

SECTION 3 RESIDENT CERTIFICATION Dakota County Community Development Agency

**Return to: Human Resources Administrator
Dakota County CDA, 1228 Town Centre Drive, Eagan, MN 55123**

A Section 3 resident seeking preference in training and employment shall certify and submit evidence to the Dakota County Community Development Agency (the "Agency"), recipient contractor, or subcontractor, as requested, that the person is a Section 3 resident, as defined in Section 135.5. (An example of eligibility evidence is income tax returns to document income eligibility or a copy of a current lease to demonstrate residency in a public housing unit.)

General Information

Name _____

Address _____ City _____ State _____ Zip Code _____

Telephone Number _____ Email Address _____

Job Skills/Trades _____

Employer (if applicable) _____

Certification

Check Yes or No for each statement. If you check "Yes" to one or more of the following, you may certify yourself as a Section 3 Resident.

- 1 I am a public housing resident-picture id and proof of current residency required. Yes No
- 2 I participate in a local Youthbuild Program. Yes No
- 3 My total annual household income is under low income limits below. Yes No
- My total annual household income is: _____
- The number of people in my household is: _____

2016 Area Income Limits

Family Size	1	2	3	4	5	6	7	8
Low Income (80% of Area Median Income)	\$46,000	\$52,600	\$59,150	\$65,700	\$71,000	\$76,250	\$81,500	\$86,750

Dakota County, as a part of the Minneapolis-St. Paul-Bloomington; MN-WI MSA

I, _____, am a legal resident of the 13 county Minneapolis-St. Paul metro area and qualify as a Section 3 resident because I meet the income eligibility guidelines for a low- or very-low-income person as published above.

I understand that the information above may require verification. I agree to provide documents verifying this information if requested and authorize my employer, if applicable, to release information required by the Authority to verify my status as a "Section 3 Resident". Under penalty of law, I certify that the above statements are true, complete, and correct to the best of my knowledge and belief.

Signature

Date