

Employee

Section 3 Report

Oakland County

Neighborhood & Housing Development Division

Name:		Date:
Address: City & State: Zip:		
Telephone Number:	FAX Number:	Email Address:

As an employee of _____, I certify that my total gross household income last year was not greater than (based on the number of persons in the family) the amount checked below.

I worked _____ hours on this job.

Family Size	Section 3 Gross Household Income Limits as of Jan. 2025	CHECK ONE (✓)	
		Household Income Less Than (✓)	Household Income More Than (✓)
1	\$53,700		
2	\$61,400		
3	\$69,050		
4	\$76,700		
5	\$82,850		
6	\$89,000		
7	\$95,150		
8	\$101,250		

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. title 18, Sec. 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing, or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five (5) years, or both."

I agree to provide any additional documentation (if requested) that confirms the accuracy of my family size and total household income.

Name: _____

Signature: _____ Date: _____