



Section 3 Employee Self-Affirmation Contractors and Subcontractors Subject to Section 3 Nassau and Suffolk County (Long Island, New York)

To comply with Section 3 of the Housing and Urban Development Act of 1968, entities receiving HUD funding must give, to the greatest extent feasible, hiring and training preference to low-income individuals. If you can check off **any** items in questions 1 to 3 below, you may qualify for the hiring preference for low-income individuals under Section 3. *Your responses are voluntary and confidential.*

- Are you a resident of Public Housing?** YES
- Do you receive any of the following assistance?**
 FOOD STAMPS SAFETY NET WELFARE TANF MEDICAID SECTION 8
- Check your Household's ("HH") annual income range.** Income amount must include all sources of income earned by all living in the household who are 18+ year old. These are 2020 low-income limits.

Please check your Income Range based on your household size (for example if there are 5 people in your household, go to HH of 5; if there are 8 or more in your household go to HH of 8):

Nassau County	Suffolk County
HH of 1: <input type="checkbox"/> \$0 - \$65,050	HH of 1: <input type="checkbox"/> \$0 - \$65,050
HH of 2: <input type="checkbox"/> \$0 - \$74,350	HH of 2: <input type="checkbox"/> \$0 - \$74,350
HH of 3: <input type="checkbox"/> \$0 - \$83,650	HH of 3: <input type="checkbox"/> \$0 - \$83,650
HH of 4: <input type="checkbox"/> \$0 - \$92,900	HH of 4: <input type="checkbox"/> \$0 - \$92,900
HH of 5: <input type="checkbox"/> \$0 - \$100,350	HH of 5: <input type="checkbox"/> \$0 - \$100,350
HH of 6: <input type="checkbox"/> \$0 - \$107,800	HH of 6: <input type="checkbox"/> \$0 - \$107,800
HH of 7: <input type="checkbox"/> \$0 - \$115,200	HH of 7: <input type="checkbox"/> \$0 - \$115,200
HH of 8: <input type="checkbox"/> \$0 - \$122,650	HH of 8: <input type="checkbox"/> \$0 - \$122,650

*Please note income thresholds are subject to change. Visit the HUD income limits documentation system for further details: <https://www.huduser.gov/portal/datasets/il.html>

5. Please check the box that most accurately describes your job classification.
- Professional Technician Office Clerical Official/Manager
 Sales Craft Worker (Skilled) Operative (semi-skilled) Laborer (unskilled) Service Worker
 Other: _____

I affirm that the above statements are true, complete, and correct to the best of my knowledge and belief.

Signature _____

Date _____

Print Name _____

Date Hired _____

EMPLOYERS MUST RETAIN THIS FORM & ALL SUPPORTING DOCUMENTATION IN THEIR SECTION 3 COMPLIANCE FILE FOR FIVE (5) YEARS