

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 last 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: _____