivalent		ssociate's c .g. AA, AS)		Bachelor's degree (e.g. BA, BS)
	Master's degree (e.g. MA, MS, MEd)		torate PhD, EdD)	Other (specify)			
5. What i	is your current employn	nent st	atus?				
	Full time		Part time		Unei	mployed	
	Student		Retired		Other (specify)		
6. Are yo	u a Veteran?						
	Yes		No				
7. Do you	have disability?						
	Yes		No				
8. I agree	e to having my informat	ion pu	blished in the City	/ of Hou	iston's Sec	tion 3 Work	ker online directory.
	Yes		No				

Signature

Print Name

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Date