**SECTION 3 JOB REFERRAL INTAKE AND ELIGIBILITY FORM FOR PREFERENCE IN HIRING**

**Please contact Stephanie Harris (615-252-8430) if you need assistance completing paperwork.**

A Section 3 resident seeking employment provided by this part shall certify, or submit evidence to the recipient, contractor or subcontractor, if requested, that the person is a Section 3 resident, as defined in Section 24 CFR Part 75. (An example of evidence of the eligibility for the preference is evidence of receipt of public assistance or evidence of participation in a public assistance program. This data is collected for compliance with Section 3 of the Housing and Urban Development Act of 1968. A Section 3 Resident is a public housing resident/a Section 8 HCVP participant/ a low income resident living within MDHA’s jurisdiction.

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

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

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alt. Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Availability: \_\_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Current MDHA/Section 8 resident: Yes/No If Yes, which property: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you completed a training and/or certificate program? Yes/No

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

**PLEASE CIRCLE ALL TRADES IN WHICH YOU HAVE TRAINING AND/OR EXPERIENCE**

Electrical Mechanical Plumbing Building Roofing Land Clearing

Clerical Alt. Energy Air Conditioner Water Heater Drywall Surveying

Asbestos Removal General Labor Seal Coating Carpentry Fencing Flooring

Janitorial Services Fire Alarm Concrete Pouring Painting Forklift Welding

Window Installation Door Installation Security Services Forklift Bricklaying Architectural

Elevator Construction Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The total income received by this individual in the las 12 months is $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Less than/More than the maximum income listed in the chart.

Job Source: How did you find out about this job? Please check one source.

\_\_\_\_\_ Newspaper \_\_\_\_\_MDHA website \_\_\_\_\_Internet Website other than MDHA

\_\_\_\_ Trade or Professional Publication (Please specify) \_\_\_\_\_Referred by friend or relative.

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am a legal resident and meet the income eligibility guidelines for a low-income or very low-income person as published on the reverse.

I have attached a copy of lease/public assistance participation/ receipt of public assistance/other as evidence of my status. I declare that the above statements are true and correct to the best of my knowledge.

Your signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_