Section 3 Employer Certification Form-Public Housing Authority

## U.S. Department of Housing and Urban Development Office of Field Policy and Management

**HUD FORM 4736B** 

OMB Control Number 2501-XXXXX (Exp. XX/XX/XXXX)

(In compliance with Section 3 of the HUD Act of 1968 and 24 CFR Part 75)

Public reporting for this collection of information is estimated to average 0.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information.

Section 3 of the Housing and Urban Development Act of 1968, as amended by the Housing and Community Development Act of 1992 (Section 3), and 12 U.S.C. § 1701u ensure that employment and other economic opportunities generated by Federal financial assistance for housing and community development programs are, to the greatest extent feasible, directed toward low- and very low-income persons, particularly those who receive government assistance for housing. The regulations are found at 24 CFR Part 75. This collection of information is required in order to ensure that a worker can be certified as an eligible Section 3 worker as outlined in 24 C.F.R. § 75.31. The information will be used by the Department to ensure compliance with Section 3 of the HUD Act of 1968 employer certification requirements listed in 24 CFR § 75.31, to assess the results of the Department's efforts to meet the statutory objectives of Section 3, to prepare reports to Congress, and by recipients to ensure they are complying with their recordkeeping requirements found in the regulation, and as a self-monitoring tool.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to Anna P. Guido, Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 7th Street, SW, Room 4176, Washington, DC 20410-5000. When providing comments, please refer to OMB Approval No. XXXX-XXXX. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number. No assurances of confidentiality are provided for this information collection.

The purpose of this form is to comply with Section 3 of the HUD Act of 1968 employer certification

requirements listed in 24 CFR § 75.31. This form is to be filled out by a representative of an employer of a Section 3 worker.

Please provide the following information about the business/employer:

Name of Business:

Street Address

City

State

Zip

Phone #:

Email:

Please provide the following inform	nation about the	worker/employ	ee:	
Printed Name of Worker:				
Street Address (Not a PO Box)	Apt#	City	State	Zip
Phone #:	Email:			
Please indicate which of the follow	ing is true for th	e worker listed	above: (Select all	that apply)
Worker's income from your employment is below the income limit based				
on a calculation of what the worker's wage rate would translate to if annualized				Income limit
on a full-time basis*				\$XX,XXX
Worker is employed by a Section 3 Business Concern (Select if your				ΦΑΛ,ΑΛΛ
business qualifies as a Section 3 Business Concern)				
*Currently or at the time of	hire if hired with	hin the past 5 y	ears	
I/We, the undersigned, certify under and certifies that the worker identify who knowingly submits a false claim including confinement for up to 5 y 1010, 1012; 31 U.S.C. §3729, 3802	ied above meets m or makes a fa rears, fines, and	the definition o	of a Section 3 worl subject to crimina	ker. WARNING: Anyone ll and/or civil penalties,
Signature			Date	