

## SECTION 3 BUSINESS AFFIDAVIT

1 . Company Name: \_\_\_\_\_

2 . Address: \_\_\_\_\_

3 . Business Structure: ☐ corporation ☐ partnership ☐ sole proprietorship ☐ joint venture

4. Type of business (i.e. house painting, accounting): \_\_\_\_\_

### TYPE OF SECTION 3 BUSINESS CONCERN

Yes No

- |    |   |                          |                          |
|----|---|--------------------------|--------------------------|
| 1. | Is the Company a Section 3 Business Concern as defined below?   | <input type="checkbox"/> | <input type="checkbox"/> |
| a. | Business is 51% or more owned by Section 3 residents*; or   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. | At least 30% of the business's permanent, full-time employees are currently Section 3 residents, or within 3 years of the date of first employment with the firm were Section 3 residents; or   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. | Business provides evidence of a commitment to award more than 25% of the dollar amount of all subcontracts to businesses that fall within (a) or (b) above (provide list of subcontracted Section 3 businesses and subcontract amount): | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Has the Company been selected to carry out any HUD YouthBuild Program?  | <input type="checkbox"/> | <input type="checkbox"/> |

*\*A Section 3 Resident is 1) a Salem Housing Authority resident; or 2) a Salem resident whose total family income does not exceed 80% of the median income for the area as per the HUD local income limits; or 3) a resident of the Boston Metropolitan Statistical Area whose total family income does not exceed 80% of the median income for the area as per the HUD local income limits.*

### VERIFICATION

Please attached the company's current payroll registry highlighting the staff meeting the Section 3 requirements. In addition, each potential Section 3 staff member must complete and submit the Section 3 Resident Certification. The Company hereby agrees to provide, upon request, any additional documents needed to verify the information provided above. Section 3 Business Certifications are valid for one year.

Under penalty of perjury, I certify that I am the \_\_\_\_\_ (Title) of the Company, that I am authorized by the Company to execute this affidavit on its behalf, that I have personal knowledge of the certification made in this affidavit and that the same are true.

Name: \_\_\_\_\_  
(Printed) (Signature)

### COMMONWEALTH OF MASSACHUSETTS

Essex, ss.

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ before me, the undersigned Notary Public, personally appeared \_\_\_\_\_, proved to me through satisfactory evidence of identification, which were \_\_\_\_\_, to be the person whose name is signed on the preceding or attached document in my presence.

#### **For Community Development Office Use Only**

Based on the documentation provided, this business has been verified a Section 3 Business located within the BMSA:

\_\_\_\_ Yes \_\_\_\_ No

By: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_, Notary Public  
My Commission Expires \_\_\_\_\_

*Submit to the Dept. of Planning & Community  
Development, 98 Washington St., Salem, MA 01970*