

Full Name:
Address1:
Address2:
City State Zip:
Email:
Case Manager Email:

THIS SECTION FOR APPLICANT:

Date Generated:

← Mail this form to the address at left.

Dear

Fold on this line

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

THIS SECTION FOR WAITLIST ADMINISTRATOR:

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!

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:

IPSWICH HOUSING AUTHORITY AGAWAM VILLAGE

APPLICATION FOR PROJECT BASED RENTAL ASSISTANCE PROGRAM

Incomplete applications will not be processed. Please complete all information requested on the application. If a question is not applicable, please write **N/A**. **Make sure to sign the last page.** **If you need additional space to provide an answer, please attach an additional sheet(s).** Once completed please drop off, mail or fax to IPSWICH Housing Authority's main office. The IHA WILL PROVIDE ASSISTANCE IN REVIEWING AND COMPLETING THIS DOCUMENT. PERSONS WITH DISABILITIES MAY REQUEST ALTERNATE FORMATS (LARGE PRINT) OF THIS APPLICATION. You may request a copy of the Tenant Selection Plan Summary which summarizes the application process including eligibility and screening requirements.

PLEASE PRINT: _____ Federal Control No. _____
IHA USE ONLY

A. Name of Applicant: _____

Address of Current Residence: _____ Apt. No. _____

City/Town: _____ State: _____ Zip: _____

Mailing Address: _____ Apt. No. _____

City/Town: _____ State: _____ Zip: _____

Home Phone () _____ Work Phone () _____ Cell Phone: _____

EMAIL ADDRESS: _____

B. What is the Head of Household's racial designation? (Check one):

White ☐

Black/African American ☐

American Indian ☐

Asian/Pacific Islander ☐

Wish not to disclose ☐

Other ☐

Specify Other: _____

C. What is the Head of Household's ethnic designation? (Check one):

Hispanic/Latino ☐

Not-Hispanic/Latino ☐

Wish not to disclose ☐

Language: Do you understand and speak English? Y ☐ N ☐ If no, what is language spoken: _____

Do you understand and read English? Y ☐ N ☐ If no, what is language read: _____



D. Family Status: Check the statement(s) that best describes your family:

1. The Head of Household or spouse is 62 years of age or older ☐
2. The Head of Household or spouse is disabled or handicapped ☐
3. The Head of Household or spouse is a veteran. ☐

E. HOUSING PRIORITY STATUS: You will be required to provide documentation to verify your claim below.

Please select all that apply to your household.

IHA staff will review the basis of your claimed Preference to determine if you are eligible for the Preference.

Current Housing Situation

Please tell us about your current housing situation. Depending on your current housing situation and your ability to verify your circumstance, you may be placed higher on specific waitlists. Making a false statement or misrepresentation may result in the denial of your application.

Note: You will be required to provide documentation to verify your current housing situation. The types of documents you may need to verify your housing situation may include, but are not limited to, a lease, rent receipts, utility bill, etc.

Are you now homeless or in imminent danger of becoming homeless?
<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please check ALL of the following statements that apply to you.
<input type="checkbox"/> Displaced by natural forces (e.g., flood, fire, earthquake)
<input type="checkbox"/> Displaced by urban renewal or eminent domain
<input type="checkbox"/> Displaced by condemnation of home or code violations
<input type="checkbox"/> No fault loss of housing - such as condominium conversion, owner wants unit for personal or family use, or discharge from nursing home or long-term care facility
<input type="checkbox"/> Victim of abuse (domestic violence)
<input type="checkbox"/> Homeless due to Severe medical emergency

Please provide additional details about your housing situation. Use and attach additional sheets of paper if necessary. Details may include, but are not limited to:

- Where you were displaced from and why;
- If you were evicted by your landlord, why you were evicted (e.g., non-payment of rent, condo conversion, etc.);
- If there was a natural disaster, what type of disaster it was; if there was a fire, how did it start;
- If your unit was condemned, what was the reason;
- If you were displaced by public action, what was the nature of that public action;
- If you have a severe medical emergency, how has this impacted your housing situation.

F. Do you have any special needs due to a disability or need for a reasonable accommodation? YES ☐ NO ☐

Specify the accommodation needed:

G. Do you need a wheelchair accessible apartment? (Check One)

YES ☐ NO ☐

H. **CRIMINAL RECORD:** Pursuant to 804 CMR 5.05(1) IHA will obtain Criminal Offender Record Information for all applicants and household members 17 years of age or older.

1. Have you or any member of your household who will live in the unit been convicted of a misdemeanor in the last five years?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you or any member of your household who will live in the unit been convicted of a felony in the last ten years?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you or any member of your household registered or required to register as a sex offender?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. If you answered yes to questions 1, 2 and/or 3 please explain: _____ _____	

*APPLICANTS WITH SEALED RECORDS PLEASE READ. Applicants with sealed records: You are not required to list convictions that are included in a record that has been sealed.

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

Name: First, Last	Relationship	Social Security Number*	Sex* Check one	Date of Birth	Student (Yes or no)
	HEAD		M <input type="checkbox"/> F <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>
			M <input type="checkbox"/> F <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>
			M <input type="checkbox"/> F <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>
			M <input type="checkbox"/> F <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>
			M <input type="checkbox"/> F <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>

			M <input type="checkbox"/> F <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>
			M <input type="checkbox"/> F <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>

J. Is a change in the household composition (number of people in your household) expected? (Check One)

YES ☐ NO ☐

If yes, what type? _____ When? _____

K. INCOME BEFORE DEDUCTIONS: Estimate the Gross Income anticipated for ALL household members from all sources for the next 12 months. Please specify all sources.

Employment Income Including Work as Subcontractor (Uber, Door Dash etc.) or Income from a Business You or a Family Member Own: List for all household members regardless of age and/or student status.

Household Member	Employer	Employer Address	Gross Earnings
			\$ /per
			\$ /per
			\$ /per
			\$ /per

Social Security, Disability, and Other Non-employment Income: List sources including but not limited to Social Security, Disability, Child Support, Alimony, Welfare, Food Stamps, Unemployment, Annuities, Pensions, Retirements, V.A. Benefits, Gifts, Scholarships, Trusts/Inheritances, Gambling Winnings, etc.

Household Member	Source	Amount	Frequency

L. Medical, Childcare, and Handicapped Care Expense Deductions – If head of household or spouse is 62+ or disabled, household members may be eligible to deduct unreimbursed out of pocket medical expenses. Childcare/Handicapped Care expenses must be incurred to allow family members to work or enroll in school fulltime.

Type	Name/Source of Expense	Address of Expense	Yearly Amount

M. Assets: List all assets including but not limited to Bank Accounts (Checking and Savings), CDs, IRAs, Money Market, Investment, 401Ks, Stocks, Bonds, Real Estate, etc.

Have you sold assets for less than fair-market value in the last two years? Check One: YES ☐ NO ☐

Household Member:		Asset/Bank Name & Address:	
Account Type:	Interest Rate:	Annual Income:	Total:
Household Member:		Asset/Bank Name & Address:	
Account Type:	Interest Rate:	Annual Income:	Total:
Household Member:		Asset/Bank Name & Address:	
Account Type:	Interest Rate:	Annual Income:	Total:
Household Member:		Asset/Bank Name & Address:	
Account Type:	Interest Rate:	Annual Income:	Total:



N. Have you or any member of your household ever received housing assistance from this or any other Housing Agency or Housing Authority? Check One: YES ☐ NO ☐

If **yes**: Name of Head of Household at that time: _____

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? Yes No

Address _____

O. REFERENCES

Provide the full name and address of Landlords or Officials at other places you have lived over the last five years.

Name of Present Landlord/ Official _____ Telephone _____

Address: _____

Name of Previous Landlord/ Official _____ Telephone _____

Address _____

NOTE: If you are unable to furnish a landlord or other housing reference, please furnish character references. They must have known you for one (1) year or more and not be related to you.

Name of Character Reference _____ Telephone _____

Address _____

Name of Character Reference _____ Telephone _____

Address _____

P. Assistance for Persons with Disabilities

The IHA uses MassRelay TTY at 711. You can also ask for disability-related assistance when you contact the IHA, including reasonable accommodations and auxiliary aids and services.

Discrimination and Fair

Housing Rights: If you believe you have been discriminated against, call the HUD Fair Housing and



Equal Opportunity national toll-free hotline at 1-800-669-9777. Or, you may contact the local HUD field office at Boston Regional Office of FHEO, U.S. Department of Housing and Urban Development, Thomas P. O'Neill, Jr. Federal Building; 10 Causeway Street, Room 308, Boston, Massachusetts 02222, (617) 994-8300, (800) 827-5005. TTY (800) 877-8339

Limited English Proficiency

You are entitled to free translation and interpretation services upon request by calling the IHA at (978) 744-4431

Violence Against Women's Act (VAWA) Protections and Coverage

If you are applying for or receiving assistance under any housing operated by a public housing authority, you may have housing protections under VAWA. The Violence Against Women Act (VAWA) is a federal law that, in part, provides housing protections for people applying for or living in units subsidized by the federal government and who have experienced domestic violence, dating violence, sexual assault, or stalking, to help keep them safe and reduce their likelihood of experiencing homelessness.

Please see two important VAWA forms provided under Forms and Application on the IHA website: "Notice of Occupancy Rights under the Violence Against Women Act VAWA" (HUD form 5380) and "Certification of Domestic Violence" (HUD Form 5382).

Q. APPLICANT'S CERTIFICATION

I/we understand that this application is not an offer of housing. I/we understand that I/we will have to provide proof of all the facts before the IPSWICH Housing Authority can make a final decision on my eligibility. Based on this application, I/we understand that I/we should not make any plans to move with assistance from the IPSWICH Housing Authority.

I/we understand it is my responsibility to inform IHA in writing of any change of address, household size, or change in circumstances as I/we have described them in this application. I/we understand I/we must respond promptly to all IHA inquiries or my application may be cancelled.

I/we certify that the information provided in this application is accurate and complete to the best of my knowledge and belief. I/we understand that false statements or information are criminal offenses punishable under state and federal law. I also understand that false statements or information are grounds for rejection of this application or termination of tenancy.



R. Authorization for Release of Information

I _____, hereby authorize the IPSWICH Housing Authority to obtain any and all information necessary to determine my eligibility and the eligibility of my household under the Housing Choice Voucher Program. I understand that such information will be kept confidential and will be used only for program purposes.

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. 200d), 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 the amount your family will pay towards 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.

Signed under the pains and penalties of perjury:

Applicant Signature: _____	Date: _____
Spouse/Co-Head Signature: _____	Date: _____
IHA Reviewer: _____	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 or entry, in any matter within the jurisdiction of any department or agency of the United States, IHA will be fined no more than \$10,000, imprisoned for not more than five years, or both.

Translation and interpretation services are available upon request
Sevis tradiksyon ak intepretasyon disponib si w bezen
Servicio de traducción e intepretación estan disponibles, con cita, una vez que lo solicite
Serviço de tradução e interpretação estão disponíveis somente após agendamento



IPSWICH HOUSING AUTHORITY
Federal Privacy Act Statement/Fair Information Practices Act Statement of Rights

Re: _____ SSN/Client ID: _____
Applicant/Tenant Name

FEDERAL PRIVACY ACT STATEMENT

The U.S. Department of Housing and Urban Development (HUD) will collect and verify information you gave to the IPSWICH HOUSING AUTHORITY at application and re-examination. HUD will collect the information on Form HUD-50058. The data it will collect includes name, sex, birth date, Social Security number (SSN), income (by source), assets, certain deductible expenses, and the rental payment.

The Privacy Act of 1974, as amended, requires us to tell you about this. We also are required to tell you what HUD will do with the information.

HUD may use the information to manage and monitor HUD-assisted housing programs. It also may verify whether the information is accurate and complete by doing a computer match.

HUD may give the information to Federal, State, and local agencies when it will be used for civil, criminal or regulatory investigations and prosecutions. HUD also may make summaries of resident data available to the public. Other than these uses, HUD will not release the information outside HUD, except as permitted or required by law.

The Housing and Community Development Act of 1987, 42 U.S.C. 3543, requires applicants and residents to give IPSWICH Housing Authority the SSN(s) of household members at least six (6) years old. If you are an applicant and you have been issued or use a SSN(s) and you do not give them to IPSWICH Housing Authority, then IPSWICH Housing Authority will be required to deny or withdraw your housing assistance.

The U.S. Housing Act of 1937, as amended, 42 U.S.C. 1437 et. seq., and the Housing Community Development Act of 1981, P.L. 97-35, 85 stat., 348, 408 require applicants and residents to provide the other information (listed in the first paragraph) to IPSWICH Housing Authority. If you are an applicant and you fail to give IPSWICH Housing Authority this information, IPSWICH Housing Authority may have to reject your application or delay acting on it. If you are receiving housing assistance and you do not give IPSWICH Housing Authority this information, IPSWICH Housing Authority may have to evict you or withdraw your housing assistance.

FAIR INFORMATION PRACTICES ACT STATEMENT OF RIGHTS

IPSWICH Housing Authority collects information about applicants and tenants 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, local public housing authorities, other regional non-profit housing agencies, and to civil or criminal investigators and prosecutors. Otherwise, the information will be kept confidential and only used by IPSWICH Housing Authority staff in the course of their duties.

The Fair Information Practices Act established requirements governing IPSWICH Housing Authority's use and disclosure of the information it collects. Applications and tenants may give or withhold their permission when requested by IPSWICH Housing Authority to provide information (subject to the exceptions above); however, failure to permit IPSWICH 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 offense 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 voluntarily 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 has a right to inspect and copy any information collected about you.
4. You may ask questions and receive answers from IPSWICH Housing Authority about how we collect and use your information.

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 refer to the IPSWICH Housing Authority's Section 8 Housing Choice Voucher Program Administrative Plan.

I/We have read this Statement and have also received a copy for my/our reference.

Signature, Head of Household

Date

Signature, Head of Household

Date

