

## Section 3 Worker and/or Targeted Worker Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

County: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **Section 3 Eligibility**

A Section 3 worker is any individual who currently fits, or when hired within the past five years fit, at least one of the following categories (check off only one). Please provide documentation relating to the criteria that you checked off:

#### **Section 3 Worker:**

- My income for the previous or annualized calendar year is below the income limit established by HUD. Annual gross income: \_\_\_\_\_

<i>Please check: 2021 HUD Income Standards for Mpls-St. Paul-Bloomington</i>		
<input type="checkbox"/>	Low Income (80% AMI)	\$55,950
<input type="checkbox"/>	Very Low Income (50% AMI)	\$36,750

- I am employed by a Section 3 business concern. Name of business: \_\_\_\_\_
- I am a YouthBuild participant.

#### **Section 3 Targeted Worker (Public Housing Program):**

- I am employed by a Section 3 business concern. Name of business: \_\_\_\_\_
- I am a YouthBuild participant.
- I am a resident in public housing, Section 8-assisted housing, and/or a resident of other public housing projects or Section 8-assisted housing managed by the PHA that is providing the assistance (*applies only to Public Housing Assistance Projects*)

#### **Section 3 Targeted Worker (Community Development Program)**

- I am employed by a Section 3 business concern. Name of business: \_\_\_\_\_
- I am a YouthBuild participant.
- I live within the service area or the neighborhood of the project. Per 24 CFR § 75.5; *Service area or the neighborhood of the project* means an area within one mile of the Section 3 project or, if fewer than 5,000 people live within one mile of a Section 3 project, within a circle centered on the Section 3 project that is sufficient to encompass a population of 5,000 people according to the most recent U.S. Census (*applies only to Housing and Community Development Assistance*).

**Training, Skills, and Affiliations**

Please list skills you have in the following area:

Construction / Administrative / Computer / Other: \_\_\_\_\_

**Certification**

*I certify that the information provided is true and accurate. I understand that providing false or misleading information may result in decertification as a Section 3 Business, or other penalties. I understand that signing this form, I am allowing the Section 3 program to send me information about upcoming contracting opportunities, job opportunities, occupational training, and other outreach events.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Send completed application to:**

Section 3 Program - City of Saint Paul  
15 West Kellogg Blvd. Suite 280  
St. Paul, Minnesota 55102

Email: [jef.yang@ci.stpaul.mn.us](mailto:jef.yang@ci.stpaul.mn.us) or Fax: 651-266-8962

**Please complete Tennessen Warning on Next Page**

# Tennessen Warning

## Your Data Privacy Information

Tennessen Warning Notice for the Section 3 Certification Program in the Twin Cities Metropolitan Area

### Background

In accordance with the Minnesota Government Data Practices Act, Chapter 13 of the Minnesota Statutes ("MGDPA"), the Section 3 Certification Program as administered by the City of Saint Paul, is required to inform you of your rights as they pertain to the private information we collect from you. The information we collect from you is classified under the MGDPA as either public (anyone can see it), private (the public is not given access, but you are), or confidential (even you cannot see the information).

The data we are asking you to provide about yourself is employment and training data under MGDPA Section 13.47, subdivision 1(a), which is private data on individuals under MGDPA Section 13.47, subdivision 2. In order to collect and use this data we must tell you why we need the data, how we intend to use it, any consequences you may experience if you supply the information or not, and the people and entities that have access to the data by law. The data we collect is limited to that necessary for the administration and management of the Section 3 certification process. Persons or entities with whom this information may be shared include:

1. Section 3 Program employees including: City of Saint Paul, City of Minneapolis, Anoka County, Dakota County CDA, Hennepin County, Ramsey County, Washington County CDA, Saint Paul Public Housing Agency, and Minneapolis Public Housing Authority.
2. The Department of Housing and Urban Development (HUD) as part of Section 3 compliance and reporting.
3. Contractors who are seeking to recruit employees/labor who are certified as Section 3.
4. Union representatives seeking Section 3 employees and/or members.
5. The City of Saint Paul, which provides notice of training and job opportunities.
6. Upon court order or to the state or legislative auditor.

### Purpose and Intended Use

The information we request from you may be used for one or more of the following purposes:

- To distinguish you from all other applicants and identify you in our files;
- To provide employers a list of Section 3 certified people along with any other specific skills and education stated by you on the Section 3 database.
- To determine your eligibility for section 3 certification
- To compile Equal Opportunity and Affirmative Action reports.
- To facilitate training, employment, and contracting opportunities for approved Section 3 residents and businesses.

### Requirements to Provide

You are not required to provide this information; however, without the information, we will be unable to determine if you qualify for the Section 3 program.

### Acknowledgement

My information will be stored for only 12 months. During those 12 months anytime I sign into my account and click either the "I agree to share Information" or "I do not agree to share information" it will extend the 12 month requirement and re-register my information into this data system from the date of sign in.

I understand if I do not sign into my account during a 12 month time frame, my account will be closed and my records will be deleted from this database. In order to use this service again, I will need to re-register my information.

***I have read and understand the Tennessen Warning regarding my rights as a subject of government data, and I AGREE to share Information.***

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Signature

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Date