



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 job 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 2022 Income Limits  
Persons in Family (Circle one)

	1	2	3	4	5	6	7	8
EXTR LOW INCOME	23,450	26,800	30,150	33,550	36,200	38,900	41,910	46,630
VERY LOW INCOME	39,100	44,700	50,300	55,850	60,350	64,800	69,300	73,750
LOW-INCOME	62,550	71,500	80,450	89,350	96,500	103,650	110,800	117,950

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

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