

Exhibit 4

Section 3 Resident Certification Form
(2018 Income Limits)

Project Name: Construct Cahuilla Hills Park and Trailhead ADA Improvements

Resident's Name: _____

Resident's Address: _____

I hereby certify that I am a Section 3 resident, based on the following qualification(s):

- 1. I am a public housing resident (public housing name):

- 2. I am an income-qualified resident in the County of Riverside (see below)

Select your household size, annual income level, and racial and ethnic background:

Household Size

Income Level

- | | | |
|----------------------------|---|--|
| <input type="checkbox"/> 1 | <input type="checkbox"/> \$52,200 or less | <input type="checkbox"/> \$52,200.01 or more |
| <input type="checkbox"/> 2 | <input type="checkbox"/> \$59,650 or less | <input type="checkbox"/> \$59,650.01 or more |
| <input type="checkbox"/> 3 | <input type="checkbox"/> \$67,100 or less | <input type="checkbox"/> \$67,110.01 or more |
| <input type="checkbox"/> 4 | <input type="checkbox"/> \$74,550 or less | <input type="checkbox"/> \$74,550.01 or more |
| <input type="checkbox"/> 5 | <input type="checkbox"/> \$80,550 or less | <input type="checkbox"/> \$80,550.01 or more |
| <input type="checkbox"/> 6 | <input type="checkbox"/> \$86,550 or less | <input type="checkbox"/> \$86,550.01 or more |
| <input type="checkbox"/> 7 | <input type="checkbox"/> \$92,450 or less | <input type="checkbox"/> \$92,450.01 or more |
| <input type="checkbox"/> 8 | <input type="checkbox"/> \$98,450 or less | <input type="checkbox"/> \$98,450.01 or more |

Racial Background: Mark an "X" below next to the category that best describes your origin:

Single Categories

Double Categories

- | | |
|---|---|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> American Indian or Alaska Native AND White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Asian AND White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Black or African American AND White |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> American Indian or Alaska Native AND Black or African American |
| <input type="checkbox"/> White | <input type="checkbox"/> Other – for individuals not identified above. |

Ethnic Background: Mark an "X" below, next to the category that best describes your ethnicity:

- Hispanic/Latino
- Not Hispanic/Latino

The undersigned declares that the above information is complete and correct.

Section 3 Resident Signature Date