

City of Springfield Office of Housing

Section 3 Resident Application



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"/> Secretary <input type="checkbox"/> Painter <input type="checkbox"/> Maintenance <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"/> Administrative <input type="checkbox"/> Management <input type="checkbox"/> Other (specify)

PREVIOUS EMPLOYMENT			
Company		Phone	
Address	City	State	Zip
Job Title			
Responsibilities			
From	To	Reason for leaving	

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Responsibilities			
From	To	Reason for leaving	
Company		Phone	
Address	City	State	Zip
Job Title			
Responsibilities			
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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 City of Springfield Office of Housing 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 PUBLIC HOUSING RESIDENTS ONLY: FY 2014 INCOME LIMITS DOCUMENTATION

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

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

SPRINGFIELD CITY, MASSACHUSETTS									
FY 2014 INCOME LIMIT AREA	MEDIAN INCOME	FY 2014 INCOME LIMIT CATEGORY	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON
SPRINGFIELD CITY	\$65,700	LOW (80% INCOME LIMIT)	\$44,750	\$51,150	\$57,550	\$63,900	\$69,050	\$74,150	\$79,250

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 City of Springfield Office of Housing 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

Return to:

Melanie Acobe

Section 3 Program Manager

1600 E. Columbus Ave.

Springfield, MA 01103

Phone: (413) 750-2877

Fax: (413) 787-6515

Email: MAcobe@springfieldcityhall.com