# Section 3 | Contractor Permanent WOrkforce Form

**Instructions**: To qualify workers as Section 3 workers under 24 CFR Part 75, the employer may certify that the worker’s income from that employer is below the income limit when based on the employer’s calculation of what the worker’s wage rate would translate to if annualized on a full-time basis. Please complete the table below to include each employee working on the project.

1. For Column D, please calculate the worker’s income from the employer based on the employer’s calculation of what the worker's wage rate would translate to if annualized on a full-time basis.[[1]](#footnote-1)
2. For Column E, refer to the Nebraska Department of Economic Development’s webpage, <https://opportunity.nebraska.gov/section-3/>, for the appropriate County of Residence income limits.
3. For Column F, if fewer than 5,000 people live within one mile of a work site, determine if the employee lives within a circle centered on the work site that is sufficient to encompass a population of 5,000 people according to the most recent U.S. Census.[[2]](#footnote-2)
4. For Column G, if Column E is marked YES, the worker qualifies as Section 3 worker regardless of the answer to Column F. If Columns E and F are both marked yes, the worker qualifies as a Targeted Section 3 worker. If Column E is marked no, the worker is not Section 3 worker for purposes of this form.

|  |  |
| --- | --- |
| **Employer Name:** |  |
| **Project Name/Reference No.:** |  |

| **A** | **B** | **C** | **D** | **E** | | **F** | | **G** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Employee Name** | **Job Title** | **Employee Residential Address** | **Annual Salary** | **Is the Salary below 80% of the Median Income for the Employee's County of Residence?** | | **Does the employee live within one mile of the work site?** | | **Identify the status of the worker.** |
| **YES** | **NO** | **YES** | **NO** |
|  |  |  |  |  |  |  |  | Choose an item. |
|  |  |  |  |  |  |  |  | Choose an item. |
|  |  |  |  |  |  |  |  | Choose an item. |
|  |  |  |  |  |  |  |  | Choose an item. |
|  |  |  |  |  |  |  |  | Choose an item. |
|  |  |  |  |  |  |  |  | Choose an item. |
|  |  |  |  |  |  |  |  | Choose an item. |
|  |  |  |  |  |  |  |  | Choose an item. |
|  |  |  |  |  |  |  |  | Choose an item. |
|  |  |  |  |  |  |  |  | Choose an item. |
|  |  |  |  |  |  |  |  | Choose an item. |
|  |  |  |  |  |  |  |  | Choose an item. |
|  |  |  |  |  |  |  |  | Choose an item. |
|  |  |  |  |  |  |  |  | Choose an item. |
|  |  |  |  |  |  |  |  | Choose an item. |
|  |  |  |  |  |  |  |  | Choose an item. |
|  |  |  |  |  |  |  |  | Choose an item. |
|  |  |  |  |  |  |  |  | Choose an item. |
|  |  |  |  |  |  |  |  | Choose an item. |

**Employer Certification**

I certify the above employees are permanent employees of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert business name). I certify the above employees are on our regular monthly payroll and have their W-2 tax forms for our records. These records will be available to review for the abovementioned project for verification purposes. I understand that falsifying information is perjury and subject to legal ramifications.

|  |
| --- |
| Authorized Official Name (Printed): |
| Authorized Official Signature: |
| Authorized Official Title: |
| Company Name: |
| Date: |

1. See 24 CFR § 75.31 for additional information. [↑](#footnote-ref-1)
2. See 24 CFR § 75.31 for additional information. [↑](#footnote-ref-2)