



The Aurora Housing Authority™

### Section 3 Resident Application Form

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) or other federally assisted housing program, e.g. Public Housing, Section 8, Section 202, etc.)

**An Equal Opportunity Employer** We do not discriminate on the basis of race, color, religion, national origin, sex, age, or disability. Answer each question fully and accurately. PLEASE PRINT, except for signature area at bottom of application.

APPLICANT INFORMATION					
Last Name	First		M.I.	Date	
Street Address	Apartment/Unit #				
City	State	ZIP			
Phone	E-mail Address				
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Are you related to anyone currently employed with Aurora Housing Authority? YES <input type="checkbox"/> NO <input type="checkbox"/>					

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			
<i>Please list two professional references.</i>			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

**I am not already an AHA resident/participant 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 HUD Youth Build program
4. Proof of participation in a federally assisted program such as Job Training Partnership Act (JTPA), etc
5. Proof of participation in a state or local assistance program, or other program that assists low-or-very-low income persons

**ONLY PROVIDE THE FOLLOWING INFORMATION IF ONE OF THE ABOVE IS NOT APPLICABLE:  
SECTION 3 RESIDENT OR EMPLOYEE HOUSEHOLD INCOME CERTIFICATION FORM**

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 of public assistance 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 earning must be included, where indicated below.

1. \_\_\_\_\_, (Individual Full Name) DO SOLEMNLY SWEAR THAT THE INFORMATION I HAVE PROVIDED BELOW IS TRUE.

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

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

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

	Head of Household	Spouse (if Applicable)	Other Adult Member #1 age 18 & over (if applicable)	Other Adult Member #2 age 18 & over (if applicable)	Other Adult Member #3 age 18 & over (if applicable)
Gross Wages					
TANF					
SNAP					
Child Support					
Social Security					
Other Benefits					

**Address Verification: Please provide us with any of the following documents**

1. Drivers License or State Identification
2. Social Security Card
3. Proof of Address if your address on the form does not match your address on your ID or Drivers License (Stamped envelope not over 30 days).

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my dismissal if discovered at a later date. I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

**Signature**

**Date**