



City of Dayton
Human Relations Council
371 W. Second St., Suite 100
Dayton, OH 45402
937-333-1403; fax: 937-222-4589
www.daytonohio.gov/Section3

FOR OFFICE USE ONLY:

Date Received: _____
 Reviewer: _____
 ___ Approved, Date: ___/___/___
 ___ Denied, Date: ___/___/___

Section 3 Resident Preference Claim 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 that he/she meets 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 (HUD) or other federally-assisted housing program, e.g., Public Housing, Section 8, etc.)

Number of Family Members	Total Family Income*
1	\$34,550
2	\$39,500
3	\$44,450
4	\$49,350
5	\$53,300
6	\$57,250
7	\$61,200
8	\$65,150
*2015 Income Limits	

CERTIFICATION FOR SECTION 3 RESIDENT

I, _____, am a legal resident of the U.S.A.
 (Your Name)

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

I have attached one of the following documents as proof of my status:

- Proof of residency (lease in a HUD or other federally assisted program).
- Proof of public assistance, e.g., Temporary Assistance to Needy Families (TANF) recipients, food stamps, etc.
- Proof of participation in a HUD YOUTHBUILD program.
- Proof of participation in a federally assisted program such as job training programs, Medicaid, etc.
- Proof of participation in a state or local assistance program, or other program that assists low- or very-low income persons.
- Proof of income eligibility in the form of last 3 paystubs or copy of tax return from 1 of last 3 years.

PRINT NAME: _____

SIGNATURE: _____ **DATE:** _____

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Section 3 Resident or Employee Household Income Certification

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 participant of a public assistance program**, 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 earnings must be included, where indicated below.

I, _____, (Individual's 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 Members age 18 & over (if applicable)	Child Member age 17 & under (if applicable)	Child Member age 17 & under (if applicable)	Child Member age 17 & under (if applicable)
Name						
Date of Birth						
Social Security						
Gross Earnings				N/A	N/A	N/A
TANF				N/A	N/A	N/A
Child Support				N/A	N/A	N/A
Bank Income				N/A	N/A	N/A
Other Income (list)				N/A	N/A	N/A
1.				N/A	N/A	N/A
2.				N/A	N/A	N/A
3.				N/A	N/A	N/A
4.				N/A	N/A	N/A

I hereby certify that the information provided on this form is true and complete to the best of my knowledge. I also authorize the City of Dayton to verify the income figures I have provided. This may include providing additional information for verification purposes.

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

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Assessment of Experience and Skills for Participation in the Section 3 Program

1 **Do you have children/dependents living with you?** (Please Check One)
 Yes No

If yes, please list children/dependents living with you and their ages

	Name	Age		Name	Age
1	_____	_____	5	_____	_____
2	_____	_____	6	_____	_____
3	_____	_____	7	_____	_____
4	_____	_____	8	_____	_____

2 **Do you have a high school diploma or a GED?**
 Yes No

3 **What is the Major Source of Family Income?** (please check one)

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Salaries or wages earned from a job by persons in home
<input type="checkbox"/> Alimony, child support or other support from family outside of home
<input type="checkbox"/> Others (please specify) _____ | Public assistance programs
<i>(check all that apply)</i>
<input type="checkbox"/> AFDC
<input type="checkbox"/> Food stamps
<input type="checkbox"/> Medicaid
<input type="checkbox"/> Assisted Housing
<input type="checkbox"/> WIC |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

4 **What is your household annual income (all income from anyone in the household over 18 years of age)?**
 \$ _____

5 **If you are not employed, how long has it been since you have had a full-time job?**

<input type="checkbox"/> 0-12 months	<input type="checkbox"/> over 6 years
<input type="checkbox"/> 1-3 years	<input type="checkbox"/> never had a job
<input type="checkbox"/> 4-6 years	

6 **Have you participated in any employment/training program (federal, state, local, or private) during the last twelve (12) months?**
 Yes No

If your answer is yes, please check the ones which apply

- | | |
|-----------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Employment training (JTPA, etc.) | <input type="checkbox"/> English As a Second Language |
| <input type="checkbox"/> Vocational education or rehabilitation | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Adult basic education (grade 0-8) | |

7 What type of work are you interested in? You may list more than one type.

8 What experience and/or skills do you currently have that will qualify you for your choice in work?

9 How would you rate your...

Excellent

Good

Poor

	Excellent	Good	Poor
1 Writing skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Reading skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Speaking - oral communication skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Math skills - Financial management skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Listening skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Telephone skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Organizational skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Leadership skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Sense of responsibility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Self Motivation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Decision making skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Problem solving skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10 Current Employment: Please complete if you are currently employed.

1 Title of Job:

Place of Employment:

Dates of Employment:

Primary Duties:

Additional Comments:

I hereby certify that the information provided in this application is true and complete to the best of my knowledge. I also authorize the City of Dayton to verify the information I have provided. I understand I may have to provide additional information for verification purposes.

PRINT NAME: _____

SIGNATURE: _____ **DATE:** _____