

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"/> <b>Fully Accessible Wheelchair</b> Unit      | <input type="radio"/> <b>Blind Accessible</b> Unit            | <input type="radio"/> Need an <b>Interpreter</b>      |
| <input type="radio"/> <b>No-Steps unit</b> (elevator to any floor) | <input type="radio"/> <b>Deaf Accessible</b> Unit             | <input type="radio"/> <b>Domestic Violence Victim</b> |
| <input type="radio"/> <b>First-Floor unit only</b>                 | <input type="radio"/> Unit for <b>Environmental Allergies</b> | <input type="radio"/> <b>Personal Care Attendant</b>  |

- ☐ 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

Amherst Housing Authority  
33 Kellogg Avenue  
Amherst, MA 01002  
(413) 256-0206  
(413) 256-8128  
TDD Available

DO NOT WRITE IN THIS BOX

OFFICE USE ONLY	
Date of receipt:	_____
Time of Receipt:	_____
Control Number:	_____
Race:	AI    A    B    H    O    W
Priority Cat:	_____
Preference:	_____
Language:	_____

**STANDARD APPLICATION FOR WATSON FARMS FAMILY HOUSING**

1. Name of Applicant \_\_\_\_\_

Current Residence \_\_\_\_\_

City/Town \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

2. Racial Designation: (Responding to this question is optional.) Your status with respect to tenant selection procedures may be affected by this information. If anyone in your household is a Minority, you may classify your household in that Minority Category. (check one)

American-Indian    Asian    Black    Hispanic    Other    White

3. Number of Bedrooms: (circle one)

4. Members of household to live in Unit, including Head:

First Name, middle initial, and last name of everyone to live in the household	Relation to Head	Sex	Date of Birth	Social Security Number
1.	HEAD			
2.				
3.				
4.				
5.				
6.				
7.				
8.				

5a. Is a change in the household composition expected? (check one) Yes No  
 If yes, what type of change? \_\_\_\_\_ When? \_\_\_\_\_

5b. Do you need a wheel chair accessible apartment? (check one) Yes No

## 6. INCOME BEFORE DEDUCTIONS

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

Household Member	Income Type	Name and Address of Employer or Source of Income	Gross Income For Next 12 Months
	Salaries, Wages, Including Overtime/Tips		
	V.A. Disability		
	Net Income From Business/Profession		
	Trust Income, Interest & Dividends		
	Pensions and Annuities		
	Regular Unemployment or Disability Comp.		
	Regular Social Security Benefits and/or SSI		
	A. F. D. C. or Public Assistance		
	Regular Alimony, Support Payments,		
	Gifts Other Income		

TOTAL GROSS INCOME

## 7. EXPENSES

Expense for care of children, or sick or incapacitated person, if necessary for employment	
Unreimbursed Medical Expenses	
Other	

TOTAL EXPENSES

8. ASSETS: List below the assets of everyone to live in the unit. Include all bank accounts, stocks and bonds, trust agreements, real estate, etc. **DO NOT** include clothing, furniture or cars.

Household Member	Description of Asset s	Value of Applicant's Equity
		\$
		\$

9. Does anyone in your household own a car? (check one) ☐ Yes ☐ No

Make of Car \_\_\_\_\_ Year \_\_\_\_\_ Reg. Number \_\_\_\_\_

Make of Car \_\_\_\_\_ Year \_\_\_\_\_ Reg. Number \_\_\_\_\_

**10. List Addresses for the Last Five Years in Reverse Order**

<b>1. Current Address:</b>	<b>From: To Present</b>	<b>Name &amp; Address of Landlord:</b>	<b>Telephone:</b>
<b>2. Address:</b>	<b>From: To:</b>	<b>Name &amp; Address of Landlord:</b>	<b>Telephone:</b>
<b>3. Address:</b>	<b>From: To:</b>	<b>Name &amp; Address of Landlord:</b>	<b>Telephone:</b>
<b>4. Address:</b>	<b>From: To:</b>	<b>Name &amp; Address of Landlord:</b>	<b>Telephone:</b>
<b>5. Address:</b>	<b>From: To:</b>	<b>Name &amp; Address Landlord:</b>	<b>Telephone:</b>

*If you need additional space, please attach an additional sheet of paper.*

At the time you are offered an apartment, your preference status must be checked. If your preference status cannot be verified, your name will be placed on a non-preference waiting list.

**11. PREFERENCES:**

- \_\_\_\_\_ Current employed (Head of Household or Spouse)
- \_\_\_\_\_ Hired to work (Head of Household or Spouse)
- \_\_\_\_\_ Receiving social security, SSI, benefits or any other payment based upon you or your spouse's inability to work (Head of Household or Spouse)
- \_\_\_\_\_ Elderly (Head of Household or Spouse 62 years of age or older)
- \_\_\_\_\_ Currently lives, works, or has been hired to work in Amherst

**NO PREFERENCES CLAIMED:**

\_\_\_\_\_ If you do not claim a preference, please check

**US CITIZENSHIP OR ELIGIBLE IMMIGRATION STATUS**

At the time rental assistance is offered, all applicant family members, irrespective of age, will be required to submit evidence of U.S. Citizenship or eligible immigration status, or state that they do not claim U.S citizenship or eligible status.

12. Have you, or any member of your household, ever received housing assistance from this or any other housing agency? (check one) ☐ Yes ☐ No

If yes: Name of Head of Household at that time: \_\_\_\_\_

Relation to Present Applicant: \_\_\_\_\_

Name of Housing Agency: \_\_\_\_\_

13. EMERGENCY REFERENCE: 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 cases of an emergency.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

14. Do you have any pets? (check one) ☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_

15. CRIMINAL RECORD:

Have you or any member of your household who will live in the unit been convicted of a misdemeanor in the last five years?

(check one)

Yes

No

Have you or any member of your household who will live in the unit been convicted of a felony in the last ten years?

(check one)

Yes

No

If YES, please explain:

## **APPLICANT'S CERTIFICATION:**

I understand that this application is not an offer of housing. I understand that the Housing Authority will make no more than one offer of an appropriate Conventional unit. If I do not accept that offer, I will lose any priority or preference status and my application will be put at the bottom of the waiting list.

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 the Housing Authority. I understand that it is my responsibility to inform the Housing Authority in writing of any change of address, income, or household composition. I authorize the Housing Authority 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 statements or misrepresentation may result in the cancellation of my application. All household members age 18 or over must sign below.

### **SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Household Member's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Household Member's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Household Member's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Interviewer/Reviewer's Signature:

\_\_\_\_\_  
Date

The Amherst Housing Authority does not discriminate against applicants, tenants, or members of the public based on race color, religion, national origin, sex, language, sexual orientation, political beliefs or affiliations military service, disability or age. If you are handicapped and you need some assistance in completing applications for housing, or need some other accommodations in the application process, please tell us.

The Authority checks criminal records from The Criminal History Systems Board for all applicants and household members over the age of 17.

**EQUAL HOUSING OPPORTUNITY**



**Amherst Housing Authority**

**GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

I, the above named individual, have authorized the Amherst Housing Authority to verify the accuracy of the information which I have provided to the Housing Authority, from the following sources (specify):

I hereby give you my permission to release this information to the Amherst Housing Authority subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to the Amherst Housing Authority within five (5) days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original.

Thank you for your assistance and cooperation in this matter.

\_\_\_\_\_  
Signature

Date signed: \_\_\_\_\_

**THIS AUTHORIZATION IS VALID FOR A PERIOD OF ONE YEAR  
FROM THE DATE NOTED ABOVE**

# Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

PHA requesting release of information: **(Cross out space if none)**  
(Full address, name of contact person, and date)

IHA requesting release of information: **(Cross out space if none)**  
(Full address, name of contact person, and date)

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

PHA-owned rental public housing  
Turnkey III Homeownership Opportunities  
Mutual Help Homeownership Opportunity  
Section 23 and 19(c) leased housing  
Section 23 Housing Assistance Payments  
HA-owned rental Indian housing  
Section 8 Rental Certificate  
Section 8 Rental Voucher  
Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

## Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

**Consent:** I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD’s assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government’s financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.