

City of Detroit Section 3 - Compliance

At least 30% of Workforce - as Section 3 Resident

A business can be certified a Section 3 Business Concern, if at least 30% of its permanent, full-time employees are currently Section 3 residents or who were Section 3 residents at the time the persons were hired by the business but whose income now exceeds the income level of a low- or very low-income person and the date of first employment by the business concern has not exceeded a period of three years.

Business concern must complete the employee table below for ALL employees (including permanent, full-time Section 3 and both professional and general labor employees). **For non-Section 3 employees only complete columns 1, 2, 3, & 4 and in column 1 complete name, city, & zip only.**

(Note: if possible, list Sec. 3 employees together.)

Print Business Name: _____ **Date:** _____

Number of Employees: Full-time _____ Part-time _____ Total _____ Sec. 3 Full-time _____

	(1) All Employees	(2) Date Hired	(3) Job Title / Trade	(4) Full-time / Part-time (FT / PT)	(5) Type of Proof of Household Income on Hire Date	(6) Section 3 (Attached Income Verification Form)
1	Name: Address: City & Zip:					<input type="checkbox"/>
2	Name: Address: City & Zip:					<input type="checkbox"/>
3	Name: Address: City & Zip:					<input type="checkbox"/>
4	Name: Address: City & Zip:					<input type="checkbox"/>
5	Name: Address: City & Zip:					<input type="checkbox"/>
6	Name: Address: City & Zip:					<input type="checkbox"/>
7	Name: Address: City & Zip:					<input type="checkbox"/>

I certify that the information provided is true and accurate.

Print Name: _____ Title: _____

Signature: _____ Date: _____

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Print Business Name: _____ **Date:** _____

Number of Employees: Full-time _____ Part-time _____ Total _____ **Sec. 3 Full-Time** _____

(1)		(2)	(3)	(4)	(5)	(6)
All Employees		Date Hired	Job Title / Trade	Full-time / Part-time (FT / PT)	Type of Proof of Household Income on Hire Date	Section 3 (Attached Income Verification Form)
8	Name: Address: City & Zip:					<input type="checkbox"/>
9	Name: Address: City & Zip:					<input type="checkbox"/>
10	Name: Address: City & Zip:					<input type="checkbox"/>
11	Name: Address: City & Zip:					<input type="checkbox"/>
12	Name: Address: City & Zip:					<input type="checkbox"/>
13	Name: Address: City & Zip:					<input type="checkbox"/>
14	Name: Address: City & Zip:					<input type="checkbox"/>
15	Name: Address: City & Zip:					<input type="checkbox"/>
16	Name: Address: City & Zip:					<input type="checkbox"/>

I certify that the information provided is true and accurate.

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Signature: _____ **Date:** _____

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All Employees	Date Hired	Job Title / Trade	Full-time / Part-time (FT / PT)	Type of Proof of Household Income on Hire Date	Section 3 (Attached Income Verification Form)
17 Name: Address: City & Zip:					<input type="checkbox"/>
18 Name: Address: City & Zip:					<input type="checkbox"/>
19 Name: Address: City & Zip:					<input type="checkbox"/>
20 Name: Address: City & Zip:					<input type="checkbox"/>
21 Name: Address: City & Zip:					<input type="checkbox"/>
22 Name: Address: City & Zip:					<input type="checkbox"/>
23 Name: Address: City & Zip:					<input type="checkbox"/>
24 Name: Address: City & Zip:					<input type="checkbox"/>
25 Name: Address: City & Zip:					<input type="checkbox"/>

I certify that the information provided is true and accurate.

Print Name: _____ Title: _____

Signature: _____ Date: _____

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 (Copy This Page as Needed)

Print Business Name: _____ **Date:** _____

Number of Employees: Full-time _____ Part-time _____ Total _____ Sec. 3 Full-Time _____

(1)	(2)	(3)		(4)	(5)
All Employees	Date Hired	Job Title / Trade	Full-time / Part-time (FT / PT)	Type of Proof of Household Income on Hire Date	Section 3 (Attached Income Verification Form)
Name: Address: City & Zip:					<input type="checkbox"/>
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Name: Address: City & Zip:					<input type="checkbox"/>
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I certify that the information provided is true and accurate.

Print Name: _____ **Title:** _____

Signature: _____ **Date:** _____