



Roanoke Redevelopment Housing Authority
Partners in Progress

PARTNERS IN PROGRESS

SECTION 3 BUSINESS CONCERN

Section 3 Worker/Targeted Section 3 Worker or Resident Business Owner(s)

Name of Owner: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ (Cell) _____

Email Address: _____

Website: _____

Name of Business: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Percentage of Ownership: _____

Check the appropriate box for your family size and. income and submit a Section 3 Preference Income Form

MSA - Roanoke City, Roanoke County, City of Salem, Botetourt County, Craig County, VA – FY2021 Income Limits

Check Box	# of Persons in Household	Gross Household Income Max.
<input type="checkbox"/>	1 individual	\$43,900.00
<input type="checkbox"/>	2 individuals	\$50,200.00
<input type="checkbox"/>	3 individuals	\$56,450.00
<input type="checkbox"/>	4 individuals	\$62,750.00
<input type="checkbox"/>	5 individuals	\$67,750.00
<input type="checkbox"/>	6 individuals	\$72,750.00
<input type="checkbox"/>	7 individuals	\$77,750.00
<input type="checkbox"/>	8 individuals	\$82,800.00

MSA - Franklin County, VA – FY2021 Income Limits

Check Box	# of Persons in Household	Gross Household Income Max.
<input type="checkbox"/>	1 individual	\$37,550.00
<input type="checkbox"/>	2 individuals	\$42,900.00
<input type="checkbox"/>	3 individuals	\$48,250.00
<input type="checkbox"/>	4 individuals	\$53,600.00
<input type="checkbox"/>	5 individuals	\$57,900.00
<input type="checkbox"/>	6 individuals	\$62,200.00
<input type="checkbox"/>	7 individuals	\$66,500.00
<input type="checkbox"/>	8 individuals	\$70,800.00

I certify that I am a resident of the Roanoke, VA or Franklin County Metropolitan Area and my total household income last year was less than the amount shown above for my family size. If the business is owned by more than one Section 3 resident, each should submit a separate Section 3 Resident Income Preference Claim Form.

List each owner below:

NAME & POSITION	ADDRESS	PERCENTAGE Of OWNERSHIP

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 concern.

Name: _____ Title: _____
Company Name: _____
Signature: _____ Date: _____
Notary Signature and Seal: _____