SECTION 3 BUSINESS SELF-CERTIFICATION

TO OWNER: THE HOUSING AUTHORITY OF THE CITY OF CHARLESTON
550 MEETING STREET, CHARLESTON, SC 29406

JOB NAME:_____ JOB #:_____

State of)
ss
County of)

Being first duly sworn, deposes and says,

I, _____, the undersigned being duly sworn, on oath, represents, warrants, certifies, deposes and says, under penalty of law, as follows:

Company Name: _____

Company Address: _____

City: _____State:_____ Zip Code:_____

Telephone:_____ Fax:_____ email_____

Type of Business:_____

Contractor's/Business License#_____ Type of License:_____

Please select "Yes" or "No":

51% or more of the business is owned by a Section 3 resident _____ Yes _____ No

30% or more of the company's full time employees are Section 3 Residents, or were Section 3 resident within the past three years _____ Yes _____ No

The company can provide evidence, as required, of a commitment to Subcontract 25% or more of all subcontract dollars to a certified and Qualified Section 3 business enterprises. _____Yes _____ No

If you answered "Yes" to one or more of the above question, you may designate your company as a Section 3 Business Enterprise.

My Company is designated as a Section 3 Business Enterprise: _____ Yes _____No

Other Certifications: _____ MBE ____ WBE _____ DBE _____ Other _____

I declare and affirm under penalty of prosecution for perjury that the statements made herein are true and accurate to the best of my knowledge. I understand that falsifying information and incomplete statements may be cause to disqualify this certification.

_____ _____
Signature of Business Owner or Authorized Representative Date

Subscribed and sworn to before me
This _____ day of _____ 20_____

_____
Notary Public State of _____
My Commission Expires: _____
SEAL IF CONTRACTOR IS A CORPORATION