

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

**FRAMINGHAM HOUSING AUTHORITY
ONE JOHN J. BRADY DRIVE
FRAMINGHAM, MA 01702
508-879-7562
TTY RELAY SERVICE 711**

In order for the Framingham Housing Authority to properly categorize your application, please do the following:

- 1. Complete all pages of the application and sign the application and all attachments.**
 - a. You must list addresses for the last five years for each adult household member.**
 - b. Be sure to sign the General Release form and Fair Information Act.**
- 2. Attach proof of all income.**
 - a. Four (4) current pay stubs or letter from you employers(s).**
 - b. Verification of social security, welfare, pension, and any interest from banks, stocks, bonds, etc.**
- 3. Copy of lease or rent receipt. (If you are paying 30% or more of your income for rent and utilities please include proof of the amount you pay for utilities.)**
- 4. Copy of birth certificate(s) for all household members.**
- 5. Copy of Social Security cards(s) for all household members.**

Thank you,

Framingham Housing Authority



Program _____
Application No. _____
Date _____

Framingham Housing Authority
1 John J. Brady Drive
Framingham, MA 01702
508-879-7562
TTY RELAY SERVICE 711

APPLICATION FOR HOUSING
(ALL STATEMENTS ARE MADE UNDER THE PENALTIES OF PERJURY)

Head of Household

Last Name	First Name and Initial	Social Security #
If Married (wife's maiden name)	First Name and Initial	Social Security #
Present Address	Apt#	City Zip
Previous Address	Apt#	City Zip
Minority Group	Telephone Number	

Citizenship Native Born _____ Naturalized Date and Place _____ Certificate No _____

Date and Place of Birth _____

FAMILY COMPOSITION-Members of your family who plan to reside with you, including yourself.

Name	Relationship	Sex	Date of Birth	Occupation or Other Status
1.				
2.				
3.				
4.				
5.				
6.				
7.				

Is any change in Family Composition expected? ☐ No ☐ Yes If yes, state briefly _____

EMPLOYMENT AND INCOME-of all members of family listed above /Gross Earnings)

Name & Employer Address	Occupation	Soc. Sec. No.	Emp. From-To	Rate of Pay per Week	Yearly Earnings

Other Income	Amount	Other Income	Amount	Other Income	Amount
Social Security		Pension		SSI	
Child Support		V.A. Disability		Other (specify)	
Alimony		V.A. Pension			
General Relief		V.A. Education Benefits			
T.A.F.D.C.		Veterans Aid			



ASSETS: Bank Accounts (in-state or out of state) In your name or a Joint account.

Bank _____ Principal Amt \$ _____

Bank _____ Principal Amt \$ _____

Stocks \$ _____ Real Estate \$ _____ Bonds \$ _____ Annuities \$ _____

MILITARY STATUS: Branch of Service _____ Service Number _____

Date Entry Service _____ Date of Discharge _____ Address at Entry _____

Type of Discharge or Separation _____ National Guard or Reserve Status _____

Have you been evicted? _____ Have court proceeding, been started to evict you? _____

Give details _____

Have you ever lived in public housing? _____ Are you now living in public housing? _____

Do you receive a rent subsidy? _____

Do you now occupy your own apartment? _____ Do you share an apartment? _____ Present Rent: \$ _____

Give details _____

Do you now, or have you ever, owned any Real Estate ? _____ Where? _____

Dates of ownership _____ Selling price \$ _____

Do you own an automobile? _____ Year _____ Make _____ Color _____

Kin/Personal References (Name and Address) _____

Please check whichever housing situation applies to your present living conditions. You must verify any item you have checked.

☐ I. Displacement by fire, flood, or natural disaster.

☐ II. Displacement by public action.

☐ III. Displacement by private landlord, for no fault of your own. Displacement due to FHA unit lease commitment.

☐ IV. Transfer from other PHA units for good cause.

☐ V. Standard Applicant

☐ VI. Exceptional Cases.

ALL OF THE ABOVE MUST BE VERIFIED

I hereby authorize the Framingham Housing Authority to verify any and all information necessary for admission or continued occupancy in any development under the jurisdiction of the Framingham Housing Authority '

Applicant's Signature _____





FRAMINGHAM HOUSING AUTHORITY

1 John J. Brady Drive
Framingham, MA 01702-2300



COMMISSIONERS:

JANET LEOMBRUNO
PHYLLIS A. MAY
ROBERT L. MERUSI
JANICE M. ROGERS
STEPHEN P. STARR

TELEPHONE (508) 879-7562
FAX: (508) 626-0252
TTY RELAY SERVICE 711

Certification and Consent to Verification

Notice: Framingham Housing Authority may use your name, date of birth, address, social security number, or other identifying information for purposes permitted by federal and state law, including to verify the information you have provided on this application, such as any information that you have provided about your wages, income, assets and receipt of public benefits or services. We may use the identifying information in conducting matches to confirm your eligibility for assistance and to detect fraud. We may also match the identify information that you provided on this application relating to your family members, such as your spouse, an absent parent, or your dependents. Names, dates of birth, addresses, social security numbers or other identifying information may be matched with computer or other files, to include but not be limited to, files from the following Data Holders: Internal Revenue Service; Social Security Administration; Alien Verification Information System; Center for Medicare and Medicaid; Mass Health; Registry of Motor Vehicles; Department of Revenue; Department of Revenue Child Support Enforcement; Department of Transitional Assistance; Department of Early Education and Care; Division of Unemployment Assistance; Department of Veterans' Services; Bureau of Special Investigations; Bureau of Vital Statistics; SAVE; Department of Criminal Justice Information Services; employers; landlords; Local Housing Authorities, schools, insurance companies, banks and/or financial institutions.

Certification: I certify, under penalty of perjury, that the information that I have provided on this application is correct and complete to the best of my knowledge.

Consent: To the extent that my consent is required, I authorize the Framingham Housing Authority to sue Identifying Information on this application to person matches with the Data Holders to confirm the information on this application as it pertains to the determination of my eligibility for assistance and to detect fraud. I also authorize the Data Holders to release my wage, tax, child support, benefits, income or other information to Framingham Housing Authority for purposes of verifying the information on this application and for detecting fraud.

This form must be read and signed by all adult family members of the household listed on this application.

Signature of Applicant or Legal Representation Name (Print)

Date

Signature of Adult Household Member Name (Print)

Date

Signature of Adult Household Member Name (Print)

Date

This certification and consent is valid until suspended by a subsequent application or revoked in writing by a signatory or a person legally authorized to act on his or her behalf.

EQUAL HOUSING OPPORTUNITY

FAIR INFORMATION PRACTICES ACT STATEMENT OF RIGHTS

The Framingham Housing Authority collects information about applicants and tenants for its housing programs as required by law in order to determine eligibility, amount of rent, and correct apartment size. The information collected is used to manage the housing programs, to protect the public's financial interest and to verify the accuracy of information submitted. When permitted by law, it may be released to government agencies, other housing authorities, and to civil or criminal investigators and prosecutors. otherwise, the Information will be kept confidential and only used by housing authority staff in the course of their duties.

The Fair Information Practices Act established requirements governing housing authorities' use and disclosure of the information it collects. Applicants and tenants may give or withhold their permission when requested by housing authority to provide Information, however, failure to permit the housing authority to obtain the required information may result in delay, ineligibility for programs, or termination of tenancy or housing subsidy. The provision of false or Incomplete information is a criminal offenses, punishable by fines and/or Imprisonment.

As an applicant or tenant, you have the following rights in regard to the information collected about you:

1. No information may be used for any purpose other than those described above without your consent.
2. No information may be disclosed to any person other than those described above without your consent. If we receive a legal order to release the information, we will notify you.
3. You or your authorized representative have a right to inspect and copy any information collected about you.
4. You may ask questions and receive answers from the housing authority about how we collect and use your information.
5. You may object to the collection, maintenance, dissemination, use accuracy, completeness or type of Information we hold about you. If you object, we will Investigate your objection and will either correct the problem or make your objection part of the file. If you are dissatisfied, you may appeal to the Executive Director who will notify you in writing of the decision and of your right to appeal to the Executive Office of Communities and Development.

I have read and understood this Fair Information Practices Statement of Rights and have received a copy for future reference.

Date

Signature

EQUAL HOUSING OPPORTUNITY

Framingham Housing Authority
1 John J. Brady Drive
Framingham, MA 01702-2300
508-879-7562
TTY RELAY SERVICE 7H

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to FRAMINGHAM HOUSING AUTHORITY, any information or documentation needed to complete and verify my application for participation and/or to maintain my continued assistance.

I give my consent for the releases also for the minor children in my care who live with me. I understand and agree this authorization or the information obtained with its use may be given to and used by the Framingham Housing Authority in administering and enforcing programs and policies

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed, Verifications and inquiries that may be requested, include but are not limited to:

Child Care Expenses*	Handicapped Assistance
Credit History	Expenses*
Criminal Activity	Identity and Marital Status
Family Composition	Medical Expenses*
Employment, Income, Pensions, Assets	Social Security Numbers
Federal, State, Tribal, or Local Benefits	Residences and Rental History

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a Housing Assistance Program.

Individuals or organizations that may release information:

Banks and other financial institutions	Providers of:
Courts	Alimony.
Law Enforcement Agencies	Child Care*
Credit Bureaus	Child Support
Employers	Credit
Past and Present Landlords	Handicapped Assistance*
Schools and Colleges	Medical Care*
U.S. Social Security Administration	Pensions/Annuities Utility
U.S. Department of Veterans Affairs	Companies
Welfare Agencies	

***Not Applicable to State Complex**

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the Framingham Housing Authority. I understand that I have a right to correct any information that I can prove is incorrect.

If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

FHA Account# _____

Head of Household	(PrintName)	Date
Spouse	(Print Name)	Date
Other Adult	(Print Name)	Date
Other Adult	(Print Name)	Date

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </div> </div>	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

☐ Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.