THE CLARKSVILLE HOUSING AUTHORITY

CERTIFICATION FOR PREFERENCE AS A SECTION 3 BUSINESS CONCERN

Company/Business	Name			
Contact Person				
Address City State	Zip			
Telephone Number		Fax Number		_ Email Address
Type of Business:	□ Corporation	□ Partnership	□ Sole Proprietorship	\Box Joint Venture \Box Other (specify)
(Please attach supporting documentation)				
I understand that my contract with the Clarksville Housing Authority is subject to the requirements of Section 3 of the Housing and Urban Development Act of 1968, as amended <u>AND</u> to the Section 3 Action Plan that I will submit for the project.				
I certify that the firm of(company's name) is applying to become a bonafide Section 3 business concern, and that it will meet the following definition of a Section 3 business concern (Check at least one or more of the following):				
section 3 co				A housing or development for which the workforce includes 30 percent of CHA
the HA that		section 3 covered		er housing or development managed by time, permanent workforce includes 30
	h_build programs b overed assistance is		n the metropolitan area (or	r Nonmetropolitan County) in which the
□ Category 4				

Business concerns that are 51 percent or more owned by section 3 residents, or whose permanent full-time, workforce includes no less than 30 percent employees who meet the low-income guidelines and live in the CHA covered assistance area; or businesses that provide evidence of a commitment to subcontract in excess of 25 percent of the total dollar award of all subcontracts to be awarded to Section 3 business concerns.

□ Business wishes to forego Section 3 preference in the awarding of the contract, but still is responsible for meeting Section 3 compliance.

Note: If you certify above that your business is a Section 3 Business, and you qualify for award of the contract based on the preference given to section 3 businesses and described in the solicitation, CHA may request additional documentation and information as needed, If you have any questions about this form, please call Dawn Sanders-Garrett, Interim Executive Director/Consultant, at (931) 647-2303 ext. 12, or Analosa Young, at (931) 647-2303; Fax: (931) 647-36785.

"I hereby certify the information provided by me to be true and correct, and understand any falsification of any of the information could be subject to punishment under the law."

Signature of Owner or Authorized Representative: ____