

CERTIFICATION FOR SECTION 3 BUSINESS CONCERNS

Business Name:			
Business Description or	Trade Type:		
Business Address:			
Stre	et Address (and/or PO Box)	City, State, Zip Code	9
Phone:	Cell Phone:	Fax Number:	
Contact Person:		Title:	
Email Address:		Year Business Started:	
Corporation	Partnership	Sole Proprietorship	пс 🗌
documents. Sole Propri	ietorship may submit an Assu	of the incorporation, partnership Imed Business Name Certificate in Iname, please include a copy of the	f applicable. If
Names of Board Membe	ers, Owner, or Partners:		
Section 3 Category			
	_	escribes your business type. Atta	ach all requested
	more of business ownership following information:	control is held by low- or very lo	ow-income
Section 3 Wo	orker Certification form for ea	ach qualified business owner	
		oor hours performed over the pri income workers. Attach the fol	
List of all cu	rrent employees with a break	kdown of all labor hours from las	t three months
Section 3 Worker Certification form from each Section 3 qualified employee or payroll reports showing income of each eligible worker is under 80% of Area Median Income			
Category 3: 51% or more of business ownership/control is held by current residents of public housing or Section 8 assisted housing. Attach the following information:			
Section 3 Worker Certification form for each qualified business owner			

Section 3 Income Limits

Businesses with owners residing in the Grand Rapids-Kentwood Metropolitan Statistical Area (consisting of Kent, Ionia, Montcalm, and Ottawa counties) whose gross individual income (not household income) does not exceed 80% of the Area Median Income (AMI), as determined by HUD, qualify for Section 3 business status. Individuals must also meet this income requirement to be eligible for Section 3 Worker status.

The current 80% AMI income limit for one person as of June 15, 2023 was:

\$53,050 per year before taxes

I understand the information above may require verification requested. I hereby certify that the information provided falsification of any information could subject me to disqual under the law.	above is true and accurate, and understand
Owner's Printed Name	Owner's Signature
Date	
Return this signed certification form and all attachments to	o:
City of Grand Rapids Community Development Department 300 Monroe Avenue NW, Suite 460 Grand Rapids, MI 49503	
(For office use only, please do not complete this section) Date Certification Received:	Reviewed By: