



CITY OF BOSTON • MASSACHUSETTS

MAYOR'S OFFICE OF HOUSING  
MICHELLE WU, MAYOR

**Section 3 Business Self-Certification Form**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

FIN: \_\_\_\_\_

DUNS: \_\_\_\_\_

Describe the Nature of the Business:

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Business/Corporate Officers (Name, Title):

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Contact Person (Name, Title, Phone):

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Type of Section 3 Business (choose one):

\_\_\_\_\_ 51% or more owned/controlled by Section 3 Residents (Owner's household income does not exceed 80% of area median income) *(Please attach documentation of majority ownership and Section 3 Resident Self-Certification Form.)*

\_\_\_\_\_ Over 75 percent of the labor hours performed for the business over the prior three-month period are performed by Section 3 workers *(Please attach Section 3 Resident Self-Certification Forms.)*

\_\_\_\_\_ 51 percent or more owned/controlled by current public housing residents or residents who currently live in Section 8-assisted housing. *(Please attach documentation of majority ownership and Section 3 Resident Self-Certification Form.)*

Under the Pain and Penalty of perjury I hereby certify that the information provided on this form is true and accurate.

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Authorized Official

Title

Date

