

Employee Self-Affirmation Form for FFY 2020 (10/1/2019 – 9/30/2020)

This position is funded through Community Development Block Grant-Disaster Recovery (CDBG-DR) funds, which New York City receives from the Federal Department of Housing and Urban Development (HUD). To comply with Section 3 of the Housing and Urban Development Act of 1968, the City is required to collect residency and income information for persons involved with construction-related programs with budgets of \$100,000 or more. **Your response is voluntary, confidential, and has no effect on your employment.** However, the information on the form will help the City maintain the federal funds that support your position.

<p>1. Do you wish to provide information? <input type="checkbox"/> YES <input type="checkbox"/> NO* <i>* If you answer NO, please return this form to your employer.</i></p>	<p>5. Under the New York City CDBG-DR program, there are two provisions that set the guidelines for determining who can be considered a Section 3 resident. These two provisions are detailed below as Option A or Option B. Choose the option that you believe you can answer most accurately.</p> <p>OPTION A – Individual Income</p> <p>What is the income range you believe you earn on an annual basis? Income is defined as the total <u>annual</u> income you earn. All sources of income must be counted. Please check one box:</p> <p><input type="checkbox"/> \$0 - \$63,700 <input type="checkbox"/> \$63,700+</p> <p>OPTION B – Income based on household size</p> <p>Find the number of persons in your household (HH) and then check the box that contains the income range you believe your household earns on an annual basis. Income is defined as the total annual income of all family and non-family members 18+ years old living within the household. All sources of income must be counted from all persons in the household.</p> <table border="0"> <tr> <td>HH of 1:</td> <td><input type="checkbox"/> \$0-\$63,700</td> <td><input type="checkbox"/> \$63,700+</td> </tr> <tr> <td>HH of 2:</td> <td><input type="checkbox"/> \$0-\$72,800</td> <td><input type="checkbox"/> \$72,800+</td> </tr> <tr> <td>HH of 3:</td> <td><input type="checkbox"/> \$0-\$81,900</td> <td><input type="checkbox"/> \$81,900+</td> </tr> <tr> <td>HH of 4:</td> <td><input type="checkbox"/> \$0-\$90,950</td> <td><input type="checkbox"/> \$90,950+</td> </tr> <tr> <td>HH of 5:</td> <td><input type="checkbox"/> \$0-\$98,250</td> <td><input type="checkbox"/> \$98,250+</td> </tr> <tr> <td>HH of 6:</td> <td><input type="checkbox"/> \$0-105,550</td> <td><input type="checkbox"/> \$105,550+</td> </tr> <tr> <td>HH of 7:</td> <td><input type="checkbox"/> \$0-\$112,800</td> <td><input type="checkbox"/> \$112,800+</td> </tr> <tr> <td>HH of 8:</td> <td><input type="checkbox"/> \$0- \$120,100</td> <td><input type="checkbox"/> \$120,100+</td> </tr> </table>	HH of 1:	<input type="checkbox"/> \$0-\$63,700	<input type="checkbox"/> \$63,700+	HH of 2:	<input type="checkbox"/> \$0-\$72,800	<input type="checkbox"/> \$72,800+	HH of 3:	<input type="checkbox"/> \$0-\$81,900	<input type="checkbox"/> \$81,900+	HH of 4:	<input type="checkbox"/> \$0-\$90,950	<input type="checkbox"/> \$90,950+	HH of 5:	<input type="checkbox"/> \$0-\$98,250	<input type="checkbox"/> \$98,250+	HH of 6:	<input type="checkbox"/> \$0-105,550	<input type="checkbox"/> \$105,550+	HH of 7:	<input type="checkbox"/> \$0-\$112,800	<input type="checkbox"/> \$112,800+	HH of 8:	<input type="checkbox"/> \$0- \$120,100	<input type="checkbox"/> \$120,100+
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<p>2. Are you a resident of the five boroughs of New York City? <input type="checkbox"/> YES <input type="checkbox"/> NO** <i>** If you answer NO, please return this form to your employer.</i></p>																									
<p>3. If YES, are you a resident of NYCHA public housing facilities? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>																									
<p>4. Please check the box that most accurately describes your job classification.</p> <p><input type="checkbox"/> Professional</p> <p><input type="checkbox"/> Office and Clerical</p> <p><input type="checkbox"/> Inspector</p> <p><input type="checkbox"/> Operative (semi-skilled)</p> <p><input type="checkbox"/> Service Worker</p> <p><input type="checkbox"/> Technician</p> <p><input type="checkbox"/> Official / Manager</p> <p><input type="checkbox"/> Craft Worker (skilled)</p> <p><input type="checkbox"/> Laborer (unskilled)</p> <p><input type="checkbox"/> Other: _____</p>																									

NYC CDBG-DR Section 3 – Self-Affirmation Form

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

Signature _____

Date _____

Print Name _____

Date Hired _____

EMPLOYERS MUST RETAIN THIS FORM IN THEIR SECTION 3 COMPLIANCE FILE FOR 5 YEARS