BUFFALO MUNICIPAL HOUSING AUTHORITY
Resident Services Division
476 Louisiana St., Buffalo, New York 14204

Section 3 Application

(Please print clearly and answer questions as accurately as possible.)

Date: _____ Social Security #: _ _ _-_ _-_ _ _ _

Last Name:_____ First Name:_____ MI: ____

Date of Birth:_ _/_ _/_ _ _ _ Gender: ☐ Male ☐ Female AMP: _____
(BMHA Resident Only)

Street Address:_____ City:_____ Zip Code:_____

Telephone: (___) ___-____Alternate Telephone: (___) ___-____ E-Mail _____
(G-mail or Yahoo)

Ethnicity: ☐Hispanic ☐Non-Hispanic Race: ☐African American ☐White
☐Asian ☐Pacific Islander
☐American Indian/Alaska Native

Are you a U.S. Citizen? ☐Yes ☐No
If no, are you authorized to work in the U.S.? ☐Yes ☐No

Driver's License? ☐Yes ☐No Type of License_____ Access to a vehicle? ☐Yes ☐No

Are you presently employed? ☐Yes ☐ No
Do you have any vocational, technical, academic certificates or licenses? ☐Yes ☐No
(If applying for a construction position, OSHA safety training is mandatory.)
Please list: _____

Check THREE areas that you have experience in:

☐Boilermaker ☐Bricklayer ☐Carpenter ☐Cement ☐Electrician ☐Elevator Constructor
☐Equipment Operator ☐Insulator ☐Iron Worker ☐Laborer ☐Painter ☐Plasterer
☐Plumber ☐Roofer ☐Sheet Metal ☐Truck Driver ☐Lead/Asbestos ☐Abatement
☐Landscaping ☐HVAC ☐Site Work Excavation ☐Paving

I attest that the information stated above is true and accurate, and understand that the information, if misrepresented or incomplete, may be grounds for immediate termination.

In addition, I have been informed that a supervised drug test will be required during the Job Readiness Training (JRT) workshop. Failure to take the test and/or failure of that test will be cause for removal from any and all employment and/or training opportunities which are funded through the Buffalo Municipal Housing Authority.

Finally, I have been informed that the information provided will be discreetly managed and will be used for the administration of this program. To that end, your name, address and information concerning your training and qualifications may be disclosed to prospective employers and/or training providers. Your signature below authorizes such disclosure.

_____ _____
Signature *Date*

Listed below is documentation used for determining eligibility, please bring at least one from each category pertaining to your household situation. Section 3 certification is valid for 3 years from the date of certification. ***Contact Angie Leon at 855-0081 ext. 10 to schedule an appointment for eligibility determination.***

BIRTH DATE / AGE:	-Birth Certificate, Hospital Record of birth -Social Security Record's / Benefit Cards -Drivers License / Non Driver I.D. Card -Federal, State or Local Government I.D. Card -DD-214, Report of Transfer of Discharge Paper
SOCIAL SECURITY CARD:	Social Security Card (original)
RESIDENCY: **(Must be 30 days)**	-Utility Bill (i,e., gas, electric, phone) -Rent Receipt / Landlord Statement / Lease -Insurance Policy (residence or auto) -Drivers License (address must be current) -Social Service Household Case Make-up
CITIZENSHIP:	-Birth Certificate/Hospital Record of Birth -Baptismal Certificate -U.S. Passport/Foreign Passport -Alien Registration Card indicating Right to Work -Social Service Household Composition Printout
FAMILY INCOME: Past six (6) months Gross income from date of application	-Social Service/Food Stamp Household Case Make-up -Refugee Assistance Fund -Unemployment Stubs/History Benefit Printout -Pay Stubs/Employer Statement of Gross Wages -Compensation Award Letter -Social Security Award Letter/SSI Award Letter
FAMILY SIZE:	-Social Service Household Case Make-up Printout -1040 Income Tax Return (most recent year) -Lease (list of all in person's household)

Office Use Only

ELIGIBILITY CERTIFICATION

Eligible Age ☐Yes ☐No

Residency ☐Yes ☐No

Citizenship ☐Yes ☐No

Income ☐Total Family Gross Income for the past 26 weeks $_____
☐Non-Wage Verification form

Family Size ☐

Social Security Card ☐Yes ☐No

_____ _____
Staff Signature Date

JRT: ☐Yes ☐No Date Completed?_____

Drug Test: ☐Negative ☐Positive Date Completed? _____

Resume Preparation/Job Search: ☐Yes ☐No