

SECTION 3 RESIDENT AFFIDAVIT

The undersigned being first duly sworn, on oath, represents, warrants, certifies, deposes and says, under penalty of law, as follows:

1. Employee Last, First Name, Middle Initial: _____
2. Current address (street address, city, state and zip code)

3. I am _____ am not _____ a resident of public housing.
4. The total number of individuals in my family (include all family members currently living in the household) is _____.
5. Last year, the annual income from all sources for my family is listed on the table below for my family size:

FAMILY SIZE	INCOME FROM ALL SOURCES
1	\$ _____
2	\$ _____
3	\$ _____
4	\$ _____
5	\$ _____
6	\$ _____
7	\$ _____
8	\$ _____

If the total number of individuals in your family is over eight, please state the annual income for your family during the last year.
\$ _____

6. I understand that that information above relating to the size and annual income of my family may require verification.

I agree to provide upon request documents verifying this information and I authorize my employer to release information required for the United State Department of Housing and Urban Development or the Columbia Housing Authority to verify my status as a "Section 3 Resident" under Section 3 of the Housing and Urban Development Act of 1968 (and the related regulations).

State of _____ County of _____

Employee Signature

Subscribed and sworn before me this _____ day of _____, 20__

IN TESTIMONY WHEREOF, I have hereunto affixed my hand and notarial seal at my office in the State and County aforesaid, on the day and year hereinabove first written.

Printed Name

_____, Notary Public

My Commission Expires: _____

INSTRUCTIONS FOR COMPLETION OF FORM 5

SECTION 3 RESIDENT AFFIDAVIT

1. Provide employee's last name, first name and middle initial.
2. Provide employee's current address.
3. Indicate whether the employee is a resident of public housing.
4. Indicate the total number of individuals in the employee's family.
5. By using the table, indicate the annual income for the employee's family for the last year. If the family size is over eight, list the annual income for the family.
6. The form should be signed by the employee and notarized by a Notary Public.

After an employee completes the form, his or her employer is responsible for collecting the form and delivering the form to CHA. The form for any employee must be delivered to CHA when the employee is listed on FORM 1 (Existing employee worksheet) or when a new employee is hired. Each person who fills out this form must be able to verify the information if requested.