



CITY OF BOSTON • MASSACHUSETTS
MAYOR'S OFFICE OF HOUSING
MICHELLE WU, MAYOR

Section 3 Resident Self-Certification Form

Name: _____

Address: _____

Type of Section 3 Worker (check all that apply):

_____ The Worker's household income for the previous or annualized calendar year does not exceed 80% AMI (**Section 3 Worker**)

Select household size/income below

_____ 1 Person - \$70,750

_____ 2 Persons - \$80,850

_____ 3 Persons - \$90,950

_____ 4 Persons - \$101,050

_____ 5 Persons - \$109,150

_____ 6 Persons – \$117,250

_____ The Worker is employed by a Section 3 business concern (**Section 3 Worker**)

_____ The Worker is a YouthBuild participant (**Targeted Section 3 Worker**)

_____ The Worker is a resident of public housing or Section 8-assisted housing (**Targeted Section 3 Worker**)

_____ The Worker is a resident of other public housing projects or Section 8-assisted housing managed by the PHA that is providing the assistance (**Targeted Section 3 Worker**)

_____ The Worker lives within the service area or neighborhood of the project (**Targeted Section 3 Worker**)

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

Section 3 Worker

Date

