

**SECTION 3 RESIDENT BUSINESS OWNER**

Name of Owner: \_\_\_\_\_

Home Address: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Percentage of Ownership: \_\_\_\_\_%

Check the appropriate box for your family size and income:

<b>Eligibility Guideline</b>		
<b>Check Box</b>	<b>Number in Household</b>	<b>Maximum Household Income</b>
<input type="checkbox"/>	1 Person	\$ 33,150
<input type="checkbox"/>	2 Persons	\$ 37,850
<input type="checkbox"/>	3 Persons	\$ 42,600
<input type="checkbox"/>	4 Persons	\$ 47,300
<input type="checkbox"/>	5 Persons	\$ 51,100
<input type="checkbox"/>	6 Persons	\$ 54,900
<input type="checkbox"/>	7 Persons	\$ 58,700
<input type="checkbox"/>	8 Persons	\$ 62,450

Household Income Data effective as of 3/6/2015

I certify that I am a resident of the City of Lock Haven. My **Total Household Income** last year was less than the amount shown above for my family size.

If the business is owned by more than one Section 3 resident, each should submit a separate Section 3 Resident Business Owner Verification Form. List each owner below:

I certify that the Section 3 residents listed below own at least 51% of the business:

<b>Name</b>	<b>Position</b>	<b>Percentage of Ownership</b>

I certify that the information provided is true and accurate.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**SECTION 3 BUSINESS CONCERN - 30% + WORKFORCE**

A business can be certified as a Section 3 Business Concern if at least 30% of its permanent, full-time employees are Section 3 residents, or were Section 3 residents within three (3) years of the date of first employment with the business. For your firm to be eligible UNDER THIS CRITERIA, you must provide the following information for all permanent FT employees.

**Copy this form if necessary.**

<b>LIST ALL EMPLOYEES NAME &amp; ADDRESS</b>	<b>DATE HIRED (MM/DD/YYYY)</b>	<b>CHECK IF SECTION 3 RESIDENT</b>	<b>JOB TITLE/TRADE</b>
Name: Address: City/Zip:			
Name: Address: City/Zip:			
Name: Address: City/Zip:			
Name: Address: City/Zip:			
Name: Address: City/Zip:			
Name: Address: City/Zip:			
Name: Address: City/Zip:			
Name: Address: City/Zip:			

Total Number of Employees: \_\_\_\_\_

Number of Section 3 Residents: \_\_\_\_\_

% of Total Workforce: \_\_\_\_\_

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

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Signature: \_\_\_\_\_