



ORLANDO HOUSING AUTHORITY

ORLANDO HOUSING AUTHORITY

SECTION 3 RESIDENT OR EMPLOYEE ELIGIBILITY FOR PREFERENCE

ORLANDO HOUSING AUTHORITY ELIGIBILITY FOR PREFERENCE

Eligibility for preference

A section 3 resident seeking the preference in training and employment provided by 24 CFR Part 135 shall certify or submit evidence to the recipient contractor or subcontractor, if requested, that the person is a Section 3 resident as defined in Part 135. (An example of evidence of eligibility for the preference is evidence of receipt of public assistance or evidence of participation in a public assistance program.)

Certification for Resident Seeking Section 3 Preference in Training and Employment

I, _____, am a legal resident of the _____
_____ and meet the income eligibility guidelines for a low or very low income person as shown on page 2 of this form.

My permanent address is: _____

SECTION 3 INCOME LIMITS

All residents of public housing developments of the Orlando Housing Authority qualify as Section 3 residents. Additionally, individuals residing in the Orlando-Kissimmee-Sanford, FL Metropolitan Statistical Area who meet the income limits set forth below can also qualify for Section 3 status.



ORLANDO HOUSING AUTHORITY

Income Limits			
Number in Household	Low Income	Very Low Income	Extremely Low Income
1 individual	\$32,800	\$20,500	\$12,300
2 individuals	\$37,450	\$23,400	\$14,050
3 individuals	\$42,150	\$26,350	\$15,800
4 individuals	\$46,800	\$29,250	\$17,550
5 individuals	\$50,550	\$31,600	\$19,000
6 individuals	\$54,300	\$33,950	\$20,400
7 individuals	\$58,050	\$36,300	\$21,800
8 individuals	\$61,800	\$38,650	\$23,200

I have attached the following documentation of my status:

- Proof of residency (lease in a HUD or other federally assisted program).
- Proof of public assistance, e.g., Temporary Assistance to Need Families (TANF) recipients etc.
- Proof of participation in a federally assisted program such as job training programs, etc.
- Proof of participation in a state or local assistance program, or other program that assists low or very low income persons.

ONLY PROVIDE THE FOLLOWING FORM IF ONE OF THE ABOVE IS NOT AVAILABLE

- “Section 3 Resident or Employee Household Income Verification”* to show employee household income if no other documents are attached.

Signature: _____

Print Name: _____

Date: _____

I choose not to complete this form. _____
Signature of Resident

