

EXHIBIT 7 - Section 3 Worker Certification Employer Certification

Contractors and SubContractor on Section 3 projects must submit this form (if an Exhibit 3 is not submitted for the employee) for each employee reported as a Section 3 worker or Targeted Section 3 worker, as defined in 24 CFR 75.5.

Section 3 Worker Name:	Address:
Position/Job Title:	Project:
Employer Name:	Authorized Representative Name and Title:
Employer Phone #:	Employer Email:

Section 3 Eligibility:

1. Does this employee qualify as a Section 3 worker per 24 CFR 75.5? **YES** **NO**

Section 3 worker means any worker who currently fits, or when hired within the past five years fit, **at least one** of the following criteria, as documented (*check all that apply*):

- The 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 on a full-time basis.*
- The worker is employed by a Section 3 business concern.
The worker is a YouthBuild participant.

*The Section 3 income limit is 80% of AMI for the county in which the project is located, as determined by HUD.

Income limits for a specific area may be found at: <https://www.huduser.gov/portal/datasets/il.html>

2. Does this employee qualify as a Targeted Section 3 worker per 24 CFR 75.21? **YES** **NO**

A **Targeted Section 3 worker** for housing and community development financial assistance means a Section 3 worker who is (*check all that apply*):

- A worker employed by a Section 3 business concern (*if checked, attach Exhibit 2 for business*); or
- A worker who currently fits or when hired fit **at least one** of the following categories, as documented within the past five years:
 - Living within the service area or neighborhood of the project, as defined in 24 CFR Part 75.5; or
 - A YouthBuild participant. (*if checked, attach a copy of the employee's self-certification (Exhibit 3)*).

Certification:

By submitting this form, I hereby certify under penalty of perjury that the information provided above is true and correct, and that I am authorized on behalf of the company to make this certification. I agree to provide documentation verifying the employee's Section 3 eligibility to the Kansas Housing Resources Corporation if requested.

Authorized Representative Signature

Date

The Kansas Housing Resources Corporation reserves the right to request additional documentation at any time to verify the information provided on this form.