



## INVITATION TO SELF-IDENTIFY

The Reno Housing Authority (RHA) is considered a federal government contractor, and as such we are subject to federal government regulations that require us to complete certain nondiscrimination and affirmative action recordkeeping and reporting requirements. As a result of these laws the RHA is required to request that applicants complete the attached self-identification documents.

Please know it is the policy of the RHA not to discriminate against any employee or applicant for employment because they are a qualified individual with a disability, a veteran or their Title VII status. It is also the policy of the RHA to take affirmative action to employ all persons regardless of their status as qualified individuals with disabilities, veteran status, or Title VII status, and to base all employment decisions only on valid job requirements. This policy applies to all employment actions, including but not limited to, recruitment, hiring, transfer, promotion, demotion, layoff, recall, termination, rates of pay or other forms of compensation, at all levels of employment.

While completion of the self-identification documents will assist RHA in complying with the law, please understand it is voluntary. If you decide not to disclose your information, we ask you to please select "I Don't Wish to Answer" on each form.

Thank you, we appreciate your assistance in helping us comply with federal government regulations. If you have any questions regarding these documents, please contact the RHA Human Resource office at [HR@renoha.org](mailto:HR@renoha.org).

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*Por favor contacte la Autoridad de Viviendas de Reno si usted necesita este documento traducido o si usted tiene alguna pregunta.*

## VOLUNTARY SELF-IDENTIFICATION - GENDER & RACE/ETHNICITY

The Equal Employment Opportunity Commission (EEOC) requires all private employers with 100 or more employees as well as federal contractors and first-tier subcontractors with 50 or more employees and contracts of at least \$50,000 complete an EEO-1 report each year. Covered employers must invite employees to self-identify gender and race for this report.

**Completion of this form is voluntary and will not affect your opportunity for employment, or the terms or conditions of your employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources department. Please return completed forms to the HR department.**

PLEASE PRINT

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First

Position applied for (*list only one*) \_\_\_\_\_

**Race/Ethnicity** (Please check one of the descriptions below corresponding to the ethnic group with which you identify):

**Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

**White (Not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

**Black or African American (Not Hispanic or Latino):** A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Pacific Islander (Not Hispanic or Latino):** A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

**Asian (Not Hispanic or Latino):** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Native American or Alaska Native (Not Hispanic or Latino):** A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

**Two or more races (Not Hispanic or Latino):** All persons who identify with more than one of the above five races.

### **Gender**

Male Female

**I Don't Wish to Answer**

Signature \_\_\_\_\_

## Voluntary Self-Identification of Disability

Form CC-305  
Page 1 of 1

OMB Control Number 1250-0005  
Expires 05/31/2023

Name: \_\_\_\_\_  
Employee ID: N/A  
(if applicable)

Date: \_\_\_\_\_

### Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

### How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

### Please check one of the boxes below:

- ☐ Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- ☐ No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- ☐ I Don't Wish To Answer

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

### For Employer Use Only

## **Voluntary Self-Identification of “Protected” Veteran Status**

### **Why Are You Being Asked to Complete This Form?**

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA). VEVRAA requires Government contractors to take affirmative action to employ and advance in employment protected veterans. To help us measure the effectiveness of our outreach and recruitment efforts of veterans, we are asking you to tell us if you are a veteran covered by VEVRAA. Completing this form is completely voluntary, but we hope you fill it out. Any answer you give will be kept private and will not be used against you in any way.

For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

### **How Do You Know if You Are a Veteran Protected by VEVRAA?**

Contrary to the name, VEVRAA does not just cover Vietnam Era veterans. It covers several categories of veterans from World War II, the Korean conflict, the Vietnam era, and the Persian Gulf War which is defined as occurring from August 2, 1990 to the present.

If you believe you belong to any of the categories of protected veterans please indicate by checking the appropriate box below. The categories are defined on the next page and explained further in an [“Am I a Protected Veteran?”](#) infographic provided by OFCCP.

☐ I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED BELOW

☐ I AM NOT A PROTECTED VETERAN

☐ I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

### **What Categories of Veterans Are “Protected” by VEVRAA?**

“Protected” veterans include the following categories: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These categories are defined below.

1. A “disabled veteran” is one of the following:
  - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
  - a person who was discharged or released from active duty because of a service-connected disability.
2. A “recently separated veteran” means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
3. An “active duty wartime or campaign badge veteran” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
4. An “Armed forces service medal veteran” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.



## Section 3 Worker and Targeted Section 3 Worker Self Certification

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The Reno Housing Authority (RHA) receives funding from the Department of Housing and Urban Development (HUD). RHA is required to gather and provide pertinent Section 3 data to HUD. The purpose of HUD's Section 3 program is to provide employment, training, and contracting opportunities to low-income individuals, particularly those who are recipients of government assistance for housing or other public assistance programs.

***Your response is voluntary, confidential and will not affect any employment decisions.***

### **Eligibility for Section 3 Worker or Targeted Section 3 Worker Status**

A Section 3 worker seeking certification shall self-certify and submit this form to the recipient contractor or subcontractor, that the person is a Section 3 worker or Targeted Section 3 Worker as defined below and in 24 CFR Part 75.

#### Section 3 Worker Definition:

- A low or very low-income resident (the worker's income for the previous or annualized calendar year is below the income limit established by HUD); or
- Employed by a Section 3 business concern or
- A YouthBuild participant.

#### Targeted Section 3 Worker Definition (for public housing)

- Employed by a Section 3 business concern or
- Currently meets or when hired met at least one of the following categories as documented within the past five years:
  - A resident of public housing; or
  - A resident of other public housing projects or Section 8-assisted housing; or
  - A YouthBuild participant.

#### Targeted Section 3 Worker Definition (for housing and community development)

- Employed by a Section 3 business concern or
  - Currently meets or when hired meets at least one of the following categories as documented within the past five years.
  - Living within the service area or the neighborhood of the project, as defined in 24 CFR 75.5
  - A YouthBuild participant.

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# Housing Authority of the City of Reno

## Section 3 Self Certification Form

Candidate/Employee Name: \_\_\_\_\_

1. Are you a resident of public housing or a Housing Choice Voucher Holder (Section 8)?      Yes      No
2. Are you a resident of Washoe County?      YES      No

Please select the amount of individual income you believe you earn on an annual basis:

<input type="checkbox"/>	<b>Less than \$10,000</b>	<input type="checkbox"/>	<b>\$40,001 - \$50,000</b>
<input type="checkbox"/>	<b>\$10,001 - \$20,000</b>	<input type="checkbox"/>	<b>\$50,001 - \$60,000</b>
<input type="checkbox"/>	<b>\$20,001 - \$30,000</b>	<input type="checkbox"/>	<b>More than \$60,000</b>
<input type="checkbox"/>	<b>\$30,001 - \$40,000</b>	<input type="checkbox"/>	

Please select from **ONE** of the following three options:

I qualify as a:

Section 3 Worker (as defined on page 3 of Section 3 Worker Certification Form)

Target Section 3 Worker (as defined on page 3 of Section 3 Worker Certification Form)

I DO NOT qualify as a Section 3 Worker or Target Section 3 Worker

### Affirmation

I affirm the information and statements I have provided are true, complete, and correct to the best of my knowledge and understanding. I hereby certify, under penalty of law, the following information is correct to the best of my knowledge.

Candidate/Employee Address: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

### For Internal Administration Use Only

- |    |  |     |    |
|----|--|-----|----|
| 1. | Is the Individual a Section 3 worker based on their self-certification?            | Yes | No |
| 2. | Is the Individual a Targeted Section 3 worker based upon their self-certification? | Yes | No |
| 3. | Was this an applicant who was hired as a result of the Section 3 project?          | Yes | No |
- If yes, what is the name of the company? \_\_\_\_\_
- The date of hire? \_\_\_\_\_

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