SECTION 3 SUBCONTRACTOR/VENDOR LIST
SIGN-UP

Name of Business: _____

Type of Service (please list any service that your license allows you to perform; be as specific as possible):

_____

_____

_____

Address of Business: _____
(Street) (City) (Zip)

Contact Name: _____

Phone: _____ Phone 2: _____ Email: _____

Please check the box next to the appropriate status type of your Section 3 Business.

☐ **STATUS 1: RESIDENT OWNED BUSINESS**
Fifty-one percent (51%) or more owned by a Section 3 Resident (either public housing resident or low-income Marin County resident)

☐ **STATUS 2: RESIDENT EMPLOYED BUSINESS**
Thirty percent (30%) of full-time, permanent employees are Section 3 Residents (either public housing residents or low-income Marin County residents).

CONSENT STATEMENT
By signing below, I understand that:

- I am an authorized representative of the company named above.
- The company named above meets the requirements of the Section 3 status checked.
- Any documents requested as evidence of Section 3 status must be provided to Marin Housing or its primary contractors prior to the award of any contract. I understand that if I am unable to provide evidence of my Section 3 status at the time of contract award, I may be removed from the Section 3 Subcontractor/Vendor List.
- I give permission for the information on this form to be shared with Marin Housing's primary contractors. I understand that Marin Housing's primary contractors may contact me directly regarding contracting opportunities.

_____ _____ _____
SIGNATURE PRINT NAME DATE