



Section 3 Application

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

Applicant Information

Full Name: _____
Last First M.I.

Date: _____

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Are you a BHA Resident? __Yes __No

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Are you a BHA Resident? YES NO Do you have a Housing Choice Voucher (Section 8 Voucher?) YES NO

Do you speak a language other than English? YES NO Have you worked at Brockton Housing Authority before? YES NO

I am available to work: Full time YES NO

Part time YES NO

Temporary YES NO

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Degree: _____

Do you have a driver's license? YES NO

Are you 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? Please list _____

Desired Training/Employment Opportunities:

- | | | | |
|-----------------|--------------------------|--------------------|--------------------------|
| Asbestos Worker | <input type="checkbox"/> | Maintenance | <input type="checkbox"/> |
| Bricklayer | <input type="checkbox"/> | Painter | <input type="checkbox"/> |
| Carpenter | <input type="checkbox"/> | Secretary | <input type="checkbox"/> |
| Electrician | <input type="checkbox"/> | Tenant Coordinator | <input type="checkbox"/> |
| Insulator | <input type="checkbox"/> | Other. (Specify) | <input type="checkbox"/> |
| Laborer | <input type="checkbox"/> | | |

References

Please list two professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

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: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

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: _____

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).

FY 2024 Income Limits
Persons in Family (Circle one)

	1	2	3	4	5	6	7	8
EXTR LOW INCOME	27,350	31,250	35,150	39,050	42,200	45,300	48,450	52,720
VERY LOW INCOME	45,550	52,020	58,550	65,050	70,250	75,500	80,650	85,900
LOW-INCOME	68,500	78,250	88,050	97,800	105,650	113,450	121,300	129,100

Signature: _____ Date: _____