

Name: First MI Last:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

THIS SECTION FOR APPLICANT:

Date completed:

← Applicant: Mail application to the address at left.

Applying for:

Fold on this line

THIS SECTION FOR WAITLIST ADMINISTRATOR:

Landlords: IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will pass it on to the applicant. Include this page so we know who the application is for!

We will also update our system, so the changed status of your waitlists will reach many thousands of applicants and their housing advocates. Also, you will boost your Fair Housing and ADA compliance exponentially!

For Landlords Only!

support@housingworks.net

HousingWorks

P.O. Box 231104

Boston, MA 02123

617-536-8561 fax

- ☐ This waitlist is closed. The only waitlists open at present are:
- ☐ This is not the right application. We have enclosed the correct application.
- ☐ You do not appear to qualify for this property, because:

Name of Waitlist Administrator *optional*

Phone of Waitlist Administrator *optional*: - - X

Date Time Received. Application will be stamped to show when it was received:

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 mm/dd/yyyy ☐ GENDER
M, F, T, etc.

- ☐ ETHNICITY: Hispanic/Latino, Non-Hispanic/Non-Latino, **Client Refused** ☐ RACE: Asian, Black or African American, White, American Indian or Alaskan Native,
Pacific Islander or Native Hawaiian, Other or Multi-Racial, **Client Refused**

- ☐ I am not claiming any R.A. or Special Circumstances at the moment (else fill in any of the items below)

- ☐ Fully Accessible Wheelchair Unit ☐ Vision-Impaired Unit ☐ Need an Interpreter - Explain:
☐ No-Steps unit (elevator to any floor) ☐ Hearing-Impaired Unit ☐ Domestic Violence Victim
☐ First-Floor unit only ☐ Unit for Environmental Allergies ☐ 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

If yes, name the agency providing the voucher:

- ☐ 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 Details

- ☐ ANY PETS? ☐ Yes ☐ No Number of Pets: 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 check this box if backup address is the same as best mailing address below.

AddressLine 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ PREFERRED # OF BEDROOMS? SPECIAL CIRCUMSTANCES? (*some programs may grant you a priority status*)

- ☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Vet. ☐ Fleeing Dom. Viol.
☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ HUD VAWA Certification ☐ Victim of Hate Crime.
Displaced by: ☐ Urban Renewal ☐ Sanitary Code ☐ Natural Forces ☐ Other _____

BILLERICA

HOUSING AUTHORITY

Martin E. Conway, Chair
Carol Ford, Vice Chair
James F. O'Donnell, Jr., Treasurer
Marie O'Rourke, Assistant Treasurer
John Parker, Executive Director
Robert M. Correnti, Executive Director

16 River St
Billerica, MA 01821
Tel 978-667-2175
Fax 978-667-1156
email: bcorrenti@billericahousing.org

APPLICANT REQUIREMENTS FOR WAITING LIST(S)

667-2 16 River Street - FEDERAL ELDERLY/DISABLED (NO SMOKING FACILITY) **AGE: 62 Years of Age or Older**

667-C 13 River Street and 33 Talbot Street - STATE ELDERLY/DISABLED (NO SMOKING FACILITY) - **AGE: 60 years of Age or older**

If you are applying for elderly housing and you are a veteran, or spouse of a veteran, you need to submit a copy of your Veterans paper (**0D214**)

NON-ELDERLY HOUSING (HANDICAPPED OR DISABLED)

If you are applying for non-elderly housing, you need to be handicapped or disabled and a physician needs to provide verification on the Billerica Housing Authority physician verification form.

THE FOLLOWING DOCUMENTATION MUST BE SUBMITTED ALONG WITH THE COMPLETED APPLICATION(S):

CHECKLIST:

- Proof of residency (i.e., driver's license, utility bill, voter registration card etc.)
 - Proof of age (i.e., copy of birth certificate, baptismal certificate, passport, green card, authorization card, census record, etc.)
 - Veterans paper (DD214) if applicable
 - Physicians verification form if applicable
 - Signed and dated application(s)
-

BILLERICA HOUSING AUTHORITY
16 RIVER STREET
BILLERICA, MA 01821
Telephone: 978-667-2175 & 978-667-1661
Fax: 978-667-1156

CONTROL NUMBER: _____

STANDARD APPLICATION FOR FEDERAL PUBLIC HOUSING

I. Name of Applicant: _____

Address of Current Residence: _____ Apt. No.: _____

City/Town _____ State: _____ Zip Code: _____

Mailing Address: _____ Apt. No.: _____

City/Town _____ State: _____ Zip Code: _____

Home Telephone: _____ Work Telephone _____

2. Type of Public Housing you are applying for: (circle one)

a. Family

b. Elderly/Disabled (62, Disabled or Handicapped)

3. Do you need a wheelchair accessible apartment? (circle one) YES NO

4. Is anyone in your household a person with disabilities that requires a specific accommodation to fully utilize our programs and services? (circle one) YES NO

If yes, who _____ what do they require _____

5. Have you been involuntarily displaced from your Billerica residence due to a government/public action, natural disaster, fire, or health condemnation in the last twelve months? (circle one) YES NO

6. Are you a Veteran of the U.S. Military that received an honorable discharge or the spouse, surviving spouse, dependent parent or child, or divorced spouse with a dependent child of a Veteran of the U.S. Military that received an honorable discharge? (circle one) YES NO

7. Do you or a household family member currently work or has been notified that they have been hired to work in the City of Billerica? (circle one) YES NO

NOTE: To receive the residency preference you will need to be a resident or employed in the City of Billerica at the time your name is selected from the waiting list

8. Racial Designation: (Responding to this question is optional) (circle one)

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

9. Do you speak English? (circle one) YES NO

Language Spoken _____ Language Read _____

10. Number of Bedrooms needed: (circle one) 2 3 4

11. Members of household to live in Unit, including Head of Household: (Attach additional sheet if necessary).

[illegible]

12. INCOME BEFORE DEDUCTIONS

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

Household Member Name		Name and Address of Employer of source of Income	Gross Income for Next 12 Months
	Salaries, Wages, Including Overtime/tips		
	TAFDC or Public Assistance or EAEDC		
	Child Support/Alimony		
	Regular Unemployment or Disability Compensation		
	Pensions and Annuities Regular Social Security Benefits and/or SSI		
	VA Disability Income		
	Other Income		

TOTAL GROSS INCOME \$

13. **Assets:** Do you own any real estate? YES NO

If yes, please provide the complete address:

List below **ALL** assets for everyone who will reside in the unit. Include **ALL** bank accounts, stocks and bonds, trusts, real estate, life insurance policies, etc. **DO NOT INCLUDE** clothing, furniture or cars. Use additional paper if necessary.

Household Member	Asset Type	Asset Value or Current Balance	Name of Financial Institution	Account No.
		\$		
		\$		
		\$		
		\$		
		\$		

Have you sold, transferred or given away any real estate, property or assets in the last two (2) years? YES NO

If yes: Date of sale/transfer: Month _____ Day _____ Year _____

Amount of sale/transfer: \$ _____

Value of sale/transfer: \$ _____

14. **References:** Please list two references. Please **DO NOT LIST** relatives or household members.

(1) Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

(2) Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

15. Please List All Addresses for each Adult Household Member for the Last Five Years, in Reverse Order. Please list primary lease holder (head of household) if someone other than yourself. Use additional sheet if necessary.

(1) Name of Primary Leaseholder: From: _____ To: Present Time

Address: _____ Apt. No. _____

City: _____ State: _____ Zip: _____

Landlord Name: _____ Phone Number: _____

Landlord Address: _____

City: _____ State: _____ Zip: _____

Did this landlord bring any court action against the leaseholder or you? (check one) Yes No

Did this landlord return your security deposit? (check one) Yes No

(2) Name of Primary Leaseholder: _____

From: _____ To: _____

Address _____ Apt. No. _____

City: _____ State: _____ Zip: _____

Landlord Name: _____ Phone Number: _____

Landlord Address: _____

City: _____ State: _____ Zip: _____

Did this landlord bring any court action against the leaseholder or you? (check one) Yes No

Did this landlord return your security deposit? (check one) Yes No

16. 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: _____

17. Are you a Board Member, employee, or immediate family member of any employee of a board member of the
Billerica Housing Authority? (check one) Yes NO

If yes, please explain _____

18. Do you have any pets? (check one) Yes No If yes, how many? _____

Please describe _____

19. **Emergency Reference:** Name of a relative or friend **NOT** planning to live with you. MHA will contact this person if unable to reach you in the case of an emergency.

Name: _____ Relationship: _____
Address: _____ Apt. No. _____
City: _____ State: _____ Zip: _____
Phone: _____ Business Phone: _____ Cell Phone: _____
Email Address: _____

20. **Criminal Record:** Have you or any member of your household who will live in the unit ever been convicted of a crime (check one) Yes No If yes, please explain: _____

21. Do you or any household member who will live in the unit have any criminal matters pending? Yes No

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 public housing unit. If I do not accept that offer, my application will be removed from 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 statement or misrepresentation may result in the cancellation of my application. I understand that the Housing Authority will request Criminal Offender Record Information from the Department of Criminal Justice Information Services 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: _____

Reviewer's Signature: _____ Date: _____

NOTE: SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

THIS PROVISION APPLIES TO FEDERAL HOUSING PROGRAMS

STATEMENT OF RESIDENCE

The undersigned hereby states that as of this date, the following statements are true. Please check the appropriate box:

_____ The family headed by the undersigned is presently residing in Billerica

_____ The applicant is presently working in Billerica.

_____ The applicant has been notified that he/she has been hired to work in Billerica.

If you are presently residing in Billerica, please provide the following information:

check this box if the current address is in Billerica and is the same address as shown on page 2.

Current Address: _____

Type of Building: _____
(Single family, two family, three family house, apartment building, etc.)

On what date did you begin residence in this apartment? _____

Name of Landlord: _____

Address of Landlord: _____

IF YOU ARE PRESENTLY WITHOUT A PERMANENT ADDRESS, please list last permanent address.
(Include City and State)

Dates of Occupancy - From _____ To _____

Name and Address of Last Landlord _____

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.

BILLERICA HOUSING AUTHORITY

16 RIVER STREET,
BILLERICA, MA 01821
www.billericahousing.org

Telephone: 978-667-2175

Fax: 978-667-1156

IMPORTANT NOTICE

NOTICE TO APPLICANTS REGARDING RESTRICTIONS ON ASSISTANCE TO NON-CITIZENS

NOTICE TO APPLICANTS ON THE WAITING LIST

THIS NOTICE IS FOR YOUR INFORMATION ONLY. IF YOU ARE CURRENTLY ON THE WAITING LIST AND HAVE NOT BEEN NOTIFIED FOR A UNIT OFFER, YOU DO NOT NEED TO CALL OR VISIT THE BILLERICA HOUSING AUTHORITY. YOUR ONLY RESPONSIBILITY IS TO BE SURE THAT ALL NON-CITIZENS IN YOUR FAMILY WHO WISH TO RECEIVE PUBLIC HOUSING OBTAIN ALL NECESSARY DOCUMENTS REQUIRED UNDER THIS NEW RULE. YOU MAY CONTACT THE INS AT 617-565-3879 OR GO TO THEIR OFFICE IN GOVERNMENT CENTER AT THE JOHN F. KENNEDY BUILDING, FLOOR 5, IN BOSTON, TO OBTAIN THE PROPER DOCUMENTATION.

Dear Applicant:

THE LAW: Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of Housing and Urban Development (HUD) from making financial assistance available to persons other than United States citizens, nationals and certain categories of eligible noncitizens. Section 214 was implemented by a final rule entitled, Restrictions on Assistance to Noncitizens, which was published in the Federal Register on Monday, March 20, 1995 (60FR 14816-1861).

WHEN THE RULE BECAME EFFECTIVE: The rule became effective on June 19, 1995.

WHAT THE RULE MEANS TO YOU: The Declaration Forms listed below must be signed and the documentation for all non-citizens must be provided to the Billerica Housing Authority and verified by the Immigration and Naturalization Service (INS) for you (as an applicant) to receive acceptance into Conventional Public Housing at the time you are selected from the waiting list.

WHAT EVIDENCE WILL BE REQUIRED: If you are a citizen: A signed Declaration of U.S. Citizenship – Declaration forms will be available to you from the Tenant Selector (ONLY WHEN NOTIFIED BY THE MHA OF THE OFFER OF A UNIT IN PUBLIC HOUSING.).

If you are a non-citizen who is age 62 or over: Signed Declaration of Eligible Immigration status and an original proof of age document.

If you are a non-citizen who does not fall into the category above: Signed Declaration of Eligible Immigration Status, Signed Verification Consent Form and one of the documents listed below:

1. Registered Alien Card (I-551 Form).
2. Arrival Departure Record (I-94 Form) annotated (a) "Admitted as a refugee pursuant to Section 207". (b) Section 208" or "Asylum". (c) "Section 243 (h)" or "Deportation Stayed by the Attorney General" (d) "Paroled Pursuant to Section 212. (d) (5) of the INA".
3. Arrival Departure Record (I-94 Form) not annotated accompanied by one of the following documents: (a) A final court decision to which no appeal was taken granting asylum. (b) A letter from an INS asylum officer granting asylum (If application filed on or after 10/1/90) or from an INS district director (If application filed before 10/1/90). (c) A court decision granting withholding or deportation. (d) A letter from an asylum officer granting withholding of deportation (If application filed on or after 10/1/90).
4. Temporary Resident Card (I-688 Form) which must be annotated "Section 245A" or "Section 210".
5. Employment Authorization Card (Employment Authorization Card 1-688B Form) which must be annotated "Provision of Law 272a.12(11)" or Provision of Law 274a.12").
6. Receipt Indicating Application for Issuance of Replacement Document.

WHEN THE EVIDENCE MUST BE SUBMITTED: This documentation must be presented to the Tenant Selector when you have been notified of an offer of a public housing unit.

WHEN AN EXTENSION OF TIME TO OBTAIN THE DOCUMENTS WILL BE GRANTED:
You may be given additional time to bring in these documents if you certify that:

1. The evidence is temporarily unavailable, and
2. Additional time is required in order for it to be obtained, and
3. Prompt and diligent efforts will be undertaken to obtain the evidence.

To request an extension, you must fill out a form which is available from the Tenant Selector. These extensions will be in writing. If you do not have something in writing do not assume you have, or will be granted additional time to bring these documents to your Tenant Selector.

PLEASE NOTE THAT THIS IS ONLY A NOTIFICATION TO INFORM YOU OF YOUR RESPONSIBILITIES AS AN APPLICANT. THE ABOVE INFORMATION IS REQUIRED ONLY WHEN YOU HAVE BEEN NOTIFIED THAT YOU HAVE REACHED THE TOP OF THE WAITING LIST AND ARE BEING OFFERED A UNIT IN PUBLIC HOUSING.

Sincerely,

BILLERICA HOUSING AUTHORITY

NOTICE TO ALL APPLICANTS:

REASONABLE ACCOMMODATIONS ARE AVAILABLE FOR APPLICANTS WITH

MENTAL AND/OR PHYSICAL DISABILITIES

The Billerica Housing Authority does not discriminate against applicants on the basis of mental or physical disabilities. In addition, the Billerica Housing Authority has an obligation to provide "reasonable accommodation" on account of a disability, if an applicant or a household member is limited by the disability and for this reason needs such an accommodation. A reasonable accommodation is a change that the Billerica Housing Authority can make to its facilities or practices that will assist an otherwise eligible person with a disability to overcome the limitations imposed by his or her disability and to be able to participate in the Billerica Housing Authority's housing or programs. Such a change must be financially and programmatically feasible for the housing authority.

An applicant household which has a member with a mental and/or physical disability must still be able to meet essential obligations of tenancy (for example, the household must be able to pay rent, to care for the apartment, to report required information to the Billerica Housing Authority, and to avoid disturbing neighbors), but an accommodation may be the basis by which the household is able to meet those obligations of tenancy.

The Billerica Housing Authority has an Accommodation Coordinator. If you need an accommodation because of a disability, please complete the attached form and return it to the Billerica Housing Authority. You must also submit medical documentation verifying the existence of a disability, and the need for an accommodation to overcome these limitations and to participate in the Billerica Housing Authority's housing or programs. Within thirty (30) days of receipt of your request and documentation, the Accommodation Coordinator will contact you to discuss what the Billerica Housing Authority can reasonably do to accommodate you on account of your disability.

If you or a member of your household has a mental and/or physical disability, and as a result you need an accommodation, you may request it at any time. However, you are not obliged to make such a request, and if you prefer not to do so that is your right.



EQUAL OPPORTUNITY HOUSING