

SECTION 3 BUSINESS APPLICATION

Completed applications should be submitted to:

Haywood County

Attn: Section 3 Program

215 N Main Street

Annex-Suite C

Waynesville, NC 28786

If you have any questions on the application process
Please contact the Section 3 Program

828.356.2638 and hannah.whtie@haywoodcountync.gov

Haywood County
Section 3 Business Application

Section 3 Business Application Checklist:

- Complete Section 3 Business Application
- Organizational Information
 - Articles of Incorporation or Organization (as applicable to business type)
 - Assumed Business Name Certificate
 - Certificate of Good Standing or Active status (as applicable to business type)
 - Partnership Agreement (if applicable)
 - Organizational Chart with Job Titles and Duties
 - Evidence of Business License
 - Other Applicable Documentation
- Qualifying Section 3 Criteria (Check applicable qualifying criteria below and include all requested supporting documentation)
 - 51% or more owned by low- or very low-income individual;
 - 51% or more owned by a resident of public housing; or
 - 75% of all hours worked over the prior three months worked by Section 3 workers
- Other Pertinent Information
 - Insurance Certificates
 - Current Financial Statement
 - Statement of Ability to Comply with Public Policy
 - List of all contracts for the past two years
 - W-9 (see last page of this application)

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Section 3 Business Application

Name of Business _____

Physical Address _____

City, State, Zip _____

Mailing Address, if different _____

City, State, ZIP _____

Owner's Name (Please include a copy of State ID or Driver's License) _____

Telephone Number, including area code _____

Email _____

Date Company was established _____

ORGANIZATIONAL INFORMATION

All questions must be answered and the data given must be clear and comprehensive. If necessary, questions may be answered on separate attached sheet(s).

- The company is a: Sole Proprietorship Partnership Joint Venture
 Corporation (please enclose a copy of corporation papers and corporate seal)
 Limited Liability Company (LLC)

General type of work performed by your Company (i.e. general contracting, HVAC, etc.):

Is your company Minority owned (MBE)? Yes No Woman owned (WBE)? Yes No
(Optional – For reporting purposes only)

Is this business licensed to operate in the certifying locality? Yes No (Enclose a copy if yes)

Please check and attach the following Business Entity documents, as applicable:

- | | |
|--|--|
| <input type="checkbox"/> Copy of Articles of Incorporation | <input type="checkbox"/> Assumed Business Name Certificate |
| <input type="checkbox"/> Certificate of Good Standing | <input type="checkbox"/> Partnership Agreement |
| <input type="checkbox"/> Organization Chart with titles & duties | <input type="checkbox"/> Other Documentation |

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The Applicant must have at least the following insurance coverage for Section 3 contract work:

- Commercial General Liability on an occurrence form for:
 - Bodily injury, and
 - Property damage liability

General Contractor limits of \$2,000,000 combined single limit each occurrence covering the Project specifically, and umbrella excess liability of \$5,000,000

Subcontractor limits will be \$1,000,000 combined single limit occurrence, and \$2,000,000 umbrella excess liability
- Worker's Compensation:
 - Statutory limits required by State Law
 - Employer's Liability: \$100,000
- Comprehensive Automobile Liability
 - Bodily Injury: \$1,000,000 Each Person
\$1,000,000 Each Occurrence
 - Property Damage: \$1,000,000 Each Occurrence

A copy of above insurance certificates must accompany this application. Coverage shall be maintained for the life of each contract or subcontract. Lapse of coverage may result in termination of contract and/or termination of approval to participate by the certifying entity.

The Applicant must have a satisfactory record of past work. Applicants with limited or no past performance will be accepted on a "probation" basis, and will not be awarded more than one contract at a time.

Please provide evidence of ability to perform successfully under the terms and conditions of other contracts:

- Current Financial Statement
- Statement of Ability to Comply with Public Policy
- List of all contracts for the past two (2) years

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QUALIFYING SECTION 3 CRITERIA

The Applicant must satisfy at least one of the following minimum requirements to be qualified as a Section 3 Business Concern. Please check the appropriate box(es):

- At least 75% of all hours worked over the prior three-month period worked by Section 3 workers (attach supporting documentation)
- 51% or more owned by low- or very low-income individuals as determined by current HUD income limits for the area where the individual resides (<https://www.huduser.gov/portal/datasets/il.html>)

NAME & ADDRESS OF OWNER(S)	TITLE	% OWNER	ADJUSTED GROSS INCOME <small>(Attach current proof of income)</small>

- 51% or more owned by residents of public housing

NAME & ADDRESS OF OWNER(S)	TITLE	% OWNER	PUBLIC HOUSING RESIDENT <small>(Attach current public housing lease)</small>

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Please sign the statement below certifying accuracy and authorizing the release of information to the certifying entity for the purpose of verifying your references. We have the right to request any additional information to validate information presented.

I certify that my answers are true and complete to the best of my knowledge. I hereby authorize the release of information to the certifying entity for the purpose of verifying my references.

Signature

Date

SAMPLE

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FIELDS OF INTEREST AND EXPERIENCE

Please indicate the areas of interest and the length of experience within each capacity:

Construction-Related Services	Interest	Length of Experience	Non-Construction/Post-Construction Services	Interest	Length of Experience
Architecture			Appraisal Services		
Bricklaying			Archeology		
Carpentry			Building Inspection Services		
Cement/Masonry			Building Maintenance		
Demolition			Catering		
Drywall			Computers/IT		
Electrical			Courier Services		
Elevator Construction			Engineering		
Engineering			Janitorial		
Environmental Services			Landscaping		
Fencing			Legal Services		
Flooring Installation			Management Consulting		
Heating			Marketing/Photography		
Insulation/Siding			Printing		
Iron Works			Real Estate Services		
Landscaping			Security		
Machine Operation			Surveying Services		
Painting			Transportation		
Plastering			Other:		
Plumbing			Other:		
Roofing			Other:		

What size of jobs in the areas indicated above are preferred?

Please list the suppliers with whom you do business (include the name, address and phone number):

Please list the Subcontractors with whom you regularly do business, if any, and indicate if they are Section 3 qualified*.

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- A. Carpentry: _____ Y/N
- B. Electrical: _____ Y/N
- C. Plumbing: _____ Y/N
- D. Roofing: _____ Y/N
- E. Masonry: _____ Y/N
- F. Mechanical: _____ Y/N
- G. Painting: _____ Y/N
- H. Other: _____ Y/N
- I. Other: _____ Y/N
- J. Other: _____ Y/N

*Section 3 qualified businesses receive preference on federally funded projects

OTHER PERTINENT INFORMATION

Have you ever been convicted of violating Federal, State or Local Law in the course of discharging your duties as a contractor? YES _____ NO _____

If yes, please explain:

Have you ever been disbarred from participating as a contractor in any Federal, State or Local program? YES _____ NO _____

If yes, please explain:

Are you a licensed lead-based paint abatement contractor? YES _____ NO _____

If yes, please provide a copy of all worker supervisor and contractor licenses.

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Please complete and return the attached W-9 form (found on the last page of this application) along with this application.

REFERENCES

Name	Address	Phone number	Years Associated
Banks			
Trades			
Subcontractors			



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CERTIFICATION

I certify that all of the above information is correct and true to the best of my knowledge, under the penalty of law. I understand that this information will be used to determine my eligibility for the Haywood County Section 3 Program, which utilizes funds from the U.S. Department of Housing and Urban Development. The participating agencies do not discriminate against any person because of race, color, religion, sex, handicap, family status, or national origin. I understand that this application may be rejected if I withhold information requested or provide falsified information.

I understand that a Section 3 Business Concern certification is not an offer of employment. By signing this document I give the certifying entity permission to place my contact information on a list to be shared with businesses and community partners when they are hiring for Section 3 covered projects in the area. If awarded a HUD-funded contract, I agree to comply with all federal and local reporting requirements.

*Printed Name: _____ *Title: _____

*Authorized Signature: _____ Date: _____

*CORPORATE OFFICER OR PERSON AUTHORIZED TO SIGN BIDS AND CONTRACTS ON BEHALF OF THE COMPANY.

FOR INTERNAL USE ONLY

Date Application Received: _____ Reviewed By: _____ Date: _____

Contractor: Does _____ or Does Not _____ qualify as a Section 3 Business Concern

Haywood County
Section 3 Program

Form **W-9**
(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

**Request for Taxpayer
Identification Number and Certification**

**Give Form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶ _____	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number													
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Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number																					
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Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.