

**Employee Self-Affirmation Form  
for Contractors and Subcontractors Subject to Section 3**

This position is funded by the Community Development Block Grant-Disaster Recovery (CDBG-DR), which New York State receives through the Federal Department of Housing and Urban Development (HUD). To comply with Section 3 of the Housing and Urban Development Act of 1968, HUD requires CDBG-DR funded projects to collect residency and income information for persons involved with construction-related contracts 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 Governor's Office of Storm Recovery (GOSR) comply with federal funding requirements.

1. Do you wish to provide information to GOSR?  **YES\***  **NO**

*\* If you answer YES, please fill out the form below.*

2. Are you a resident of a Public Housing Facility?  **YES**  **NO**

3. Please review the chart below. Find the number of persons in your household 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.

**Please check your Income Range based on your household size (for example if there are 5 people in your household, go to HH of 5; if there are 8 or more in your household go to HH of 8):**

HH of 1:	<input type="checkbox"/> \$0 - \$48,100	<input type="checkbox"/> \$48,101+
HH of 2:	<input type="checkbox"/> \$0 - \$55,000	<input type="checkbox"/> \$55,001+
HH of 3:	<input type="checkbox"/> \$0 - \$61,850	<input type="checkbox"/> \$61,851+
HH of 4:	<input type="checkbox"/> \$0 - \$68,700	<input type="checkbox"/> \$68,701+
HH of 5:	<input type="checkbox"/> \$0 - \$74,200	<input type="checkbox"/> \$74,201+
HH of 6:	<input type="checkbox"/> \$0 - \$79,700	<input type="checkbox"/> \$79,701+
HH of 7:	<input type="checkbox"/> \$0 - \$85,200	<input type="checkbox"/> \$85,201+
HH of 8:	<input type="checkbox"/> \$0 - \$90,700	<input type="checkbox"/> \$90,701+

5. Please check the box that most accurately describes your job classification.

- |   |   |
|---|---|
| <input type="checkbox"/> Professional             | <input type="checkbox"/> Technician             |
| <input type="checkbox"/> Office Clerical          | <input type="checkbox"/> Official/Manager       |
| <input type="checkbox"/> Sales                    | <input type="checkbox"/> Craft Worker (skilled) |
| <input type="checkbox"/> Operative (semi-skilled) | <input type="checkbox"/> Laborer (unskilled)    |
| <input type="checkbox"/> Service Worker           | <input type="checkbox"/> Other: _____           |

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 FIVE YEARS**