

BOSTON 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 Boston Housing Authority and its affiliates.

APPLICANT INFORMATION			
Last Name		First	M.I. Date
Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address (only if you check regularly)	
Date Available		Social Security No.	
Are you a BHA resident?		YES <input type="checkbox"/> _____ (development) YES <input type="checkbox"/> Section 8 NO <input type="checkbox"/>	
Are you authorized to work in the U.S.?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Do you speak a language other than English?		YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, specify _____	
I am available for the following type of employment:		Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/>	

EDUCATION			
High School		Address	
From	To	Did you graduate?	YES <input type="checkbox"/> No <input type="checkbox"/>
College		Address	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
Other		Address	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree/Certificate

TRAINING			
Driver's License?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
OSHA 10 Safety Certified?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when? _____
HUD YouthBuild?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, describe _____
Apprenticeship/Pre-Apprenticeship?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, describe _____
Military service?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, describe _____
Union membership?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, describe _____
Other training?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, describe _____

DESIRED TRAINING/EMPLOYMENT OPPORTUNITIES

I am seeking employment	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, specify desired job(s) _____ <input type="checkbox"/> Asbestos Worker <input type="checkbox"/> Bricklayer <input type="checkbox"/> Carpenter <input type="checkbox"/> Electrician <input type="checkbox"/> Insulator <input type="checkbox"/> Laborer <input type="checkbox"/> Maintenance <input type="checkbox"/> Painter <input type="checkbox"/> Secretary <input type="checkbox"/> Tenant Coordinator <input type="checkbox"/> Other (specify) _____
I am seeking training opportunities	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, specify training type(s) _____ Examples: <input type="checkbox"/> Construction <input type="checkbox"/> Healthcare <input type="checkbox"/> Other (specify) _____

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 <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/>			

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 Boston 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

FOR NON-BHA RESIDENTS ONLY: FY 2014 INCOME LIMITS DOCUMENTATION

The undersigned on oath deposes under penalty of law as follows:

- My household income from last year for the number of people in my household **IS MORE THAN** the income limits below
- My household income from last year for the number of people in my household **IS LESS THAN** the income limits below

Boston city, Massachusetts										
FY 2014 Income Limit Area	<u>Median Income</u>	FY 2014 Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Boston city	\$94,100	<u>Low (80%) Income Limits</u>	\$47,450	\$54,200	\$61,000	\$67,750	\$73,200	\$78,600	\$84,050	\$89,450

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 Boston 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