



Brockton Housing Authority
Section 3 Resident Application

Please Note: This is not a job application. The information that you provide here will be entered into a database and shared with employers as job and training opportunities become available through the Brockton Housing Authority and its affiliates.

APPLICANT INFORMATION

				Date
Last Name		First Name		MI
Street Address		Apt. / Unit #	City	
State	Zip	Phone		
Email (only if you check regularly)				
Date Available	Are you a BHA Resident?	Yes	No	
Do you have a Housing Choice Voucher/ (Section 8)		Yes	No	
Are you authorized to work in the U.S.?		Yes	No	
Do you speak a language other than English?		Yes	No	
I am available for the following type of Employment:	Full time	Part time	Temporary	

EDUCATION

High School	Address	Did you Graduate?	Yes	No
Dates Attended:	From:	To:		
College	Address	Did you Graduate?	Yes	No
Dates Attended:	From:	To:		
Other	Address	Did you Graduate?	Yes	No
Dates Attended:	From:	To:		

Degree/Certificate:

Training:

Driver's License?	Yes	No
OSHA 10 Safety Certified?	Yes	No
HUD YouthBuild	Yes	No
Apprenticeship	Yes	No
Pre-Apprenticeship?	Yes	No
Military service?	Yes	No
Union Membership?	Yes	No
Other Training?	Yes	No

DESIRED TRAINING/EMPLOYMENT OPPORTUNITIES

I am seeking Employment Yes No

If yes, specify desired job (s)

Asbestos Worker	Insulator	Secretary
Bricklayer	Laborer	Tenant Coordinator
Carpenter	Maintenance	Other(Specify)
Electrician	Painter	

I am seeking Training Opportunities Yes No

If yes, specify training type(s)
Other (specify)

Examples: Healthcare Construction

PREVIOUS EMPLOYMENT

Company

Phone

Address

Supervisor

Job Title

Starting
Salary \$

Ending
Salary \$

Responsibilities

Employed dates from

To

Reason for
Leaving

May we contact your
previous supervisor for
a reference?

Yes

No

Company

Phone

Address

Supervisor

Job Title

Starting
Salary \$

Ending
Salary \$

Responsibilities

Employed dates from

To

Reason for
Leaving

May we contact your
previous supervisor for a
reference?

Yes

No

REFERENCES

Please list two references if none listed above.

Full Name	Relationship
Company	Phone
Address	

Full Name	Relationship
Company	Phone
Address	

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. I understand that if the information provided leads to employment, false or misleading information may result in my release. I authorize the Brockton Housing Authority to share this information with prospective employers. I release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information. You are hereby authorized to make any investigation of my personal history, academic/professional credentials, military service records, criminal, driving, financial, and credit records through any investigative or credit bureaus of your choice. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Signature Date

Brockton, MA HMFA	FY 2014							
	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
30% OF MEDIAN	18450	21050	23700	26300	28450	30550	32650	34750
VERY LOW INCOME	30700	35050	39450	43800	47350	50850	54350	57850
LOW-INCOME	44750	51150	57550	63900	69050	74150	79250	84350

I understand that the information above relating to the size and annual income of my family may require verification. I agree to provide upon request documents verifying this information and I authorize the release of this information required for the United States Department of Housing and Urban Development or the Brockton Housing Authority to verify my status as a "Section 3 Resident" under Section 3 of the Housing and Urban Development Act of 1968 (and the related regulations).

Signature Date