



HUD SECTION 3 BUSINESS APPLICATION CERTIFICATION

IF YOUR BUSINESS MEETS THE REQUIREMENTS OF A SECTION 3 BUSINESS AND HAS TRADES/SERVICES RELATED TO THE CONSTRUCTION INDUSTRY, YOU MAY BE ADDED TO THE CITY'S DATABASE AS A QUALIFIED SECTION 3 COMPANY. THIS MEANS THAT YOU WILL BE NOTIFIED WHENEVER THE CITY BIDS OUT A JOB, AND ALSO THAT YOUR NAME WILL BE GIVEN TO PROSPECTIVE PRIME CONTRACTORS WHEN BIDDING OCCURS. THE PRIME CONTRACTOR WILL BE REQUIRED TO PROVIDE YOU WITH WRITTEN NOTICE OF SECTION 3 BIDDING OPPORTUNITIES, WHEN APPROPRIATE.

Does your business qualify as a Section 3 business? Please answer the following questions:

1. How many individuals are employed by your company? _____

2. Does 51% or more of the business ownership meet the low-income guidelines as described in the chart (*below*) and live in the Long Beach, Los Angeles, Santa Ana Economic Region? Yes _____ No _____

3. Is 30% or more of your permanent workforce is comprised of low-income residents as described in the chart (*below*) and lives in the Long Beach, Los Angeles, Santa Ana Economic Region? Yes _____ No _____
How many employees qualify as low-income? _____

Please list qualifying employees (*use additional sheet if necessary*)
Staff will contact you to verify this information.

Name	City of Residence	*Family Size	*Family Gross Income

*Required information

Income Guidelines Chart

Family Size	1	2	3	4	5	6	7	8
*INCOME	\$63,100	\$72,100	\$81,100	\$90,100	\$97,350	\$104,550	\$111,750	\$118,950

* Numbers are based on HUD FY 2020 Income Limits effective April 01, 20120.

(turn over)

4. Define your areas of specialization, e.g., general contracting, electrical, cement finishing, plumbing, etc. (This information will be provided to prime contractors who are looking for subcontractors.)

5. List 3 entities that can verify your ability to perform (staff will contact these references for validation).

Company Name	Contact Person	Phone No.

6. Contractor license No.: _____

Company Name: _____ Contact: _____

Address: _____

Phone: ___ - ___ - ___ Fax: ___ - ___ - ___ Email: _____

Union Non-Union (Please mark appropriate box)

I declare and affirm under penalty of perjury that the statements made herein are true and correct to the best of my knowledge, information and belief.

Authorized Signature: _____

If you have any questions or need assistance completing this application, please contact Financial Management by phone at (562) 570-6200 or email at laborcompliance@longbeach.gov.

PLEASE RETURN APPLICATION TO:

City Hall, Financial Management
Business Relations Bureau
411 W. Ocean Blvd., 6th Floor
Long Beach, CA 90802
Or fax to: (562) 570-5099