



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 2021 Income Limits  
Persons in Family (Circle one)

	1	2	3	4	5	6	7	8
EXTR LOW INCOME	21,000	24,000	27,000	29,950	32,350	35,580	40,120	44,660
VERY LOW INCOME	35,000	40,000	45,000	49,950	53,950	57,950	61,950	65,950
LOW-INCOME	55,950	63,950	71,950	79,900	86,300	92,700	99,100	105,500

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