**SECTION 3 WORKER AND TARGETED WORKER APPLICATION**

**Completed applications should be submitted to:**

[Grantee or Subrecipient Name]

Attn: Section 3 Program

[Grantee or Subrecipient Address]

[City, State ZIP]

If you have any questions on the application process

Please contact the Section 3 Program at

[Phone number and email]

Name

Physical Address

City, State, Zip

Mailing Address, if different

City, State, Zip

Telephone Number, including area code

Email

**I qualify as a Section 3 worker or Targeted Section 3 worker because (choose one):**

[ ] I am employed by a Section 3 business concern.

(Attach proof of employment such as a current pay stub.)

[ ] I have completed a YouthBuild program within the past twelve (12) months or I am a current Youthbuild participant.

(Attach a copy of your certificate of completion or documentation of Youthbuild participation.)

[ ] My income is below 80% of the Area Median Income for a household size of one for the area in which I reside.

(Attach proof of income such as most recent W-2, recent paystubs and/or proof of public assistance OR complete the Zero Income Statement on Page 5 of this application.)

[ ] I reside within one mile of the Section 3 project or, if fewer than 5,000 people live within one mile of a Section 3 project, within a circle centered on the Section 3 project that is sufficient to encompass a population of 5,000 people according to the most recent U.S. Census.

(Attach proof of residency.)

**Fields of Experience and Interest**

If you have skills in a particular area and you are interested in working in that field, please check the “Interest” box and provide your length of experience.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Construction-Related Services** | **Interest** | **Length of Experience** | **Non-Construction/Post-Construction Services** | **Interest** | **Length of Experience** |
| Architecture |  |  | Appraisal Services  |  |  |
| Bricklaying |  |  | Archeology  |  |  |
| Carpentry |  |  | Building Inspection Services |  |  |
| Cement/Masonry |  |  | Building Maintenance  |  |  |
| Demolition |  |  | Catering |  |  |
| Drywall |  |  | Computers/IT |  |  |
| Electrical |  |  | Courier Services |  |  |
| Elevator Construction |  |  | Engineering |  |  |
| Engineering |  |  | Janitorial |  |  |
| Environmental Services |  |  | Landscaping |  |  |
| Fencing |  |  | Legal Services |  |  |
| Flooring Installation |  |  | Management Consulting |  |  |
| Heating |  |  | Marketing/Photography |  |  |
| Insulation/Siding  |  |  | Printing |  |  |
| Iron Works |  |  | Real Estate Services |  |  |
| Landscaping  |  |  | Security |  |  |
| Machine Operation |  |  | Surveying Services |  |  |
| Painting |  |  | Transportation |  |  |
| Plastering |  |  | Other:  |  |  |
| Plumbing |  |  | Other:  |  |  |
| Roofing |  |  | Other:  |  |  |
| Other:  |  |  | Other:  |  |  |

**Required Documents**

Submit the following with this application:

[ ]  Proof of Identity (a photo ID: state-issued, college, employee badges are all accepted)

[ ]  Proof of Address if qualifying based on residency (a piece of official mail such as a utility bill, paycheck stub or government document with your current address on it)

[ ]  Income Documentation for last 30 days (most recent W-2, paystubs, Social Security/SSI/SSDI income statement, unemployment statement, worker’s comp award letter, and any other item which would be considered cash income). Non-cash items like food stamps aren’t needed*.*

[ ]  Zero-income statement (if applicable)

**Applicant Certification**

I understand that Section 3 Resident certifications are valid for five (5) years. It is my responsibility to contact the office that holds my certification in order to update my contact information and my qualifications, or, if I no longer wish to be a certified Section 3 Resident.

I understand that a Section 3 Resident certification **is not an offer of employment**. By signing this document, I give [Grantee or Subrecipient Name] permission to place my contact information on a list to be shared with businesses and community partners when they are hiring for Section 3 covered projects in the area. I may or may not be contacted about a position. If contacted, I will have to undergo the job application or interview process of that potential employer. If selected, I agree to comply with all federal and local reporting requirements.

I understand that a more detailed review of my information may be requested for any reason.

I affirm that the information I provided was true to the best of my knowledge and belief, and that I have not withheld information in order to obtain certification. I further understand that if I have failed to provide truthful information, or to provide all information, I will be removed from the certification list and will not be able to reapply for one (1) year.

Signature of Applicant Date

FOR INTERNAL USE ONLY

Date Application Received: Reviewed by: Date:

Applicant qualifies as 🞎 Section 3 Worker 🞎 Targeted Section 3 Worker 🞎 Does not qualify for Section 3

**Exhibit A: Zero Income Statement:**

**If you have no income, complete this section**. If homeless, attach a letter from the shelter where you receive assistance, regardless of the type of assistance you receive.

I, , certify that I have no income. I understand this means wages from work, unemployment, TANF, SSI/SSDI, Social Security, or any other program which I would receive a cash payment from.

The reason I am able to survive with no income is because (choose one):

[ ]  I am currently homeless. I am able to meet my basic needs by doing the following:

[ ]  I am living with someone not in my household who provides me with support.

Their name is:

Their telephone number is:

Their relationship to me is (mother, uncle, friend, etc.):

**To be filled out by the supporting party:** How do you provide support to the applicant?

Provide approximate cash amounts for all major expenses ($50 or more). *Example: “I pay $500 in rent; I spend $200 on food that he/she shares with me”, etc.*:

Signature of Supporting Party: Date:

Signature of Applicant: Date: