

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:

Eligibility Guideline		
Check Box	Number in Household	Maximum Household Income
<input type="checkbox"/>	1 Person	\$ 32,100
<input type="checkbox"/>	2 Persons	\$ 36,700
<input type="checkbox"/>	3 Persons	\$ 41,300
<input type="checkbox"/>	4 Persons	\$ 45,850
<input type="checkbox"/>	5 Persons	\$ 49,550
<input type="checkbox"/>	6 Persons	\$ 53,200
<input type="checkbox"/>	7 Persons	\$ 56,900
<input type="checkbox"/>	8 Persons	\$ 60,550

Household Income Data effective as of 6/6/2016

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:

Name	Position	Percentage of Ownership

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.

LIST ALL EMPLOYEES NAME & ADDRESS	DATE HIRED (MM/DD/YYYY)	CHECK IF SECTION 3 RESIDENT	JOB TITLE/TRADE
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: _____