

Mail this application to:

The name of the waitlist I'm applying for is: _____

Some waitlists are closed: Before sending this application, check <http://www.housingworks.net/> to see what is open

You **must** answer every question on this application: respond to questions that are not applicable by writing "N/A".
Incomplete applications may be returned or discarded.

Name of HoH: _____

Long-Term Mailing Address _____

City/State/Zip: _____
(this address should ideally work for the next 3-5 years):

Phone(s): _____ - _____ - _____ _____ - _____ - _____

Email: _____

The **SSN** for the head of household is: _____

Does the HoH have a **Social Security Number (SSN)**? ☐ Yes ☐ No *If "Yes" you must provide it above).*

What is your **date of birth**? _____ What is your **gender**? _____

Race (white, black, asian, etc)? _____

What was your **mother's last name** when she was born? *Protects your privacy*) _____

How many people will be living in the unit? _____ people. What **unit size** are you seeking? _____ BR

Describe your **Income Sources** (Job, Food Stamps, SSI, TAFDC, etc.) _____

What is your family's **ANNUAL** income? \$ _____ (do NOT write an hourly, weekly, or monthly amount!)

☐ YES ☐ NO Do you have a **rental voucher** or **some other form of regular rental assistance**?

Specify: ☐ Section 8 ☐ MRVP ☐ AHVP ☐ Homebase ☐ _____

☐ YES ☐ NO Do you need a **wheelchair accessible unit** (or a "no-steps" unit)?

☐ YES ☐ NO Do you need **reasonable accommodations** due to a disability, either during the application period or tenancy? _____

☐ YES ☐ NO Are you or any member of your household subject to a lifetime registration requirement under a **State Sex Offender Registration** program?

☐ YES ☐ NO **Priority/Preference Status:** If there is a section in this application that asks about priorities and preferences, did you claim any?

Office Only: Date/Time Stamp

Canton Village Associates

15 Will Drive, Canton, MA 02021 (781) 828-5858

Managed by
Keith Properties
(781) 828-8100 341-2789

Application # (Optional) _____ N/A _____

Date: _____

APPLICATION FOR ADMISSION

Note: Please fill in all sections completely. Failure to do so will result in processing delays or rejection of your application. Should you need assistance in completing this application, please contact the Rental office at (781) 828-5858.

Applicant Name: _____

Present Address: _____

City: _____ State: _____ Zip: _____ Telephone #: _____

Race: (Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws.)

☐ American Indian/Alaskan Native

☐ Asian or Pacific Islander

☐ Black (not of Hispanic origin)

☐ Hispanic

☐ White (not of Hispanic origin)

SIZE OF APARTMENT NEEDED:

1BR 2BR

☐ ☐

UNIT TYPE REQUESTED:

Wheelchair Adapted Unit ☐ Yes ☐ No

Special Needs of Household Members: _____

Present Housing Cost Per Month \$ _____ Including Utilities? ☐ Yes ☐ No

How Long Have You Lived at Present Address? _____ What are the reasons for Moving? _____

FAMILY COMPOSITION - List all those who will occupy the apartment - INCLUDE YOURSELF

FULL NAME OF EACH PERSON IN HOUSEHOLD	RELATIONSHIP TO HEAD OF HOUSEHOLD	AGE	SEX	SOCIAL SECURITY NUMBER	FULL TIME STUDENT
1 _____	Head of Household	_____	_____	_____	Yes No
2 _____	_____	_____	_____	_____	Yes No
3 _____	_____	_____	_____	_____	Yes No
4 _____	_____	_____	_____	_____	Yes No
5 _____	_____	_____	_____	_____	Yes No

REFERENCES - Full name and address of Landlords for the LAST FIVE YEARS.

Name of Present Landlord _____ Telephone _____
Address _____

Name of Previous Landlord _____ Telephone _____
Address _____

NOTE: If you are unable to furnish a landlord reference, please furnish character references. They must have known you for one (1) year or more and not be related to you.

Name of Character Reference: _____ Telephone _____
Address: _____

Name of Character Reference: _____ Telephone _____
Address: _____



Keith Properties, Inc. does not discriminate on the basis of race, ethnic group, handicapped, or other protected status in the admission or access to its housing.

On this page, please indicate the income received and assets held by each member of your household. List each member in the order they are listed in the Household Composition section above.

EMPLOYMENT INCOME BY HOUSEHOLD MEMBER:

Member # _____

Name of Present Employer _____ Telephone _____

Address _____ Years Employed _____

Position _____ Current Salary \$ _____ [] weekly [] bi-weekly [] monthly

Member # _____

Name of Present Employer _____ Telephone _____

Address _____ Years Employed _____

Position _____ Current Salary \$ _____ [] weekly [] bi-weekly [] monthly

Member # _____

Name of Present Employer _____ Telephone _____

Address _____ Years Employed _____

Position _____ Current Salary \$ _____ [] weekly [] bi-weekly [] monthly

OTHER SOURCES OF INCOME BY HOUSEHOLD MEMBER:

Member Numb.	Pension or Annuity	Social Security SSA	AFDC (Welfare)	Disability (SSI)	Worker's Comp.	Alimony or Child Supp	Unempl or Other
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$

INCOME FROM ASSETS:

Asset	Memb. Numb.	Bank/Branch & Account Number	Interest Rate	Present Value	Annual Income
Savings Account			%	\$	\$
Checking Acct.			%	\$	\$
Cert. Of Dep.			%	\$	\$
Stocks/Bonds			%	\$	\$
Other:			%	\$	\$
Second Home:				\$	\$

PLEASE RESPOND TO THESE QUESTIONS

1. Have you been displaced from your home? If so, please explain: _____
2. Does your present apartment contain health code violations? If yes, please describe: _____
3. Is your present apartment too small for your family? [] Yes [] No
4. Are you responsible for medical/living expenses for a person not living with you? If so, please provide details: _____
5. Do you pay for medical expenses not covered by insurance for any member of the household? If so, please provide details: _____
6. Do you pay for child or adult care so that you or spouse can work? If so, please provide details: _____



I/We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. Inquiries may be made to verify the statements herein. All information is regarded as confidential in nature, and a consumer credit report may also be requested. I/We certify that I/we understand that false statements or information are punishable under State Law.

I/We hereby certify that we have received a notice from the management agent describing the right to reasonable accommodations for persons with disabilities.

Head of Household/Applicant

Date:

Co-Applicant

Date

Keith Properties, Inc. does not discriminate on the basis of Race, Color, Religion, National Origin, Sex, Sexual Orientation, Age, Children, Ancestry, Marital Status, Veteran History, Public Assistance Reciprocity, or Mental/Physical Disabilities.



Keith Properties, Inc. does not discriminate on the basis of race, ethnic group, handicapped, or other protected status in the admission or access to its housing.

FAIR HOUSING AND 504 INFORMATION

FAIR HOUSING POLICY

Keith Properties, Inc. offers all units on an open occupancy basis. Keith Properties, Inc. does not discriminate on the basis of race, color, national origin, sex, age, religion, handicap, familial status, children, ancestry, marital status, sexual orientation or preference.

TAD RELAY

TAD relay service is available to all applicants and residents through the use of a NYNEX TAC relay operation. For TAD assistance, please call (800) 439-2370.

504 COORDINATOR

Keith Properties, Inc. 504 Coordinator may be reached by calling (781) 828-6100 and asking for the 504 Coordinator. You may also write to 504 Coordinator by addressing a letter to: 504 Coordinator,, Keith Properties, Inc., 532 Page Street, Stoughton MA 02072.

REASONABLE ACCOMMODATIONS

Keith Properties, Inc. is committed to offering reasonable accommodations - to applicants, residents and employees who may have physical, developmental, or mental limitations or challenges.

Requests for units adapted for the physically challenged or other policy or procedures require confirmation of the limitation, which will be by the change. A description of the "qualifying handicap_ may be sent to the applicant's physician or service provider for confirmation of need.

Reasonable accommodations are also limited by the financial ability of the development to make any needed structural changes. Changes in policy, procedure, and design may be governed by the following considerations:

The requested accommodation will not result in undue administrative burden.

The requested accommodation will not result in undue administrative burden. The requested accommodation will not result in undue financial burden, and/or

The requested accommodation will not result in undue administrative burden. The requested accommodation will not result in a fundamental alteration in the nature of the housing program offered to all residents.

Applicant's Signature:

Date

Co-Applicant's Signature:

Date



Canton Village Associates

15 Will Drive, Canton, MA 02021 (781) 828-5858

Managed by
Keith Properties
(781) 828-8100 341-2789

ATTACHMENT 3

APPLICANT VERIFICATION CONSENT FORMAT

INSTRUCTIONS:

Complete this format for each non-citizen member of the household who declared eligible immigration status on the Declaration Format. If this format is being completed on behalf of a child, it must be signed by the adult responsible for the child.

CONSENT

I, _____ hereby consent to the following:
(print or type first name, middle initial, last name)

1. the use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
2. the release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it, to:
 - (i) HUD, as required by HUD; and
 - (ii) the INS for purposes of verification of the immigration status of the individual.

NOTIFICATION TO APPLICANTS

Evidence of eligible immigration status shall be released only to the INS for purposes of establishing eligibility for financial assistance, and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the INS.

Applicant's Signature

Date:

Check here if adult signed for child: _____



Keith Properties, Inc. does not discriminate on the basis of race, ethnic group, handicapped, or other protected status in the admission or access to its housing.

Canton Village Associates

15 Will Drive, Canton, MA 02021 (781) 828-5858

Managed by
Keith Properties
(781) 828-8100 341-2789

ATTACHMENT 2

APPLICANT DECLARATION FORMAT

INSTRUCTIONS: Complete this format for each member of the household listed on the Family Summary Sheet.

LAST NAME _____

FIRST NAME _____ MIDDLE NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

ADMISSION NUMBER _____

if applicable, (this is an 11-digit number found on INS Form I-94, Departure Record)

NATIONALITY _____

(Enter the foreign nation or country to which you owe legal allegiance. This is normally, but not always the country of birth.)

SAVE VERIFICATION NO. _____

(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2 or 3:

DECLARATION

I, _____ hereby declare,

(print or type first name, middle initial, last name)

under penalty of perjury, that I am:

_____ 1. a citizen or national of the United States

If you checked this block, no further information is required. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____



Keith Properties, Inc. does not discriminate on the basis of race, ethnic group, handicapped, or other protected status in the admission or access to its housing.

_____ 2. a non-citizen with eligible immigration status in the category checked below:

- _____ (i) A non-citizen lawfully admitted for permanent residence, as defined by section 101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by section 101(a)(15) of the INA (8 U.S.C. 1001(a)(20) and 1101(a)(15), respectively). [immigrants]. (This category includes a non-citizen admitted under section 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker], who has been granted lawful temporary resident status);
- _____ (ii) A non-citizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA (8 U.S.C. 1259);
- _____ (iii) A non-citizen who is lawfully present in the United States pursuant to an admission under section 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under section 203(a)(7) of the INA (8 U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity;
- _____ (iv) A non-citizen who is lawfully present in the United States as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under section 212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [parole status];
- _____ (v) A non-citizen who is lawfully present in the United States as a result of the Attorney General's withholding deportation under section 243(h) of the INA (8 U.S.C. 1253 (h)) [threat to life or freedom]; or
- _____ (vi) A non-citizen lawfully admitted for temporary or permanent residence under section 245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245A].

If you checked this block, you should submit the following documents:

a. Verification Consent Format (Attachment 9)

AND

b. one of the following documents:

- (1) Form I-551, Alien Registration Receipt Card (for permanent resident aliens);
- (2) Form I-94, Arrival-Departure Record, with one of the following annotations:
- (i) "Admitted as Refugee Pursuant to section 207";
- (ii) "Section 208" or "Asylum"



Keith Properties, Inc. does not discriminate on the basis of race, ethnic group, handicapped, or other protected status in the admission or access to its housing.

- (iii) "Section 243(h)" or "Deportation stayed by Attorney General";
 - (iv) "Paroled Pursuant to Sec. 212(d)(5) of the INA";
- (3) If Form I-94, Arrival-Departure Record, is not annotated, then accompanied by one of the following documents:
- (i) A final court decision granting asylum (but only if no appeal is taken);
 - (ii) A letter from an INS asylum officer granting asylum (if application is filed on or after October 1, 1990) or from an INS district director grant asylum (if application filed before October 1, 1990);
 - (iii) A court decision granting withholding or deportation; or
 - (iv) a letter from an INS asylum officer granting withholding of deportation (if application filed on or after October 1, 1990).
- (4) Form I-688, Temporary Resident Card, which must be annotated "section 245A" or "section 210";
- (5) Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12";
- (6) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.

If this block is checked, sign and date below and submit the documentation required above with this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in paragraph b. above are not currently available, complete the request for extension block below.

Signature

Date

Check here if adult signed for a child: _____



REQUEST FOR EXTENSION

I hereby certify that I am a non-citizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be under- taken to obtain this evidence.

Signature

Date

Check if adult signed for a child: _____

_____ 3. not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____



Keith Properties, Inc. does not discriminate on the basis of race, ethnic group, handicapped, or other protected status in the admission or access to its housing.

Canton Village Associates

15 Will Drive, Canton, MA 02021 (781) 828-5858

Managed by
Keith Properties
(781) 828-8100 341-2789

ATTACHMENT I

FAMILY SUMMARY SHEET

Mbr. #.	Last Name of Family Member	First Name	Relationship To HOH	Sex	Date of Birth
Head					
2					
3					
4					
5					
6					
7					
8					
9					
10					



Keith Properties, Inc. does not discriminate on the basis of race, ethnic group, handicapped, or other protected status in the admission or access to its housing.

Managed by
Keith Properties
(781) 828-8100 341-2789

**OWNER'S NOTICE NO. 1
FOR AN APPLICANT FAMILY**

Dear _____

Head of Household

Date:

Section 214 of the Housing and Community Development Act of 1950, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than United States citizens, nationals, or certain categories of eligible non-citizens in the following HUD programs:

- a. Public and Indian Housing Programs
- b. Sudan 8 Housing Assistance Payments Programs
- c. Section 235 of the National Housing Act
- d. Section 236 of the National Housing Act
- e. Section 101/Rent Supplement Program

You have applied, or are applying for assistance under one of these programs: therefore, you are required to declare U.S. citizenship or submit evidence of eligible immigration status for each of your family members for whom you are seeking housing assistance. To do this you should:

1. Complete a Family Summary Sheet, using the attached blank format (including Attachment 1) to list all family members who will reside in the assisted unit.
2. Complete a Family Summary Sheet, using the attached blank format (including Attachment 1) to list all family members who will reside in the assisted unit. Have a Declaration Format (attachment 2) completed by each family member Including yourself who is listed on the Family Summary Sheet. If there are 10 people listed on the Family Summary Sheet, you should have 10 completed copies of the Declaration Format The Declaration Format has easy-to-follow Instructions and explains what, if any, other forms and/or evidence must be submitted with each Declaration Format.
3. Complete a Family Summary Sheet, using the attached blank format (including Attachment 1) to list all family members who will reside in the assisted unit. Submit the Family Summary Sheet, the Declaration Formats and any other forms and/or evidence to the name and address listed below by 30 days from the above date.

4.

Carole S. Davis, Site Manager
Canton Village
15 Will Drive
Canton, MA 02021



This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached formats or determining the type of documentation required, please contact Joanne K. Sullivan, Site Manager. She will be happy to assist you.

Also, if you are unable to provide the required documentation by the date shown above, you should immediately contact this office and request an extension, using the block provided on the Declaration Format. Failure to provide this information or establish eligible status may result in your not being considered for housing assistance.

If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, your family may be eligible for proration of assistance. That means that when assistance is available, a reduced amount may be provided for your family, based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, it may be provided to you prior to the final determination of this Section 214 review, depending on how far the review has progressed and the information that is available at that point. You will be contacted as soon as we have further information regarding your eligibility for assistance.

Attachments



Keith Properties, Inc. does not discriminate on the basis of race, ethnic group, handicapped, or other protected status in the admission or access to its housing.

Canton Village Associates

15 Will Drive, Canton, MA 02021 (781) 828-5858

Managed by
Keith Properties
(781) 828-8100 341-2789

FEDERAL PREFERENCE CHECKLIST

To Be Returned to Canton Village

Please check one or more of the following preferences and return this copy with your application:

_____ **SUBSTANDARD HOUSING**

_____ **INVOLUNTARILY DISPLACED**

_____ **RENT BURDEN**

_____ **NONE OF THE ABOVE - NO FEDERAL PREFERENCES (Equal Need)**

Name: _____

Address: _____

PLEASE BE SURE TO COMPLETE
NAME AND ADDRESS

Carole S. Davis

Site Manager



Keith Properties, Inc. does not discriminate on the basis of race, ethnic group, handicapped, or other protected status in the admission or access to its housing.

Canton Village Associates

15 Will Drive, Canton, MA 02021 (781) 828-5858

Managed by
Keith Properties
(781) 828-8100 341-2789

DEAR APPLICANT:

The department of Housing and Urban Development (HUD) has Issued new changes to federal preferences for admission to Assisted housing. Applicants claiming one or more of the federal Preferences will, upon proper verification, be placed higher on a Waiting list and be admitted at a subsidized rent in advance of Non-preference holding applicants.

Each of these preferences categories is defined in greater detail on the enclosed federal preference checklist. If you believe you Qualify for one or more of these preferences, please check the Appropriate line and return in the enclosed envelope. Upon Receipt, our staff will place your name accordingly. If we do Not receive a response from you within ten (10) days, then your Application shall remain in the non-federal preference Category.

Sincerely,

Carole S. Davis
SITE MANAGER

Enclosures: Federal Preference Information - three (3) pages
 Check List (to be returned)
 Envelope



Keith Properties, Inc. does not discriminate on the basis of race, ethnic group, handicapped, or other protected status in the admission or access to its housing.

Canton Village Associates

15 Will Drive, Canton, MA 02021 (781) 828-5858

Managed by
Keith Properties
(781) 828-8100 341-2789

FEDERAL PREFERENCE CHECKLIST INFORMATION

SUBSTANDARD HOUSING.

A unit is substandard because it:

- ☐ is dilapidated;
- ☐ does not have operable indoor plumbing;
- ☐ does not have usable flush toilet in the unit for exclusive use of the family;
- ☐ does not have a usable bathtub/shower in the unit for exclusive use of the family;
- ☐ does not have electricity, or has inadequate or unsafe electrical service;
- ☐ does not have a safe or adequate source of heat;
- ☐ should, but does not, have a kitchen; or
- ☐ has been declared unfit for habitation by an agency or unit of government.

A unit is dilapidated if it:

- ☐ does not provide safe and adequate shelter, and
- ☐ endangers the health, safety, or well being of a family; or
- ☐ has one or more critical defects, or a combination of intermediate defects in sufficient number or extent to require considerable repair or rebuilding. (These defects may involve original construction, or result from continued neglect or lack of repair or serious damage to the structure.)

In defining substandard housing, an applicant who is a "homeless family" meets the criteria of substandard housing. A "homeless family" includes an individual or family who:

- ☐ lacks a fixed, regular and adequate nighttime residence and has a primary nighttime residence that is:
- ☐ a supervised publicly/private operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters and transitional housing);
- ☐ an institution that provides a temporary residence for individuals intended to be institutionalized;
- ☐ a public/private place not designed for, or ordinarily used for sleeping for human beings;
- ☐ "Homeless family" does not include an individual imprisoned or otherwise detained pursuant to an act of Congress or a State law.

Single room Occupancy Housing is not considered substandard solely because it does not contain sanitary or food preparation facilities.

INVOLUNTARILY DISPLACED.

A disaster, such as fire or flood, has made the unit uninhabitable.

Code enforcement, public improvement or development program activities by a U.S. agency or a State or local governmental body or agency.

The housing owner has taken an action which forces the applicant to vacate the unit:

- ☐ the action was beyond the applicant's ability to control or prevent;
- ☐ the action occurred despite the applicant's having met all previously imposed conditions of occupancy; and
- ☐ the action was not a rent increase.
- ☐ The applicant has vacated a housing unit because of domestic violence, or the applicant lives in a unit with a person who engages in domestic violence. Domestic violence means actual or threatened physical violence directed against one or more members of the applicant's family by a spouse or other member of the applicant's household. The violence must have occurred recently or is of a continuing nature.



Keith Properties, Inc. does not discriminate on the basis of race, ethnic group, handicapped, or other protected status in the admission or access to its housing.

- ❑ The applicant's family members provide information on criminal activities to a law enforcement agency based on a threat assessment, and a law enforcement agency recommends re-housing the family to avoid or minimize a risk of violence against family members as a reprisal for providing such information.
- ❑ One or more members of the applicant's family have been the victim of one or more hate crimes, and the applicant has vacated a housing unit because of such crime, or the fear associated with such crime has destroyed the applicant's peaceful enjoyment of the unit.
- ❑ Hate crime means actual or threatened physical violence or intimidation that is directed against a person or his or her property and that is based on a person's race, color, religion, sex, national origin, handicap, or familial status. It must have occurred recently or is of a continuing nature.
- ❑ A member of the family has a mobility or other impairment that makes the person unable to use critical elements of the unit, and the owner is not legally obligated to make the changes to the unit that would make critical elements accessible to the disabled person as a reasonable accommodation.
- ❑ Disposition of a multifamily rental housing project by HUD under Section 203 of the Housing and Community Development Amendments of 1978.

RENT BURDENED.

- ❑ A rent burden exists if the applicant pays more than 50 percent of gross monthly income for rent and utilities.
- ❑ The definition of income is the one used to compute eligibility and Total Tenant Payment (TTP)
- ❑ Rent is the amount due on a monthly basis to the family's current landlord under a lease or rental agreement.
- ❑ The amount of tenant-paid utilities may be determined by using the utility allowances established by the PHA for its Section 8 existing Program; however, the family may choose to document the actual average monthly utilities for the past 12 months (or for an appropriate recent period if a full 12 month's information is not attainable.)
- ❑ A family does not qualify for this preference if the applicant has been paying more than 50 percent of its income for rent for less than 90 days.



Housing History, Page 1

Note: you can often locate landlord information by using the Tax Assessor's website in each town (or by calling the Tax Assessor's phone number in most towns: To determine if there is an online Tax Assessor page for a town search the web like this: "Tax Assessor, Boston MA" or "Property Assessment, Dallas TX".

CURRENT RESIDENCE

DATES YOU LIVED THERE:

Name on the lease _____ to: _____ or present

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

PRIOR RESIDENCE

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

Housing History, Page 2

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

Housing History, Page 3

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A