

**Employee Self-Affirmation Form
For Contractors and Subcontractors Subject to Section 3**

This position is funded by federal moneys which New York City receives each year through the Department of Housing and Urban Development (HUD). To comply with Section 3 of the Housing and Urban Development Act of 1968, HUD requires federally funded projects to collect residency and income information for persons involved with construction-related contracts of \$100,000 or more. **Your response is voluntary, confidential, and has no effect on your employment.** However, the information on the form will help the City maintain the federal funds that support your position.

1. Do you wish to provide information to the City?: **YES*** **NO**
** If you answer YES, please fill out the form below.*
2. Are you a resident of the five boroughs?: **YES** **NO****
*** If you answer NO, you do not have to complete the remainder of this form.*
3. If YES, are you a resident of NYCHA public housing facilities?: **YES** **NO**
4. Please review the chart below. Find the number of persons in your household and then **check the box** that contains the income range you believe your **household** earns on an annual basis. Income is defined as the total annual income of all family and non-family members 18+ years old living within the household. All sources of income must be counted from all persons in the household.

Please check your Income Range based on your household size (for example if there are 5 people in your household, go to HH of 5; if there are 8 or more in your household go to HH of 8):

HH of 1:	<input type="checkbox"/> \$0 - \$48,100	<input type="checkbox"/> \$48,101+
HH of 2:	<input type="checkbox"/> \$0 - \$55,000	<input type="checkbox"/> \$55,001+
HH of 3:	<input type="checkbox"/> \$0 - \$61,850	<input type="checkbox"/> \$61,851+
HH of 4:	<input type="checkbox"/> \$0 - \$68,700	<input type="checkbox"/> \$68,701+
HH of 5:	<input type="checkbox"/> \$0 - \$74,200	<input type="checkbox"/> \$74,201+
HH of 6:	<input type="checkbox"/> \$0 - \$79,700	<input type="checkbox"/> \$79,701+
HH of 7:	<input type="checkbox"/> \$0 - \$85,200	<input type="checkbox"/> \$85,201+
HH of 8:	<input type="checkbox"/> \$0 - \$90,700	<input type="checkbox"/> \$90,701+

5. Please check the box that most accurately describes your job classification.

- | | |
|--|---|
| <input type="checkbox"/> Professional | <input type="checkbox"/> Technician |
| <input type="checkbox"/> Office and Clerical | <input type="checkbox"/> Official / Manager |
| <input type="checkbox"/> Sales | <input type="checkbox"/> Craft Worker (skilled) |
| <input type="checkbox"/> Operative (semiskilled) | <input type="checkbox"/> Laborer (unskilled) |
| <input type="checkbox"/> Service Worker | <input type="checkbox"/> Other: _____ |

I affirm that the above statements are true, complete, and correct to the best of my knowledge and belief.

Signature _____

Date _____

Print Name _____

Date Hired _____

EMPLOYERS MUST RETAIN THIS FORM IN THEIR SECTION 3 COMPLIANCE FILE FOR FIVE YEARS.