



Regional Housing Partnership Section 3 Business Application

In an effort to comply with the federal Section 3 regulations, Regional Housing Partnership (RHP) is seeking to extend the benefits of and to promote compliance with Section 3 by identifying and targeting Section 3 businesses for RHP business opportunity events. For detailed Section 3 information, refer to www.hud.gov/section3.

Any businesses seeking Section 3 preferences in the awarding of contracts or purchase agreements shall complete appropriate certification forms and provide adequate documentation as evidence of eligibility for preference under the Section 3 program. Businesses seeking to file for Section 3 preference shall contact RHP HOME Specialist by email at maureen.g@regionalhousingpartnerships.org.

Section 3 businesses that are 51% or more owned by a Section 3 resident(s), or whose permanent, full-time workforce includes no less than 30% Section 3 residents; or that subcontract in excess of 25% of the total amount of subcontracts to Section 3 businesses are eligible to complete and submit the attached Section 3 Business Application form.

A Section 3 business seeking a contract or a subcontract shall submit evidence to the recipient contractor or subcontractor (as applicable), if requested, sufficient to demonstrate to the satisfaction of the party awarding the contract that the business is responsible and has the ability to perform successfully under the terms and conditions of the proposed contract. Please answer all questions and sign the forms.

Send completed forms via email to the RHP HOME Specialist's email address at: maureen.g@regionalhousingpartnerships.org. Applications may also be mailed to the Regional Housing Partnership's mailing address at: 2217-D Matthews Township Parkway #266, Matthews, NC 28105 or lastly, by faxing the application to the Regional Housing Partnership's fax number at: 704-531-4414.



Regional Housing Partnership

Section 3 Business Application

Business Name: _____

D.B.A (if different from above): _____

Address: _____
Street City State Zip

Business Phone: _____ Fax: _____

Email: _____ Business Website: _____

Contact Person & Title: _____

Contact Phone: _____

Employer ID #: _____ Owner's SS # (if no EIN): _____

NC Business License #: _____

Number of Employees: Full-time: _____ Part-time: _____ Contract: _____ Total: _____

Section 3 Employees: Full-time: _____ Part-time: _____ Contract: _____ Total: _____

Has business worked directly for RHP before: Yes No

M/WBE Status: Women Business Enterprise Yes No *Minority Business Enterprise Yes No

*Ethnic/Racial Code: African-American Native American Latino/Hispanic American Asian/Pacific American Hasidic Jew

List Primary Product or Service: (check all that apply)

General Contractor Mechanical Contractor Material Supplier
 Electrical Contractor Consultant Services Other _____

Professional or Contractor License Number (if applicable): _____

List additional products or services your business can provide: _____

Type of Business Entity: (check one)

Corporation Limited Liability Partnership (LLP) Partnership
 Joint Venture Limited Liability Corporation (LLC) Sole Proprietorship
 Other (describe) _____

I certify that the information provided is true and accurate and agree to provide, upon request, documents verifying the information submitted to qualify as a Section 3 business.

Print Name _____ Date _____

Signature _____