

Applicant: Write your full name and address,
including your apartment # and zipcode.

Mail this application to the address you
see at left.

Dear

I am applying to the following waitlist, which I believe is open:

App Generated:

 **ATTN: WAITLIST ADMINISTRATOR** 

Is this waitlist closed? Anything else you want to tell the 900 Housing Advocates and the nearly 200,000 applicants using our system?

USE BLOCK PRINT to fill in the appropriate information below. Save paper and ink by faxing only this one page to HousingWorks – we will immediately update your information! See fax number below.

☐ **This particular waitlist is closed: At present, our only open waitlists are:**

☐ **This is not the correct application. The correct application is available in this way:**

Your position or title at this housing program: _____

Your signature: _____

HousingWorks Fax: 617-536-8561

*If you direct applicants to try our free search to locate OTHER HOUSING OPTIONS,
you reduce frivolous applications and eliminate possibly hundreds of phone calls:*

www.HousingWorks.net



DO NOT LEAVE ANY QUESTION UNANSWERED!

- ☐ HEAD OF HOUSEHOLD'S FIRST NAME
- ☐ HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME
- ☐ HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ) ☐ SUFFIX _____
- ☐ YOUR MOTHER'S LAST NAME WHEN SHE WAS A CHILD

ANSWER THIS: ☐ Yes ☐ No Does the HoH have a Social Security Number? *If "Yes" you must provide the full SSN!*

- ☐ HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER ☐ HEAD OF HOUSEHOLD'S DATE OF BIRTH ☐ GENDER

- ☐ ETHNICITY ☐ RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial

- ☐ REQUESTED ACCOMMODATIONS Fill in the circle for anything you need:
- | | | |
|--|---|---|
| <input type="radio"/> Fully Accessible Wheelchair Unit | <input type="radio"/> Blind Accessible Unit | <input type="radio"/> Need an Interpreter |
| <input type="radio"/> No-Steps unit (elevator to any floor) | <input type="radio"/> Deaf Accessible Unit | <input type="radio"/> Domestic Violence Victim |
| <input type="radio"/> First-Floor unit only | <input type="radio"/> Unit for Environmental Allergies | <input type="radio"/> Personal Care Attendant |

- ☐ HoH's CAREER STAGE ☐ ANY VETERANS in HH? ☐ Yes ☐ No
- ☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student

- ☐ PERMANENT MOBILE RENTAL ASSISTANCE, if any
- ☐ I do not have mobile rental assistance ☐ Mobile Section 8 voucher ☐ MRVP ☐ AHVP ☐ VASH or similar

- ☐ CRIMINAL RECORD AND SEX OFFENDER
- Head of Household:** Any **Felony/Conviction?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
- Other Members:** Any **Felony Convictions?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
- Is anyone in HH subject to a **lifetime sex offender registration** in any state? ☐ Yes ☐ No

- ☐ ANY PETS? ☐ Yes ☐ No Describe: _____

- ☐ HOUSEHOLD SIZE AND COMPOSITION ☐ ANNUAL INCOME ☐ DOCUMENTED DISABILITY?
- _____ ← # Adults _____ ← # Children _____ ← Total # in Household ☐ Yes ☐ No

- ☐ CURRENT HOUSING STATUS ☐ Homeless ☐ Housing Loss in 14 days ☐ Homeless under other federal status
- ☐ Homeless because Fleeing domestic violence ☐ At risk of homelessness ☐ Stably Housed

- ☐ BEST TELEPHONE NUMBER TO USE ☐ SECOND TELEPHONE

- ☐ EMAIL ADDRESS

- ☐ WHERE YOU LIVE OR BACKUP ADDRESS

- ☐ BEST MAILING ADDRESS

- ☐ # BEDROOMS NEEDED? ☐ SPECIAL CIRCUMSTANCES? (*some programs may grant you priority status*)
- ☐ Disability ☐ Elder ☐ Veteran ☐ Fleeing Domestic Violence ☐ Rent-burdened
☐ Displaced by ☐ Public Action ☐ Sanitary Code ☐ Natural Forces ☐ Other _____

APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property

Please Print Clearly

| | |
|---|---|
| This is an application for housing at: | Project: Brickyard Village/St. Jean's Baptiste |
| | Address: c/o Admissions Office - LIHTC |
| | 174 South Common St. |
| | Lynn, MA 01905 |
| Please complete this application and return to: | Name: |
| | Address: |
| | |
| | |

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.

A. GENERAL INFORMATION

Applicant Name(s): _____

Address: _____
Street Apt.# City State ZIP

Daytime Phone: _____ Evening Phone: _____

No. of BR's in current unit: _____ Do you ☐ RENT or ☐ OWN (check one)

Amount of current monthly rental or mortgage payment: \$ _____

If owned, do you receive monthly rental income from property? ☐ Yes ☐ No (check one)

Check utilities paid by you: ☐ Heat ☐ Electricity ☐ Gas ☐ Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ _____

Bedroom size requested: ☐ Studio ☐ One BR ☐ Two BR ☐ Three BR ☐ Handicap BR

Application

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B. HOUSEHOLD COMPOSITION

| | Name | Relationship to head | Birth Date | Age (optional) | SS# | Student Y/N |
|------|------|----------------------|------------|----------------|-----|-------------|
| Head | | | | | | |
| Co-T | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |

Have there been any changes in household composition in the last twelve months? ☐ Yes ☐ No

If yes, explain:

Do you anticipate any changes in household composition in the next twelve months? ☐ Yes ☐ No

If yes, explain:

Is there someone not listed above who would normally be living with the household? ☐ Yes ☐ No

If yes, explain:

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? ☐ Yes ☐ No

IF YES, ANSWER THE FOLLOWING QUESTIONS:

| | | |
|--|------------------------------|-----------------------------|
| Are any full-time student(s) married and filing a joint tax return? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are any full-time student(s) a TANF or a title IV recipient? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are any full-time student(s) a single parent living with his/her minor child who is not a Dependant on another's tax return and whose children are not dependents of anyone other than a parent? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA.

| Household Member Name | Source of Income | Gross Monthly Amount |
|-----------------------|--|----------------------|
| | Social Security | \$ |
| | Social Security | \$ |
| | Social Security | \$ |
| | | \$ |
| | SSI Benefits | \$ |
| | SSI Benefits | \$ |
| | SSI Benefits | \$ |
| | | |
| | Pension (list source) | \$ |
| | Pension (list source) | \$ |
| | | |
| | Veteran's Benefits (list claim #) | \$ |
| | Veteran's Benefits (list claim #) | \$ |
| | | |
| | Unemployment Compensation | \$ |
| | Unemployment Compensation | \$ |
| | | |
| | Title IV/TANF | \$ |
| | | |
| | Contributions to the Household (monetary or not) | \$ |
| | | |
| | Full-Time Student Income (18 & Over Only) | \$ |
| | Financial Aid (grants & scholarships | \$ |
| | exceeding of the amount of tuition may have to | |
| | be included in total income) | |
| | | |
| | Interest Income (source) | \$ |
| | Interest Income (source) | \$ |
| | | |
| | Long Term Medical Care Insurance Payments in excess of \$180/day | \$ |
| | | |
| | Scheduled Payments from Investments | \$ |

Application

| Household Member Name | Source of Income | Monthly Amount |
|--|---|--|
| | Employment amount | \$ |
| | Employer: | |
| | Position Held | |
| | How long employed: | |
| | Employment amount | \$ |
| | Employer: | |
| | Position Held | |
| | How long employed: | |
| | Employment amount | \$ |
| | Employer: | |
| | Position Held | |
| | How long employed: | |
| | Employment amount | \$ |
| | Employer: | |
| | Position Held | |
| | How long employed: | |
| | Alimony | |
| | Are you <i>legally entitled</i> to receive alimony? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, list the amount you are <i>entitled</i> to receive. | \$ |
| | Do you receive alimony? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes list amount you receive. | \$ |
| | Child Support | |
| | Are you <i>legally entitled</i> to receive child support? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes list the amount you are <i>entitled</i> to receive. | \$ |
| | Do you receive child support? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, list the amount you receive. | \$ |
| | Other Income | \$ |
| | Other Income | \$ |
| | Other Income | \$ |
| TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12) | | \$ |
| TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR | | \$ |
| Do you anticipate any changes in this income in the next 12 months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is any member of the household legally entitled to receive income assistance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is any member of the household likely to receive income or assistance (<i>monetary or not</i>) from someone who is not a member of the household as listed on Page 2 etc)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes to any of the above, explain: | | |
| <div style="border: 1px solid black; height: 40px; width: 100%;"></div> | | |
| Is the income received? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

D. ASSETS

If your assets are too numerous to list here, please request an additional form.

If a section doesn't apply, cross out or write NA.

| | | | |
|-----------------------|-------|---------------|----------------------------------|
| Checking Accounts | # | Bank | Balance \$ |
| | # | Bank | Balance \$ |
| | # | Bank | Balance \$ |
| | | | |
| Savings Accounts | # | Bank | Balance \$ |
| | # | Bank | Balance \$ |
| | # | Bank | Balance \$ |
| | | | |
| Trust Account | # | Bank | Balance \$ |
| | | | |
| Certificates | # | Bank | Balance \$ |
| | # | Bank | Balance \$ |
| | # | Bank | Balance \$ |
| | # | Bank | Balance \$ |
| | | | |
| Credit Union | # | Bank | Balance \$ |
| | # | Bank | Balance \$ |
| | | | |
| Savings Bonds | # | Maturity Date | Value \$ |
| | # | Maturity Date | Value \$ |
| | # | Maturity Date | Value \$ |
| | | | |
| Life Insurance Policy | # | | Cash Value \$ |
| Life Insurance Policy | # | | Cash Value \$ |
| | | | |
| Mutual Funds | Name: | #Shares: | Interest or Dividend \$ Value \$ |
| | Name: | #Shares: | Interest or Dividend \$ Value \$ |
| | Name: | #Shares: | Interest or Dividend \$ Value \$ |
| | | | |
| Stocks | Name: | #Shares: | Dividend Paid \$ Value \$ |
| | Name: | #Shares: | Dividend Paid \$ Value \$ |
| | Name: | #Shares: | Dividend Paid \$ Value \$ |
| | | | |
| Bonds | Name: | #Shares: | Interest or Dividend \$ Value \$ |
| | Name: | #Shares: | Interest or Dividend \$ Value \$ |
| Investment Property | | | Appraised Value \$ |

Application

| | |
|--|--|
| Real Estate Property: <i>Do you own any property?</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If yes</i> , Type of property | |
| Location of property | |
| Appraised Market Value | \$ |
| Mortgage or outstanding loans balance due | \$ |
| Amount of annual insurance premium | \$ |
| Amount of most recent tax bill | \$ |

| | |
|---|--|
| Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on Page 2? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If yes</i> , describe: | |
| | |
| | |
| Do they have access to the asset(s)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|--|--|
| Have you sold/dispensed of any property in the last 2 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If yes</i> , Type of property: | |
| Market value when sold/dispensed | \$ |
| Amount sold/dispensed for | \$ |
| Date of transaction: | |

| | |
|--|--|
| Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If yes</i> , describe the asset: | |
| Date of disposition: | |
| Amount disposed | \$ |

| | |
|--|--|
| Do you have any other assets not listed above (excluding personal property)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If yes</i> , please list: | |
| | |
| | |

| E. ADDITIONAL INFORMATION | | |
|--|------------------------------|-----------------------------|
| Are you or any member of your family currently using an illegal substance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you or any member of your family ever been convicted of a felony? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>If yes</i> , describe: | | |

| | | |
|---|------------------------------|-----------------------------|
| | | |
| Have you or any member of your family ever been evicted from any housing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>If yes, describe</i> | | |
| | | |
| Have you ever filed for bankruptcy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>If yes, describe</i> | | |
| Will you take an apartment when one is available? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>Briefly describe your reasons for applying:</i> | | |

F. REFERENCE INFORMATION

| | | |
|------------------------|-------------|----------|
| Current Landlord | Name: | |
| | Address: | |
| | Home Phone: | |
| | Bus. Phone: | |
| | How Long? | |
| Prior Landlord | Name: | |
| | Address: | |
| | Home Phone: | |
| | Bus. Phone: | |
| | How Long? | |
| Credit Reference #1: | | |
| Address: | | |
| Account #: | | Phone #: |
| Credit Reference #2: | | |
| Address: | | |
| Account #: | | Phone #: |
| Credit Reference #3: | | |
| Address: | | |
| Account #: | | Phone #: |
| Personal Reference #1: | | |
| Address: | | |

| | |
|------------------------|----------|
| Relationship: | Phone #: |
| Personal Reference #2: | |
| Address: | |
| Relationship: | Phone #: |
| Personal Reference #3: | |
| Address: | |
| Relationship: | Phone #: |

| | |
|------------------------------|----------|
| In case of emergency notify: | |
| Address: | |
| Relationship: | Phone #: |

| G. VEHICLE AND PET INFORMATION (if applicable) | | | |
|---|------------------|----|--|
| List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle. | | | |
| Type of Vehicle: | License Plate #: | | |
| Year/Make: | Color: | | |
| Type of Vehicle: | License Plate #: | | |
| Year/Make: | Color: | | |
| Do you own any pets? | Yes | No | |
| <i>If yes, describe:</i> | | | |

CERTIFICATION

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

SIGNATURE (S):

| | |
|-----------------------------------|---------------|
| _____ (Signature of Tenant) | _____ Date |
| _____ (Signature of Co-Tenant) | _____ Date |
| _____ (Signature of Co-Tenant) | _____ Date |
| _____ (Signature of Co-Tenant) | _____ Date |

Sachem Manor
91 Denver Street, Saugus MA 01906

Managed by:
Lynn Housing Authority & Neighborhood Development
174 S. Common Street
Lynn, Massachusetts 01905
Phone (781) 581-8760

Application for Supportive Low Income Housing
for Persons **62** Years of Age and Older

Name of Applicant:

Address of Current Residence:

City/Town/State

Zip Code:

Mailing Address: _____ Apt. No.:

City/Town:

State:

Zip Code:

Home Telephone:

Work Telephone:

Members of household to live in (1) bedroom unit, including Head of Household:

| Name: First, Middle, Last | Relationship | Social Security Number * | Sex | Date of Birth | Occupation ** |
|---------------------------|---|--------------------------|-----|---------------|---------------|
| | HEAD of Household | | | | |
| | Spouse/Co-Head or Other (Please Circle) | | | | |

* This information will be used to verify income, assets, and criminal record information

** Employed, At Home, Handicapped, or Student

Do you have any special needs due to a disability or need a reasonable accommodation?

Specify: _____

Do you need a wheel chair accessible apartment? (Circle One) YES NO

Racial Designation: HUD requires that certain racial and ethnic data be collected however, responding to this question is optional (Circle One)

American-Indian Asian Black Hispanic White Other (specify) _____



INCOME BEFORE DEDUCTIONS (Limits \$30,050 for (1) person and \$34,300 for (2) people)

Estimate the Gross Income anticipated for ALL Household Members from all sources for the next 12 months.

Specify all sources:

| Type of Income | Source of Income, Name of Employer | Gross Monthly Amount | Gross Amount For Next 12 Months |
|--|---------------------------------------|-------------------------|------------------------------------|
| Salaries, Wages, Including Overtime/Tips | | | \$ |
| Net Income From Business or Profession | | | \$ |
| Trust Income, Interest & Dividends | | | \$ |
| Pensions and Annuities | | | \$ |
| Unemployment or Disability Compensation | | | \$ |
| Regular Social Security Benefits and/or SSI | | | \$ |
| VA Disability Income | | | \$ |
| Public Assistance | | | \$ |
| Regular Alimony Support Payments, Gifts | | | \$ |
| Other Income | | | \$ |
| Total Gross Income | | | \$ |

ASSETS

Do you own any real estate? (Circle One) YES NO

If yes, please prove the address: _____

Please list below the assets of everyone to live in the unit. Include all bank accounts, stocks and bonds, trusts, real estate, etc. DO NOT include clothing, furniture or cars:

| Household Member | Asset Type | Asset Value or Current Balance | Name of Financial Institution | Account Number |
|---------------------|---------------|-----------------------------------|----------------------------------|-------------------|
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |



ANNUAL EXPENSES

| | |
|---|----|
| Un-reimbursed Medical Expenses | \$ |
| Disability Expenses (i.e. durable medical equipment, personal care assistance) | \$ |
| Health Insurance and Long Term Care Premiums | \$ |
| Other | \$ |
| TOTAL EXPENSES | \$ |

PREFERENCES:

There are no preferences

Does anyone in your household own a car? (Circle One) YES NO

Make of Car _____ Year _____ Reg. Number _____

Make of Car _____ Year _____ Reg. Number _____

REFERENCES: List two references. These should not be relatives or household members.

(1) Name: _____ Telephone #: () _____

Address: _____ City: _____ State: _____ Zip: _____

(2) Name: _____ Telephone #: () _____

Address: _____ City: _____ State: _____ Zip: _____

List addresses for each household member for the last (5) years in reverse order:

(1) Address: _____ Dates: From _____ To Present

City/Town: _____ State: _____ Zip: _____ Name of

Landlord: _____ Telephone: _____

Landlord Address: _____ City: _____ State: _____ Zip: _____

Did this landlord bring any court action against you? Circle One: YES NO

(2) Address: _____ Dates: From _____ To

City/Town: _____ State: _____ Zip: _____ Name of

Landlord: _____ Telephone: _____

Landlord Address: _____ City: _____ State: _____ Zip: _____

Did this landlord bring any court action against you? Circle One: YES NO



(3) Address: _____ Apt. No.: _____ Dates: From _____ To _____
City/Town: _____ State: _____ Zip: _____
Landlord: _____ Telephone: _____) _____
Landlord Address: _____ City: _____ State: _____ Zip: _____

Did this landlord bring any court action against you? Circle One: YES NO

Have you sold or transferred any property in the past (5) years? Circle One: YES NO

Date of transfer: _____ Address of Property: _____

Have you, or any member of your household, ever received housing assistance from this or any other housing agency? Circle One: YES NO

If YES: Name of Head of Household at that time: _____

Relation to Present Applicant: _____

Name of Housing Agency: _____

Date Moved Out: _____

Reason Moved Out: _____

When you moved out were you in compliance with the lease and other program requirements?

Circle One: YES NO

If NO, please explain: _____

Sachem Manor allows tenants to have (1) pet, and there is a weight limit of 30lbs:

Do you have any pets? Circle One: YES NO

Please describe: _____



EMERGENCY CONTACT

Name of a relative or friend NOT planning to live with you. We will contact this person if we are not able to reach you or in case of any emergency.

Name:

Relationship:

Address: _____

City/Town:

State:

Zip:

Telephone: _____

CRIMINAL RECORD

Have you or any member of your household who will live in the unit been charged or convicted of a felony or misdemeanor? Circle One: YES NO

If YES, please explain: _____

Do you or any member of your household who will live in the unit have any criminal matters pending?

Circle One: YES NO

If YES, please explain: _____

APPLICANT'S CERTIFICATION

I understand that this application is not an offer of housing. I understand that Sachem Manor will make no more than one offer of an appropriate housing unit. If I do not accept that offer, my application will be removed from the waiting list; and, if I reapply, my application will not receive any preference that was granted on the prior application for a three (3) year period.

Based on this application I understand I should not make any plans to move or end my present tenancy until I have received a written **Unit Offer** from Sachem Manor. **I understand that it is my responsibility to inform Sachem Manor in writing of any change of address, income, or household composition.** I authorize Sachem Manor to make inquiries to verify the information I have provided in this application. I certify that the information I have given in this application is true and correct. I understand that any false statement or misrepresentation may result in the denial of my application. **I understand that Sachem Manor will request Criminal Offender Record Information from the Criminal History Systems Board and may perform credit checks and internet searches for all adult members of the household.**

I acknowledge receipt of the Fair Information Practices Act Statement of Rights for all adult members of the household.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY

Applicant's Signature: _____

Date: _____





Admissions Office
174 South Common Street
Lynn, MA 01905

**APPLICANT'S DECLARATION OF RESIDENCY
AND AUTHORIZATION TO RELEASE INFORMATION**

Control Number:

I hereby declare that I am "homeless" as defined by the state regulations, and that I am a resident of

_____ the City/Town:

(check one)

☐ from which I was displaced through no fault of my own.

☐ in which I am temporarily housed.

I certify that I have not declared myself a resident in any other city or town for the purpose of obtaining local resident preference, and I hereby authorize other local housing authorities and nonprofit agencies to release information to the Lynn Housing Authority & Neighborhood Development (LHAND) to verify this certification. If my temporary address changes, and I need to change my declaration of local residency, I will immediately notify the LHAND, and I authorize other local housing authorities and nonprofit agencies to immediately notify the LHAND of the change.

Signed under the pains and penalties of perjury.

Signature of Applicant

Date