

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

F. RUSSELL TAYLOR, JR.
Chairman

DEBRA DEWITT-AHERN
Vice-Chairman

GEORGE M. NANGLE
Treasurer

JESSE FORCIER
Assistant-Treasurer

BRIAN BOND
Secretary



DRACUT HOUSING AUTHORITY

**971 MAMMOTH ROAD
DRACUT MASSACHUSETTS 01826**

MARY T. KARABATSC
Executive Director

TEL: (978) 957-3515

FAX: (978) 957.3399

43-1 65 Phineas Street

To be eligible for elderly/handicapped housing you must be at least 62 years of age or a person with a handicap. If you have a handicap, the handicap must be other than a history of alcohol/drug abuse. If you have a handicap, you must provide certification by a doctor clearly stating that you have a handicap and it is expected to be of long and indefinite in duration lasting longer than six months.

FY Income Limits

1 Person \$ 44,750.00

2 person \$ 51,150.00

**DRACUT HOUSING AUTHORITY
LOW RENT PUBLIC HOUSING PROGRAMS**

APPLICATION FOR FEDERAL HOUSING

1. Name of Applicant _____ SS# _____
Current Address _____ Apt. No. _____
City/Town _____ Zip _____
Home Telephone _____ Cell Phone _____

2. Which of the following Public Housing types are you applying for? (circle one)

a. Family b. Elderly/Disabled/Handicapped

Do you or any member of your family require a wheelchair accessible unit?
(circle one) Yes No

Do you or does any member of your family require any modification or accommodation in order to
fully utilize the unit? (circle one) Yes No

If yes, please specify _____

3. Veteran's Preference - You may apply for Veteran's Preference if you are a Veteran, the spouse, surviving spouse, dependent parent or child, or divorced spouse with a dependent child of the of the Veteran. A Copy of the Veteran's discharge or separation papers must be submitted with this application.

Dates of Military Service: Month _____ Year _____ to Month _____ Year _____

4. Number of bedrooms required (circle one) 0 1 2 3 4 5 6

5. Members of Household to occupy the unit, including the 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. _____

6. Is a change in the household expected? (circle one) Yes No

If yes, what type of change? _____

7. INCOME BEFORE DEDUCTIONS:

Estimate the gross income anticipated for all household members for the next 12 months. Please specify all sources.

| Household Member | | Source of Income | Gross income for the next 12 mos. |
|------------------|---|------------------|-----------------------------------|
| | Salaries, wages, including overtime/tips | | |
| | V.A. Disability | | |
| | Net income from business or profession | | |
| | Trust income, interest and dividends. | | |
| | Pensions and annuities | | |
| | Regular unemployment or disability compensation | | |
| | Regular Social Security Benefits and/or SSI | | |
| | TAFDC or EAEDC | | |
| | Regular Alimony, Support Payments, Gifts | | |
| | Other income | | |

TOTAL ANNUAL INCOME _____

8. EXPENSES

| Expense Type | Annual Expenses |
|--|-----------------|
| Expense for care of children or disabled family member if necessary for employment | |
| Unreimbursed medical expenses | |
| Health Insurance | |
| Other | |

TOTAL EXPENSES _____



9. ASSETS: List below the assets of all family members, include real estate, stocks and bonds, trusts etc.

| Household member | Description of Assets | Value of Applicant's Equity |
|------------------|-----------------------|-----------------------------|
| | | |
| | | |

9a. BANKING INFORMATION

| Name of Bank | Account Number | Type | Joint/ Indiv. | Balance | |
|--------------|----------------|------|------------------|---------|-----------|
| | | | | Current | 6-mo.Avg. |
| | | | | \$ | \$ |
| | | | | \$ | \$ |
| | | | | \$ | \$ |

10. Have you disposed of any assets within the last two (2) years? _____

11. Does anyone in your household own a car? (circle one) Yes No

Make of car _____ year _____ Reg. No. _____

12. RACE: White Black American Indian/Alaska Native Asian or Pacific Islander
(circle one)

12a. ETHNICITY: Hispanic Non-Hispanic
(Circle one)

13. HOUSING HISTORY

List complete information below relative to your prior residence:

(1) Address: _____ Years: _____

Name of Landlord: _____ Telephone _____

Address of Landlord: _____

14. Have you or any member of your household ever lived in a public housing unit or ever received housing assistance from this or any housing agency or group? This includes rental assistance programs.
(circle one) Yes No

If yes, in whose name was the apartment? _____

Relation to applicant _____

Address at that time _____

15. Did you leave as a tenant in good standing? (circle one) Yes No

If no, please explain _____



15. Do you have any pets ? (circle one) Yes No

If yes, please describe _____

16. EMERGENCY REFERENCE: Relative or friend not currently living with you. We will contact this person if we are not able to reach you in the case of an emergency.

Name _____ Relationship _____

Address _____ Telephone _____

17. CRIMINAL HISTORY

Have you or any member of your family been convicted of a crime?

If yes, please explain: _____

APPLICANT'S CERTIFICATION

I understand that this application is not an offer of housing. I understand that the Dracut Housing Authority will make no more than one offer of an appropriate conventional unit. If I do not accept that offer, I understand that my application will be closed.

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 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 is true and correct. I understand that any false statement or misrepresentation may result in my application being closed.

Applicant's Signature _____ Date _____

Interviewer/Reviewer's Signature _____ Date _____

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



Name: _____ Record # _____

DETERMINATION OF BEDROOM SIZE

The Authority recognizes that the under utilization of space is inconsistent with efficient and economical operation and is a waster of scarce housing resources while overcrowding is inconsistent with Authority's obligation of provide decent, safe and sanitary housing. Therefore, the Authority will determine the appropriate size unit for each family in accordance with the following table:

| Number of Bedrooms | Number of Persons | |
|--------------------|-------------------|---------|
| | Minimum | Maximum |
| 0 | 1 | 1 |
| 1 | 1 | 2 |
| 2 | 2 | 4 |
| 3 | 3 | 6 |
| 4 | 5 | 8 |
| 5 | 7 | 10 |

Based on your family composition, we have determined that you require a ____ bedroom unit.

However, it is noted that the particular waiting list on which you are placed will be a determining factor as to how long you will have to wait before receiving offer of a housing unit. Generally, the larger the bedroom size you need, the longer the wait.

Therefore, in order to receive housing sooner, you may choose to place yourself on a smaller waiting list than the size as determined by the Authority.

However, if you choose a smaller unit size, you will not be considered under housed for purpose of a transfer unless there is a change in the size of your family composition.

How many persons in your family? _____

State the bedroom size list you wish to be placed on. _____

Applicants Signature

Date

Housing Authority Signature

Date

**AUTHORIZATION FOR THE
RELEASE OF INFORMATION
HOUSING AGENCIES**

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

PHA/HA requesting release of Information

Dracut Housing Authority
971 Mammoth Rd.
Dracut, MA 01826
(978) 957-3515

This form cannot be used to request a copy of a tax return. Instead, use IRS form 4506, Request for a Copy of Tax Form.

Sensitive Information: The consent granted by this form may be used as a basis to collect sensitive information which is protected by the Privacy Act. Such Information will not be disclosed or released outside of HUD except to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory Investigators and Prosecutors. Please see the Federal Privacy Act Statement for a more detailed description of your privacy rights.

Purpose:

This form enables the U.S. Department of Housing and Urban Development (HUD) and the above named Public Housing Agency or Indian Housing (HA's) to secure your signature and the signature of each member of your household who is 18 years of age or older for purposes of obtaining employee Income Information from current and previous employers and wage and claim Information from the State Wage Information Collection Agency (SWICA).

Computer Matching Notice & Consent:

I understand that a Public Housing Agency, Indian Housing Authority, or HUD may conduct computer matching programs with other governmental agencies including Federal, State, Tribal, or local agencies.

The governmental agencies include:

U.S. Office of Personnel Management
U.S. Department of Defense
State Employment Security Agencies
Day Care Providers
Landlords
Financial Institutions/Banks

U.S. Social Security Administration
U.S. Postal Service
State Welfare and Food Stamp Agencies
Employers
Dept. of Revenue (Child Support Unit)

The match will be used to verify information supplied by my family.

Employment Information:

I also authorize the above named HA and HUD to obtain information about me and my family that is pertinent to employment income information from current and previous employers.

Conditions:

I agree that photocopies of this authorization may be used for the purposes stated above. If I or any adult member of my family fail to sign this authorization, I understand that this action may constitute grounds for denial of eligibility or termination of assistance of tenancy, or both.

State Wage Agencies:

I authorize only HUD, a Public Housing Agency, or an Indian Housing Authority to obtain information on wages or unemployment compensation from State Agencies charged with the State unemployment law.

Signature, Printed Name of the Head of Household & Date:

Signature, Printed Name of Spouse, Other Adult Member of the Household & Date:

Signature, Printed Name of Other Adult Member of the Household & Date:

Original is retained by the requesting organization.

Form HUD-9886 (10/19/92)
Ref. Handbooks 7420.7 & 7465.1

ATTACHMENT 3

APPLICANT/TENANT CERTIFICATION

APPLICANT(S)/TENANT(S) STATEMENT

I/WE CERTIFY THAT THE INFORMATION* GIVEN TO THE DRACUT HOUSING AGENCY ON HOUSEHOLD COMPOSITION, INCOME, NET FAMILY ASSETS, AND ALLOWANCES AND DEDUCTIONS IS ACCURATE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. I/WE UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE UNDER FEDERAL LAW. I/WE ALSO UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE GROUNDS FOR TERMINATION OF HOUSING ASSISTANCE AND TERMINATION OF TENANCY.

SIGNATURE OF HEAD OF HOUSEHOLD

DATE

SIGNATURE OF SPOUSE

DATE

IF YOU BELIEVE YOU HAVE BEEN DISCRIMINATED AGAINST, YOU MAY CALL THE FAIR HOUSING AND EQUAL OPPORTUNITY NATIONAL TOLL-FREE HOT LINE AT 800-424-8590 (WITHIN THE WASHINGTON D.C. METROPOLITAN AREA, CALL 426-3500.)

*AFTER VERIFICATION BY THIS HOUSING AGENCY, THE INFORMATION WILL BE SUBMITTED TO THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT ON FORM HUD 50058 (TENANT DATA SUMMARY), A COMPUTER-GENERATED FACSIMILE OF THE FORM OR ON MAGNETIC TAPE. SEE THE FEDERAL PRIVACY ACT STATEMENT FOR MORE INFORMATION ABOUT ITS USE.

DRACUT HOUSING AUTHORITY
971 MAMMOTH ROAD
DRACUT, MA 01826
(978) 957-3515
Fax (978) 957-3399

LANDLORD NAME AND ADDRESS:

DATE: _____

PLEASE BE INFORMED THAT THE INDIVIDUAL NAMED BELOW HAS APPLIED
FOR RENTAL ASSISTANCE (RENT SUBSIDY) WITH THE AUTHORITY.

THIS INDIVIDUAL HAS GIVEN YOUR NAME AS THE LANDLORD/OWNER OF
THEIR APARTMENT.

KINDLY COMPLETE THE FOLLOWING INFORMATION BELOW AND RETURN
THIS FORM IN THE ENCLOSED SELF-ADDRESSED STAMPED ENVELOPE.

I HEREBY AUTHORIZE RELEASE OF THE INFORMATION REQUESTED.

SIGNATURE OF APPLICANT DATE

- _____
1. APPLICANT'S NAME: _____
2. ADDRESS: _____
3. LENGTH OF TIME APPLICANT RESIDED ON YOUR PREMISES: _____
4. AMOUNT OF RENT: \$ _____ PER MONTH \$ _____ PER WEEK
UTILITIES INCLUDED: _____ HEAT _____ HOT WATER _____ COOKING
_____ ELECTRICITY _____ NONE

SIGNATURE OF LANDLORD DATE

THANK YOU FOR YOUR COOPERATION IN THIS MATTER.

ATTACHMENT 5
FEDERAL PRIVACY ACT STATEMENT

THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) COLLECTS INFORMATION ON TENANTS IN HUD ASSISTED RENTAL HOUSING. THE U.S. PRIVACY ACT OF 1974 ESTABLISHED REQUIREMENTS GOVERNING HUD'S USE AND DISCLOSURE OF INFORMATION IT COLLECTS ON INDIVIDUAL'S AND FAMILIES.

PUBLIC HOUSING AGENCIES (PHA'S) OPERATING SUCH HOUSING SEND HUD INFORMATION ON THEIR TENANT'S INCOME, FAMILY COMPOSITION, RENT, ETC. THIS INFORMATION WAS ALREADY GIVEN BY THE TENANTS TO THE PHA'S WHEN APPLYING OR BEING RE-EXAMINED. IT IS TRANSFERRED TO HUD FORMS USED FOR DATA COLLECTION. THE FORMS MAY BE SENT TO A CONTRACTOR WHO KEYPUNCHES THE INFORMATION IN PREPARATION FOR PROCESSING BY HUD COMPUTERS.

USE: HUD USES THE INFORMATION FOR BUDGET DEVELOPMENT, PROGRAM EVALUATION AND PLANNING, AND REPORTS TO THE PRESIDENT AND CONGRESS. HUD ALSO USES THE INFORMATION TO MONITOR COMPLIANCE WITH FEDERAL REQUIREMENTS ON ELIGIBILITY AND RENT AND TO VERIFY THE ACCURACY AND COMPLETENESS OF THE INCOME INFORMATION.

PUBLIC ACCESS: SUMMARIES OF TENANT DATA ARE AVAILABLE TO THE PUBLIC. DISCLOSURE OF INFORMATION ABOUT INDIVIDUALS AND FAMILIES IS RESTRICTED BY THE PRIVACY ACT OF 1974. SUCH INFORMATION IS RELEASED TO APPROPRIATE FEDERAL, STATE OR LOCAL AGENCIES TO VERIFY INFORMATION RELEVANT TO ELIGIBILITY AND RENT DETERMINATIONS AND WHEN APPLICABLE TO OTHER CIVIL, CRIMINAL OR REGULATORY MATTERS.

THE PRIVACY ACT RESTRICTS HUD'S DISCLOSURE OF INFORMATION ON INDIVIDUALS AND FAMILIES BUT DOES NOT RESTRICT THE PHA FROM RELEASING SUCH INFORMATION. THERE MAY BE STATE AND LOCAL LAWS OR REGULATIONS THAT GOVERN DISCLOSURE BY THE PUBLIC HOUSING AGENCY.

INFORMATION REQUIREMENTS: GIVING YOUR SOCIAL SECURITY NUMBER TO HUD OR THE PHA IS VOLUNTARY. FAILURE TO GIVE IT DOES NOT EFFECT YOUR ELIGIBILITY OR THE AMOUNT OF YOUR PAYMENT. HUD USES THE SOCIAL SECURITY NUMBER AS AN IDENTIFIER IN COMPUTER MATCHING TO CHECK THE ELIGIBILITY AND RENT DETERMINATIONS MADE BY THE PHA.

THE OTHER INFORMATION MUST BE PROVIDED TO HUD SO THAT IT CAN CARRY OUT ITS MONITORING AND DATA COLLECTION RESPONSIBILITIES. FAILURE TO DO SO MAY RESULT IN EVICTION OR THE WITHDRAWAL OF HOUSING ASSISTANCE (DEPENDING ON THE HOUSING PROGRAM).

AUTHORITY: HUD IS PERMITTED TO ASK FOR THE INFORMATION BY THE U.S. HOUSING ACT OF 1937 AS AMENDED, 42 U.S.C., 1437 ET. SEQ., THE HOUSING AND COMMUNITY DEVELOPMENT ACT OF 1981, PUBLIC LAW 97-35, 85 STAT., 348, 408.

SIGNATURE: I HAVE READ THIS FEDERAL PRIVACY ACT ON _____.

F. RUSSELL TAYLOR, JR.
Chairman

DEBRA DEWITT-AHERN
Vice-Chairman

GEORGE M. NANGLE
Treasurer

JESSE FORCIER
Assistant-Treasurer

BRIAN BOND
Secretary

MARY T. KARABATSOS
Executive Director

DRACUT HOUSING AUTHORITY

971 MAMMOTH ROAD

DRACUT MASSACHUSETTS 01826

TEL: (978) 957-3515

FAX: (978) 957-3399

CORI REQUEST FORM

Dracut Housing Authority has been certified by the Criminal History Systems Board for access.

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

LAST NAME

FIRST NAME

MIDDLE

MAIDEN NAME OR ALIAS

PLACE OF BIRTH

DATE OF BIRTH

SOCIAL SECURITY NO.

MOTHER'S MAIDEN NAME

FORMER ADDRESSES:

SEX: _____ HEIGHT: ____ ft. ____ in.

WEIGHT: _____ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____

***THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE
FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC
IDENTIFICATION: _____

REQUESTED BY: _____

SIGNATURE OF CORI AUTHORIZED EMPLOYEE

DECLARATION OF SECTION 214 STATUS

Dracut Housing Authority

CLIENT # _____

NOTICE TO APPLICANTS AND TENANTS: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the US. Please read the Declaration statement carefully, sign and return it to the Dracut Housing Authority. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____, certify, under penalty of perjury that, to the best of my knowledge, I am lawfully within the United States because (please check appropriate box):

☐ I am a citizen by birth, a naturalized citizen, or a national of the United States; or

I have eligible immigration status as checked below (see below for explanations). Attach INA document(s) evidencing eligible immigration status and signed verification consent form.

☐ Immigrant status under 101(a)(15) or 101(a)(20) of INA. A noncitizen lawfully admitted for permanent residence, as defined by 101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by 101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [immigrant status]. This category includes a noncitizens admitted under 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker status], who has been granted lawful temporary resident status.

☐ Permanent residence under 249 of INA. A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible 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 249 of the INA (8 U.S.C. 1259) [amnesty granted under INA 249].

☐ Refugee, asylum, or conditional entry status under 207, 208, or 203 of INA. A noncitizen who is lawfully present in the U.S. pursuant to an admission under 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under 203(a)(7) of the INA (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 [conditional entry status].

☐ Parole status under 212(d)(5) of INA. A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reason deemed strictly in the public interest under 212 (d)(5) of the INA (8 U.S.C. 1182 (d)(5)) [parole status].

☐ Threat to life or freedom under 243(h) of INA. A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under 243(h) of the INA (8 U.S.C. 1253(h)) [threat to life or freedom].

☐ Amnesty under 245A of INA. A noncitizen lawfully admitted for temporary or permanent residence under 245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245A].

☐ **FOR PRESENT TENANTS ONLY:** I have eligible immigration status and I am 62 years of age or older. For non citizens who are 62 years of age or older or who will be 62 years of age or older AND receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

(Signature of Family Member)

Date

WARNING: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement of entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

Check box on left if signature is of an adult who is responsible for child named on statement above.

DRACUT HOUSING AUTHORITY USE ONLY:

Enter INS/SAVE Primary Verification # : _____

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.

| | |
|--|--|
| | |
|--|--|

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.

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Executive Director

DRACUT HOUSING AUTHORITY

971 MAMMOTH ROAD
DRACUT MASSACHUSETTS 01826

TEL: (978) 957-3515

FAX: (978) 957-3399

Control Number

Applicant's Name and Address

65 Phineas Street

APPLICANT'S RECEIPT

DO NOT LOOSE THIS RECEIPT. THIS IS YOUR RECORD OF YOUR STATE-AIDED HOUSING APPLICATION. THIS IS A RECEIPT FOR THE APPLICATION (S) CIRCLED BELOW:

Preliminary Application

Emergency Application

Standard Application

Transfer Application

I understand that my 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, and, if I do reapply, my application will not receive any priority or preference status for three years.

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 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 Criminal History Systems Board 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. To ensure your privacy, the Housing Authority's waiting lists are kept by control number rather than by name. If you have any questions about your application, or want to notify the Housing Authority of a change, please use the control number listed in the upper right hand corner of this receipt.

Applicant's signature _____

Date _____

Reviewer's signature _____

Date _____