# Application for Section 3 Business Concern Certification

**Purpose of this application:**
Any business seeking Section 3 status and preference in the awarding of contracts for DHCD-funded projects must complete this application and provide the required documentation. The business must be in the DC-VA-MD-WV Metropolitan Statistical Area and have an office in DC.

For help with this application, call (202) 442-7200 and ask for the Section 3 coordinator. For more about Section 3, go to **dhcd.dc.gov/service/hud-section-3**.

## PART 1: CONTACT INFORMATION

Business name _____

Business type _____

Principal contact name _____

Principal contact telephone _____

Email _____

Mailing address _____

## PART 2: SECTION 3 BUSINESS TYPE

Choose the Section 3 type that describes your business: either type 1, 2 or 3.

☐ **Type 1:** At least 51% of the business is owned and controlled by low- or very low-income owners. You must provide:

- A list of all Section 3 business owners. (Use the form on page 8.)
- A Section 3 Resident[3] Worksheet for each.
- **ONE** of the following for each owner:
  - Receipts or evidence of public assistance
  - Lease with the District of Columbia Housing Authority (DCHA)
  - W-2 or Federal *or* State tax return

☐ **Type 2:** Over 75% of the labor hours performed for the business in the last three months were performed by Section 3 workers[1]. You must provide:

- A list of *all* current employees.[1] Identify their length of employment *and* indicate which ones are claiming Section 3 worker status. (Use the form on pages 8 and 9.)
- Section 3 Resident Worksheets for all Section 3 employees.

[1]*Please consult IRS Publication 15-A for more information about the distinction between employees and independent contractors.*

- **ONE** of the following for each worker to prove their Section 3 status now or during the last 5 years. Be sure the document verifies their name, address and income level:
  - Receipts or evidence of public assistance
  - Lease with the District of Columbia Housing Authority (DCHA)
  - W-2 *or* Federal or State tax return

☐ **Type 3:** At least 51% of the business is owned and controlled by current public housing residents or residents who currently live in Section 8-assisted housing. You must provide:

- A list of all Section 3 resident owners. (Use the form on page 9.)
- Copies of receipts or evidence of public assistance for each.

## PART 3: BUSINESS ENTITY VERIFICATION

**A.** Is your business a Certified Business Enterprise (CBE) with the DC Department of Small and Local Business Development?

☐ Yes ☐ No ☐ Pending

If you answered yes, provide the:

CBE certification number _____ Expiration date _____ (mm/dd/yyyy)

**B.** Is your business a registered business entity in DC *and* certified in Virginia *or* Maryland as one of these business enterprises:

- Small (SBE) or disadvantaged (DBE), or
- Minority-owned (MBE) or women-owned (WBE)

☐ Yes ☐ No

If you answered yes, provide the following:

- Type of certification ☐ SBE ☐ DBE ☐ MBE ☐ WBE ☐ SBE and MBE
- Certified in ☐ Maryland ☐ Virginia

Certification number _____ Expiration date _____ (mm/dd/yyyy)

**C.** Are you submitting the business' required **Good Standing Certificate** with this application? ☐ Yes ☐ No

**D.** Describe the business' trade or services (attach additional pages if needed).

_____

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**NOTE:** DHCD may request additional information about the business' ability to perform under specific Section 3 covered contracts.

**E.** Provide the following information about your business:

**Did you answer Yes to Part 3, A or B *and* you're including the required documents with this application? Skip questions 1-14.**

**1.** Date business established (mm/dd/yyyy)_____

**2.** The business' principal site/location_____

**3.** The business' location in DC _____

**4.** Primary business activity (if diversified, all activities must total 100%).

_____ % Professional service; for example: legal, architecture/engineering, accounting, etc.
_____ % Construction
_____ % Manufacturer
_____ % Distribution
_____ % Wholesaler
_____ % Retailer
_____ % Other (describe) _____

**5.** The businesses' Federal Employer ID Number _____

**6.** List business' office equipment, vehicle and facility locations, if applicable (attach additional page if needed).

| Equipment and vehicles owned or leased | Storage address |
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| Operating facilities | Facility address |
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**7.** List all original and current business owners, partners and stockholders, if applicable (attach additional page if needed).

| Name of owners, partners or stockholders | Home address | Phone | % Ownership |
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| | | | 100% |

**8.** List current members of the business' Board of Directors, if applicable.

| Name | Title | Home address | Phone | Date appointed (mm/dd/yyyy) |
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**9.** List officers of the business, if applicable**.**

| Name | Title | Office address | Phone | Date appointed (mm/dd/yyyy) |
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**10.** List the last three contracts the business secured in the last two years.

| Contract name | Services provided | Contract term | Contractor name | Amount ($) |
|---|---|---|---|---|
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**11.** List business, trade, and professional licenses, if applicable.

| License type | License number | License expires on (mm/dd/yyyy) | Authorizing agency |
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**12.** List gross revenue for the last 3 years.

| Amount ($) | Year |
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**13.** List sources of business revenue.

| Revenue source | Fiscal year | Amount ($) | % of revenue |
|---|---|---|---|
| District of Columbia Government | | | |
| Private Sector | | | |
| Other (describe below) | | | |
| Total | | | 100% |

Description of other sources

**14.** These documents are required. Check each one included with this application:

- ☐ Certificate of Good Standing
- ☐ Incorporation or Organizing documents (if applicable)
- ☐ Bylaws, Articles of Organization or Partnership Agreement
- ☐ Business annual report
- ☐ Last board minutes appointing officers

**15.** Has the business or any of its directors, officers or principals been found to have violated any applicable DC law or regulation?

☐ Yes ☐ No

If yes, include the type of violation, date, and circumstances.

_____

**16.** Has the business or any of its directors, officers, or principals, been convicted of a crime that bears directly on the fitness of the applicant, holder, or participant to ethically participate in programs established by DHCD?

☐ Yes ☐ No

If yes, explain. _____

_____

**17**. Does the business or any of its directors, officers or principals have a pending wage and hour or record-keeping violation with the Department of Labor (DOL) or DC Department of Employment Services (DOES)?

☐ Yes ☐ No

If yes, explain. _____

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_____

## PART 3: AFFIDAVIT AND DOCUMENT SUBMISSION

Complete and sign the following affidavit. It must be notarized. By doing so, you attest to the fact that the information you're providing in and with this application is true and accurate.

### AFFIDAVIT

I am authorized by (company name) _____ to submit this application, which may or may not be part of a bid proposal. I swear that the statements I've made in the attached certification application are true and correct and that I have included all other information necessary to:

**1.** identify and explain company operations,

**2.** identify the company's ownership, and

**3.** otherwise establish the company's eligibility for certification as a Section 3 Business Concern.

_____ _____

Signature Name (print)

_____ _____

Title Date (mm/dd/yyyy)

Signed and sworn to before me:

On _____ in the District of Columbia or State/Commonwealth of Maryland/Virginia
(mm/dd/yyyy)

By _____

They are well known to me as the person who executed the foregoing affidavit and who acknowledged the same to be his/her free act and deed.

Notary signature _____ (Add seal)

Notary commission expiration _____
(mm/dd/yyyy)

# Section 3: Owners, Employees and Contracts

Provide the information requested for the type of Section 3 certification you're applying for. Use a separate sheet of paper if you need it.

Provide *only* the information needed for the type of Section 3 certification you're applying for.

**Business owners:** Complete *only* if applying for *Type 1* or *Type 3* Section 3 business certification

| Name | Address | Telephone | Ownership interest (%) | Section 3 (Yes or No) | Documents attached (Yes or No) |
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**Current employees:** Complete *only* if applying for *Type 2* Section 3 certification

| Name | Address | Telephone | Length of employment | Documents attached (Yes or No) |
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**Section 3 employees:** Complete *only* if applying for *Type 2* Section 3 certification

| Name | Address | Telephone | Length of employment | Documents attached (Yes or No) |
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**Contracts:** Provide this information if you've had past Section 3 contracts

| Contract name | Contract term | Contractor name | Contractor address/telephone | Services provided | Amount ($) |
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EQUAL HOUSING OPPORTUNITY

DHCD treats everyone the same. We don't look at race, ethnicity, religion or where you were born. We don't treat you differently based on your family status, sex, sexual or gender identity or expression. Where you live, what you do for work, your education or your political beliefs don't affect how we treat you. This is also true for victims of threats or crimes by someone you're related to by blood, adoption, custody or marriage, or someone you live with or share a child with. We don't allow harassment or discrimination of any kind based on these differences. We will discipline violators.