

**MDHA**

**SECTION 3 JOB REFERRAL INTAKE FORM**

*This is not an employment application.* This information will be used for referral of Section 3 residents to vendors awarded Section 3 covered contracts upon request, for potential employment when "new" hires are required for completion of the project. Section 3 residents are: 1) Public Housing residents, or 2) individuals who reside in the area in which Section 3 covered assistance is expended and who are very low or very-low income persons.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ E:Mail: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of availability: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current MDHA Resident: (YES) (NO) \* If "YES" Provide Property Name: \_\_\_\_\_

Participant in other federally assisted housing program (i.e. Section 8 programs): (YES) (NO)

Receiving Government Subsidies (YES) (NO)

**PLEASE CIRCLE ALL TRADES IN WHICH YOU HAVE TRAINING AND/OR EXPERIENCE FOR WHICH YOU ARE SEEKING EMPLOYMENT**

Electrical	Mechanical	Plumbing	Building	Roofing	Land Clearing	Clerical
Alternative Energy	Air Conditioner	Water Heaters	Drywall	Asbestos Removal	Lawn Maintenance	Architectural
General Labor	Hauling	Seal Coating	Carpentry	Fencing	Janitorial Services	Surveying
Fire Alarm	Flooring	Concrete Pouring	Window Installation	Door Installation	Security Services	Engineering
Welding	Forklift	Elevator Construction	Demolition	Bricklaying	Painting	Other

Have you completed a training and/or certificate program? (YES) (NO)

Type of certificate or training program: \_\_\_\_\_ Completion Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Complete and include Document 401 or 402 whichever is applicable with this application.**

*Warning: Title 18, US Code Section 1001, states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the United States is guilty of a felony. State law may also provide penalties for false or fraudulent statements.*

**Please Return to:** MDHA Construction Department 712 South 6<sup>th</sup> Street Nashville, TN 37206

# MDHA

## SECTION 3 RESIDENT PREFERENCE CLAIM – Document 401

A Section 3 resident *seeking the preference in training and employment* as defined in the Section 3 regulation at 24 CFR Part 135, shall certify to the recipient, contractor or subcontractor, and submit evidence showing they meet the criteria of a Section 3 resident, (i.e. proof of receipt of public assistance or residency in a United States Department of Housing and Urban Development (USHUD)).

### Section 3 Resident Certification

I, \_\_\_\_\_, am a legal resident of the U.S.A.  
(Name)

My Social Security Number is \_\_\_\_\_

My permanent address is \_\_\_\_\_  
(Include City, Street, Zip Code)

I have attached one of the following documents as proof of my status:

- 1. Proof of residency (lease in a USHUD or other federally assisted program).
- 2. Proof of public assistance, e.g., Temporary Assistance to Needy Families (TANF) recipients, etc.
- 3. Proof of participation in a state or local assistance program, or other program that assists low- or very-low income persons.

ONLY PROVIDE FOLLOWING IF ONE OF THE ABOVE IS NOT APPLICABLE:

- 4. Use Document 402, "Section 3 Resident Household Income Certification" to show employee household income, if no other documents are attached.

Print Name:

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

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### SECTION 3 RESIDENT HOUSEHOLD INCOME CERTIFICATION – Document 402

Any individual who is seeking to be certified as a Section 3 resident, and who is not a public housing resident, or not in a federally assisted housing program, or not a recipient public assistance program shall attest to their total current gross annual household income, **and provide the name and date of birth of each household member.** All additional household income earned by household members, excluding children under 18, and/or provided through public or private assistance, child support, bank or investment earnings must be included, where indicated below.

I, \_\_\_\_\_, (Individual's Full Name) do solemnly swear that the information I have provided below is true.

1. Number of family members who live in my household: \_\_\_\_\_.

2. My total current gross annual household income is: \_\_\_\_\_.

3. The source(s) of my total annual household income is/are:

	Head of Household	Spouse (if applicable)	<u>Other Adult Members Age 18 &amp; Over</u> (if applicable)	<u>Other Adult Members Age 18 &amp; Over</u> (if applicable)	<u>Other Adult Members Age 18 &amp; Over</u> (if applicable)	<u>Other Adult Members Age 18 &amp; Over</u> (if applicable)
<b>Gross Earnings</b>						
<b>Child Support</b>						
<b>Bank Income</b>						
<b>Other Income (list)</b>						
<b>1</b>						
<b>2</b>						
<b>3</b>						

4. Provide copy of tax return and all supporting documentation regarding income indicated on this form.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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