



Section 3 Resident Application

Return completed application to:

Azell Carter
Compliance Examiner
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Pasadena, TX 77506
acarter@ci.pasadena.tx.us

**Incomplete applications will not be processed.
Allow two (2) weeks for processing.
Do not staple any part of the application.**

New applicants and re-certifying applicants must complete this application in full.

ALL FIELDS REQUIRED EXCEPT WHERE NOTED

Date:	Project Name (if applicable)
Applicant Name	
Current Home Address	
Phone Number	Email
Job Skills/Trades	

ALL PAGES OF THIS APPLICATION MUST BE SUBMITTED



2017 HUD MFI for Houston-The Woodlands-Sugarland, TX

Persons in Household	30% of Median Extremely Low-Income		50% of Median Very Low-Income		80% of Median Low Income	
	Annual Income	Monthly Income	Annual Income	Monthly Income	Annual Income	Monthly Income
1	\$15,050	\$1,254	\$25,050	\$2,087	\$40,050	\$3,337
2	\$17,200	\$1,433	\$28,600	\$2,383	\$45,800	\$3,816
3	\$20,420	\$1,701	\$32,200	\$2,683	\$51,500	\$4,291
4	\$24,600	\$2,050	\$35,750	\$2,979	\$57,200	\$4,766
5	\$28,780	\$2,398	\$38,650	\$3,220	\$61,800	\$5,150
6	\$32,960	\$2,746	\$41,500	\$3,458	\$66,400	\$5,533
7	\$37,140	\$3,095	\$44,350	\$3,695	\$70,950	\$5,912
8	\$41,320	\$3,443	\$47,200	\$3,933	\$75,550	\$6,295

Part 1. Section 3 Resident Qualifying Statement

You must qualify under one of the following statements to qualify as a Section 3 Resident. If you qualify for more than one statement, **please select only ONE. Regardless of chosen qualifying statement, you must submit all documents listed under Part 2.**

- Q1** I am a public housing resident and/or participate in federal, state, or local public assistance. **Follow instructions under Part 3.**
- Q2** My current household has zero income. **Follow instructions under Part 4.**
- Q3** My current household annual income does NOT exceed the 80% Median HUD Income Limit. See above for HUD Income Limit Chart. **Follow instructions under Part 5.**
- Q4** At any time during the past three years (2014-2016) my annual household income was zero or did NOT exceed the 80% Median HUD Income Limit. See above for HUD Income Limit Chart. **Follow instructions under Part 6.**



Part 2. Supporting Documentation for ALL Applicants

Each applicant must submit the following documents, regardless of the qualifying statement:

Proof of Identification

Provide one (1) of the following:

- Driver's License
- State Identification Card
- Passport

Proof of Residency

Provide one (1) of the following:

- Lease Agreement
- Reference Letter from Head of Household
- Utility Bill
- Supplement to Income Certification Form
- Resume - not required, but recommended.

Part 3. Supporting Documentation for Q1

If you selected Q1 qualifying statement under Part 1, you must submit the following documents if you receive either public housing and/or participate in public assistance program:

Public Housing Resident

- Lease Agreement

Federal, State or Local Public Assistance Program

- Voucher or Award Letter

Part 4. Supporting Documentation for Q2

If you selected Q2 qualifying statement under Part 1, you must submit the following documents:

1. 2016 Household Income Self-Certification Form
2. 2017 Zero Household Income Self-Certification Form

Part 5. Supporting Documentation for Q3

If you selected Q3 qualifying statement under Part 1, you must submit the following documents:

1. 2016 Household Income Self-Certification Form

Part 6. Supporting Documentation for Q4

If you selected Q4 qualifying statement under Part 1, you must submit the following documents:

1. 2016 Household Income Self-Certification Form
2. 2014-2016 Household Income Self-Certification Form



Section 3 Resident 2016 Household Income Self-Certification

2017 Annual HUD Income Limits – 80% Median

Family Size	1	2	3	4	5	6	7	8
Low Income	\$40,050	\$45,800	\$51,500	\$57,200	\$61,800	\$66,400	\$70,950	\$75,550

List all members of household, regardless of income or age.

Part 1. Household Composition					
#	Last Name	First Name M.I.	Relationship to Head of Household	Date of Birth	Last 4-digits of SSN
1			Head of Household		
2					
3					
4					
5					
Part 2. Gross (Before Taxes) Household Annual Income					
#	Employment & Wages	Social Security/Pensions	Public Assistance	Other Income	
1					
2					
3					
4					
5					
Total Gross Household Annual Income				\$	
Part 3. Household Certification & Signature					
<p>The information on this form will be used to determine maximum income eligibility. I/we have provided for each person(s) set forth in Part I acceptable verification of current anticipated annual income.</p> <p>Under penalties of perjury, I/we certify that the information presented in this Certification is true and accurate to the best of my/our knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of certification.</p>					

Print Name

Signature

Date



Section 3 Resident 2017 Zero Household Income Self-Certification

I hereby certify that I currently do not individually, nor does any member of my household, receive income from any of the following sources:

1. Wages from employment (including commissions, tips, bonuses, fees, etc.);
2. Income from operation of a business;
3. Rental income from real or personal properties;
4. Interest or dividends from assets;
5. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
6. Unemployment or disability payments;
7. Public assistance income;
8. Periodic allowances such as alimony, child support, or gifts received from persons not living in household;
9. Sales revenue from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
10. Any other source not named above.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of my Section 3 certification.

Print Name	Signature	Date
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Section 3 Resident Household Income from 2014-2016 Self-Certification

If you are qualifying as a Section 3 Resident based on your household income from the past three years, check all boxes that applied to you and your household during 2014-2016.

2014 2015 2016

At one point in the past three years, my household income was zero.

At one point in the past three years, I was a public housing resident and/or participated in Federal, state or local public assistance programs.

At one point in the past three years, my household income did NOT exceed the 80% Median HUD Income Limit.

At one point in the past three years, I was unemployed.

At one point in the past three years, I was homeless.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of my Section 3 certification.

Print Name	Signature	Date
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Supplement to Income Certification

Date: _____

In order to assume compliance with federal equal housing opportunity and fair housing goals, the Department would appreciate receiving the information listed below. You may not be discriminated against on the basis of this information, or on whether or not you choose to furnish this document. **However, if you choose not to furnish it, the owner, recipient or contractor are required to note ethnicity, race, sex, age, and other household composition on the basis of visual observation or surname.** If you do not wish to furnish this information, please initial below:

RESIDENT/APPLICANT: I do not wish to furnish information regarding ethnicity, race, sex, age, and other household composition. *(Initials)* _____

See below for Ethnicity, Race, and Other codes that characterize household composition. Enter both Ethnicity and Race codes for each household member, and a code for Other, if applicable. Also indicate if an individual in the household qualifies for the Special Needs occupancy requirement specified in the Land Use Restriction Agreement (LURA) or other document, see below for definition.

LURA defines "Special Needs" as a person who:

- Has a physical, mental or emotional impairment that:
 - Is expected to be of a long, continued and indefinite duration,
 - Substantially impedes his or her ability to live independently, and
 - Is of such a nature that the disability could be improved by more suitable housing conditions,
- Has a developmental disability, as defined in the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. Section 15502);
- Has a disability, as defined in 24 CFR § 5.403;
- Has alcohol and/or drug addictions;
- Is a Colonia resident;
- Is a victim of domestic violence;
- Has HIV/AIDS;
- Is homeless; or
- Is a migrant farm worker.

HH Mbr #	Sex Enter M or F	Age	Race	Other	Special Needs? Y or N	Race Codes: 1 White American 2 Black/African American 3 Native American 4 Hispanic American 5 Asian/Pacific American 6 Hasidic Jew	Other Codes: A Elderly B Disabled C Elderly & Disabled
1							
2							
3							
4							
5							
6							
7							

Print

Signature

Date