

City of Springfield Office of Housing

Section 3 Business Concern Application



Business Information

Business Name	
Address	
D/B/A (if different from above)	
Business Website	
Business Phone	Principal Contact Name & Title
Primary Contact Telephone	Email of Principal Contact
Trade Description (check all that apply)	
<input type="checkbox"/> Carpentry <input type="checkbox"/> Heating (HVAC) <input type="checkbox"/> Electrical <input type="checkbox"/> Painting <input type="checkbox"/> Masonry Restoration <input type="checkbox"/> Asbestos <input type="checkbox"/> Plumbing <input type="checkbox"/> Roofing <input type="checkbox"/> Lead Abatement <input type="checkbox"/> GC <input type="checkbox"/> Exterminating <input type="checkbox"/> Carpet/Flooring <input type="checkbox"/> Boiler/Burner Replacement <input type="checkbox"/> Rubbish Removal <input type="checkbox"/> Ironwork <input type="checkbox"/> Demolition <input type="checkbox"/> Accountant Services <input type="checkbox"/> Legal Services <input type="checkbox"/> Other (please list)	
Date business was established	
Type of Business Entity	
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Liability Corporation (LLC) <input type="checkbox"/> Limited Liability Partnership (LLP) <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other (describe)	
Number of employees	
Full-time: _____ Part-time: _____ Contract: _____ Total: _____	
Certifications (check all that apply)	
<input type="checkbox"/> Minority Business Enterprise (MBE) <input type="checkbox"/> Disadvantaged Business Enterprise (DBE) <input type="checkbox"/> Women's Business Enterprise (WBE)	

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Section 3 Business Concern Application Instructions



1. In order to certify your business as Section 3, please select one of the following eligibility requirements.
 - Type 1:** For a business that has at least a 51% ownership by a Section 3 qualified resident
 - Type 2:** For a business claiming 30% of its current full-time workforce qualifies as Section 3 residents, or within three years of the date of first employment with the business concern qualified as a Section 3 resident
 - Type 3:** For a business claiming Section 3 status by subcontracting **25%** of their contract dollar to awarded qualified Section 3 businesses

Section 3 Resident: In order to qualify as a Section 3 resident, an individual has to be a Hampden County resident and (a) reside in public housing , **or** (b) be a low or very low-income person. See chart below to determine low income limit.

FY 2014 INCOME LIMIT AREA	<u>MEDIAN INCOME</u>	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person
Springfield City	\$65,700	\$44,750	\$51,150	\$57,550	\$63,900	\$69,050	\$74,150	\$79,250

2. Once type is selected, complete the corresponding form. For example, Type 1 completes p. 3.
3. Complete Signature Page (p. 8)
4. **Return application to:**

Melanie Acobe
Section 3 Program Manager
1600 E. Columbus Ave.
Springfield, MA 01103
Phone: (413) 750-2877
Fax: (413) 787-6515
Email: MAcobe@springfieldcityhall.com

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Type 1 Form

This form must be completed by Hampden County Residents who meet the Section 3 Resident requirements. Make copies of the form if necessary.

Section 3 Resident

Name of Owner		Phone Number:
Home Address:	City:	State/Zip:
Name of Business		
Percentage of Ownership		

Check the appropriate box for your family size and income:

Check Box	Number in Household	Maximum Gross Household Income
<input type="checkbox"/>	1	\$44,750
<input type="checkbox"/>	2	\$51,150
<input type="checkbox"/>	3	\$57,550
<input type="checkbox"/>	4	\$63,900
<input type="checkbox"/>	5	\$69,050
<input type="checkbox"/>	6	\$74,150
<input type="checkbox"/>	7	\$79,250
<input type="checkbox"/>	8	\$84,350

Please complete chart below if business is owned by more than one Section 3 resident.

Name & Position	Address	Percentage of Ownership

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Type 2 Form

A business can be certified as a Section 3 Business if at least 30% of its permanent, full-time employees are Section 3 residents, or were Section 3 residents within three years of the date of first employment in the business.

For your business to be eligible UNDER THIS CRITERIA, you must provide the following information for all your permanent full-time employees and **Meet the HUD Income Low Limits**. Copy this form if necessary.

HUD Low Income Limits

FY 2014 INCOME LIMIT AREA	<u>MEDIAN INCOME</u>	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person
Springfield City	\$65,700	\$44,750	\$51,150	\$57,550	\$63,900	\$69,050	\$74,150	\$79,250

List all employees: Name, City and Zip Code	Date Hired	Check if Section 3 Resident	Job Title/Trade	Rate of Pay	Average Weekly Hours	Family Size
Name: City/Zip:		<input type="checkbox"/>				
Name: City/Zip:		<input type="checkbox"/>				
Name: City/Zip:		<input type="checkbox"/>				
Name: City/Zip:		<input type="checkbox"/>				
Name: City/Zip:		<input type="checkbox"/>				
Name: City/Zip:		<input type="checkbox"/>				
Name: City/Zip:		<input type="checkbox"/>				

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Type 2 Form, continued

List all employees: Name, City and Zip Code	Date Hired	Check if Section 3 Resident	Job Title/Trade	Rate of Pay	Average Weekly Hours	Family Size
Name: City/Zip:		<input type="checkbox"/>				
Name: City/Zip:		<input type="checkbox"/>				
Name: City/Zip:		<input type="checkbox"/>				
Name: City/Zip:		<input type="checkbox"/>				
Name: City/Zip:		<input type="checkbox"/>				
Name: City/Zip:		<input type="checkbox"/>				
Name: City/Zip:		<input type="checkbox"/>				
Name: City/Zip:		<input type="checkbox"/>				
Name: City/Zip:		<input type="checkbox"/>				
Name: City/Zip:		<input type="checkbox"/>				
Name: City/Zip:		<input type="checkbox"/>				

Total Number of Employees: _____

Number of Section 3 Residents: _____

% of Total Workforce: _____

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Type 3 Form



For businesses claiming Section 3 Status by subcontracting 25% of their contract dollar awarded to qualified Section 3 businesses. Copy this form if necessary.

List of Subcontractors: Name, Address and Contact Person	Check if Section 3	Trade	Contract Amount
Name: Address: City/Zip: Contact:	<input type="checkbox"/>		

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Type 3 Form, continued

List of Subcontractors: Name, Address and Contact Person	Check if Section 3	Trade	Contract Amount
Name: Address: City/Zip: Contact:	<input type="checkbox"/>		

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**Signature Page: All Applicants
must complete**

I certify the information given is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under federal law.

Print Name/Title: _____ Date: _____

Signature: _____

Commonwealth of Massachusetts: County of _____