

The HUD Section 3 60002 Form is a Web-based system that allows direct recipients of HUD funding that are subject to Section 3 requirements to submit Section 3 reports for covered funds received annually during their reporting period. To access this system, users must be valid users in HUD Secure Systems (WASS) and have access to the FHSEC3 system in WASS. Visit the [60002 Component User Registration Guide](#) for information on how to register for SPEARS/WASS access.

Section 1 – Getting Started

1. Accessing the HUD 60002 Form.

- Open a web browser such as Internet Explorer, Chrome, Firefox or Safari.
- [Enter] https://hudapps.hud.gov/HUD_Systems in the URL box.



- The Secure Systems User Login Screen will be presented.
- After successful login, the WASS Message of the Day Screen will be presented.



- [Click] **Accept** to Continue.
- [Select] **Section 3 Summary Annual Reporting System, Form HUD 60002** under the Systems bulleted list.

Section 2 – Agency and Reporting Period

1. Select agency and reporting period.

- [Select] an agency from the drop down menu.

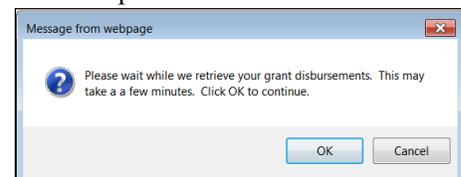
Please select the agency for this submission: *

Select an Agency...

- Use the date picker tool to select the start date of the fiscal year being reported. The system will automatically generate the end date.
- [Select] **Continue** to Proceed.

2. Confirm/Enter Agency Profile Details.

- The user will be presented with an **Agency Profile** Page.
- Based on the user's Agency association, the Recipient Agency Name and Address will be pre-filled.
- Verify that the information on the screen is correct.
- Fill in all required information as requested. Fields marked with a * are required.
- [Click] **Continue**.
- A pop up message will be displayed notifying the user that grant disbursement data is being retrieved. This process takes several minutes.



- [Click] **OK** to Proceed, or **Cancel** to remain on the page.

Section 3 – Covered Funding Disbursement Summary

1. Verify disbursements.

- Review the disbursement details and ensure they are correct.
- Under **HUD Disbursement Summary: mm/dd/yyyy through mm/dd/yyyy**, the total disbursements by Program Name will be listed.
- Under **Agency Submission Summary for Fiscal Year Starting mm/dd/yyyy – Reports Submitted**, there will be a list of any reports that have already been submitted for the Agency. If no reports have been submitted, a message will be displayed – “Nothing found to display”.
- [Select] **Start Report** to continue.

Section 3 Covered Funding		
Agency Name: DISTRICT OF COLUMBIA HOUSING AUTH Address: 801 N CAPITOL ST NE, WASHINGTON, DISTRICT OF COLUMBIA 20002 Contact Information: Name: Jane Tester, Phone Number: (311) 555-2398, Email Address: jane.test@agency.gov.		
HUD Disbursement Summary: 07/01/2014 through 06/30/2015		
Program Code	Program Name	Total Draw-Down Amount
All Programs	All Programs	\$3,828,476.11
CFP	CAPITAL FUND PROGRAM	\$15,821,805.93
PFS	PERFORM FUNDING SYS	\$22,655,209
CNP	CHOICE HOME PLANNING	\$86,241.92
ENB	CHOICE NEIGHBORHOODS	\$89,139.28
Agency Submission Summary for Fiscal Year Starting: 07/01/2014 - Reports Submitted You have not yet submitted any reports for this period. If you have any questions, please send an email to: 60002@hud.gov Nothing found to display.		
<input type="button" value="Previous"/> <input type="button" value="Home"/> <input type="button" value="Start Report"/>		

Section 4 – New Hires

1. Enter information about New Hires.

- [Select] a **Program Code Name** from the drop down menu. If no selection is made, the system

will default to the first Program Code Name in the list.

Program Code Name
CFP - CAPITAL FUND PROGRAM - \$15,823,805.93
PFS - PERFORM FUNDING SYS - \$22,655,209
CNP - CHOICE NBH PLANNING - \$86,341.92
CNB - CHOICE NEIGHBORHOODS - \$89,139.26

- b. Enter **Employment and Training Opportunities** details into the table provided, if applicable. This information is not required to continue.

Employment and Training Opportunities

List employment opportunities created by the recipient agency, its subrecipients, and contractors as a result of the expenditure of the covered funds listed above.

A) Job Category	E) Number of New Hires	C) Number of New Hires that are Section 3 Residents	D) Aggregate Number of Staff Hours Worked (Optional)	E) Total Staff Hours Worked by Section 3 Employees(Optional)	F) Number of Section 3 Trainees
Professional					
Clerical					
Select Item...					
Select Item...					
Select Item...					
CATEGORY TOTAL:					

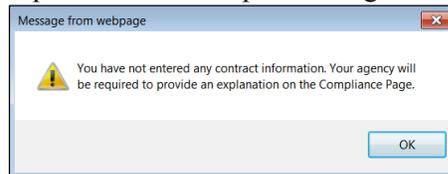
Previous New Job Category Continue

- c. See the [HUD 60002 Form Instructions](#) for requirements on entering this data. If data requirements are not met for this table, error messages will be displayed and the user will not be able to proceed until they are corrected.
- d. If additional rows are needed, [Select] the **New Job Category** below the table which will add a new row to the bottom of the table.
- e. If no information is entered on this screen, the user will be presented a message stating an explanation will be required on the Compliance Page:



- f. [Click] **OK** to Proceed.

- c. If no information is entered on this screen, the user will be presented a message stating an explanation will be required on the Compliance Page:



- d. [Click] **OK** to Proceed.

Section 6 – Summary

1. Summary of Section 3 Compliance.

- a. A summary of compliance with the Section 3 numerical goals will be displayed.
- b. Verify that the information is correct. If corrections are needed, [Select] the **Previous** button to go back to previous screens.

Summary of Section 3 Compliance

New Hires Contracts Summary Compliance Certification

Agency Name: STATE OF WEST VIRGINIA

Below is a summary of your compliance with the Section 3 minimum numerical goals based upon the information submitted.

Agency Name: STATE OF WEST VIRGINIA
 Agency Street Address: "114 VIRGINIA STREET, EAST"
 Agency City: CHARLESTON

- c. [Select] **Continue** to proceed.

2. Summary of Best Efforts to Comply.

- a. Recipients that failed to meet any of the three minimum numerical goals for employment, construction contracts, or non-construction contracts **MUST** enter an explanation into the narrative box on this page.

Efforts for achieving compliance, barriers encountered, etc:

Your agency did not meet all three minimum numerical goals for the reporting period. You must provide an explanation below.

- b. [Select] **Continue** to proceed.

Section 5 – Contracting

1. Contracting Opportunities.

- a. Enter details on Construction and Non-Construction Contracts awarded, if applicable. This information is not required to continue.
- b. See the [HUD 60002 Form Instructions](#) for requirements on entering this data. If data requirements are not met, error messages will be displayed and the user will not be able to proceed until they are corrected.

Contracting Opportunities

New Hires Contracts Summary Compliance Certification

Agency Name: STATE OF WEST VIRGINIA

List Contracting Opportunities for Both Construction and Non-Construction Contracts:

Construction Contracting Opportunities

Total Dollar Amount of Construction Contracts Awarded:

Dollar Amount of Construction Contracts Awarded To Section 3 Businesses:

Section 7 – Certification

1. Submit Form.

- a. A verification screen will be presented prior to submission.

Submit Form

New Hires Contracts Summary Compliance Certification

Agency Name: STATE OF WEST VIRGINIA
 Reporting Year: 07/01/2014 through 06/30/2015
 Program Code/Program Name: SOG - EMERG SOLUTION GRANT (\$1,654,207.82)

By submitting this Section 3 report, I certify under penalty of perjury under 28 U.S.C. § 1746 that the statements and information contained herein regarding the STATE OF WEST VIRGINIA: (1) meet the regulatory requirements of Section 3 of the Housing and Urban Development Act of 1968 as set forth at 24 CFR § 135, and (2) are, to the best of your knowledge, truthful and accurate.

Previous Submit Form

- b. Verify that the Reporting Year, Program Code/Program Name information is correct.
- c. [Select] **Submit Form** to submit the form to HUD. **Note:** The user will be presented an option to save and download the form on the next screen.

- d. After successful submission, the user will receive a confirmation message:



2. Print/Save Report.

- a. To [Print] or [Save] a copy of the report in PDF format, [Select] the **Print/Save Copy of Report** button.
- b. Depending on the user's browser version, the user will be presented the option to Save (download) or Open the PDF file which can then be printed.

3. Back to Agency Selection/Submit Additional Reports.

- a. Following submission of a report, the user can choose to return to the Agency Profile page to submit additional reports by selecting the **Back to Agency Selection** button.