

Applicant: Write your full name and address,  
including your apartment # and zipcode.

Mail this application to the address you  
see at left.

Dear

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

App Generated:

 **ATTN: WAITLIST ADMINISTRATOR** 

**Is this waitlist closed? Anything else you want to tell the 900 Housing Advocates and the nearly 200,000 applicants using our system?**

**USE BLOCK PRINT to fill in the appropriate information below.** Save paper and ink by faxing only this one page to HousingWorks – we will immediately update your information! See fax number below.

☐ **This particular waitlist is closed: At present, our only open waitlists are:**

\_\_\_\_\_

☐ **This is not the correct application. The correct application is available in this way:**

\_\_\_\_\_

Your position or title at this housing program: \_\_\_\_\_

Your signature: \_\_\_\_\_

**HousingWorks Fax: 617-536-8561**

*If you direct applicants to try our free search to locate OTHER HOUSING OPTIONS,  
you reduce frivolous applications and eliminate possibly hundreds of phone calls:*

**www.HousingWorks.net**



**DO NOT LEAVE ANY QUESTION UNANSWERED!**

- ☐ HEAD OF HOUSEHOLD'S FIRST NAME
- ☐ HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME
- ☐ HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ) ☐ SUFFIX
- ☐ YOUR MOTHER'S LAST NAME WHEN SHE WAS A CHILD

ANSWER THIS: ☐ Yes ☐ No Does the HoH have a Social Security Number? *If "Yes" you must provide the full SSN!*

- ☐ HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER ☐ HEAD OF HOUSEHOLD'S DATE OF BIRTH ☐ GENDER

- ☐ ETHNICITY ☐ RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial

- ☐ REQUESTED ACCOMMODATIONS Fill in the circle for anything you need:
- |  |   |   |
|--|---|---|
| <input type="radio"/> <b>Fully Accessible Wheelchair</b> Unit      | <input type="radio"/> <b>Blind Accessible</b> Unit            | <input type="radio"/> Need an <b>Interpreter</b>      |
| <input type="radio"/> <b>No-Steps unit</b> (elevator to any floor) | <input type="radio"/> <b>Deaf Accessible</b> Unit             | <input type="radio"/> <b>Domestic Violence Victim</b> |
| <input type="radio"/> <b>First-Floor unit only</b>                 | <input type="radio"/> Unit for <b>Environmental Allergies</b> | <input type="radio"/> <b>Personal Care Attendant</b>  |

- ☐ HoH's CAREER STAGE ☐ ANY VETERANS in HH? ☐ Yes ☐ No
- ☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student

- ☐ PERMANENT MOBILE RENTAL ASSISTANCE, if any
- ☐ I do not have mobile rental assistance ☐ Mobile Section 8 voucher ☐ MRVP ☐ AHVP ☐ VASH or similar

- ☐ CRIMINAL RECORD AND SEX OFFENDER
- Head of Household:** Any **Felony/Conviction?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
- Other Members:** Any **Felony Convictions?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
- Is anyone in HH subject to a **lifetime sex offender registration** in any state? ☐ Yes ☐ No

- ☐ ANY PETS? ☐ Yes ☐ No Describe: \_\_\_\_\_

- ☐ HOUSEHOLD SIZE AND COMPOSITION ☐ ANNUAL INCOME ☐ DOCUMENTED DISABILITY?
- \_\_\_\_\_ ← # Adults \_\_\_\_\_ ← # Children \_\_\_\_\_ ← Total # in Household \$ \_\_\_\_\_ ☐ Yes ☐ No

- ☐ CURRENT HOUSING STATUS ☐ Homeless ☐ Housing Loss in 14 days ☐ Homeless under other federal status
- ☐ Homeless because Fleeing domestic violence ☐ At risk of homelessness ☐ Stably Housed

- ☐ BEST TELEPHONE NUMBER TO USE ☐ SECOND TELEPHONE

- ☐ EMAIL ADDRESS

- ☐ WHERE YOU LIVE OR BACKUP ADDRESS

- ☐ BEST MAILING ADDRESS

- ☐ # BEDROOMS NEEDED? ☐ SPECIAL CIRCUMSTANCES? (*some programs may grant you priority status*)
- ☐ Disability ☐ Elder ☐ Veteran ☐ Fleeing Domestic Violence ☐ Rent-burdened  
☐ Displaced by ☐ Public Action ☐ Sanitary Code ☐ Natural Forces ☐ Other



**Lawrence Housing Authority**  
**353 Elm Street**  
**Lawrence, MA 01841**

DO NOT WRITE IN BOX

OFFICE USE ONLY

Date of receipt: \_\_\_\_\_  
Time of Receipt: \_\_\_\_\_  
Control Number: \_\_\_\_\_  
Bedrooms: 0 1 2 3 4 5 \_\_\_\_\_  
Race: AI A B H O W  
Priority Category: \_\_\_\_\_

**STANDARD APPLICATION**

1. Name of Applicant \_\_\_\_\_  
Current Address \_\_\_\_\_  
City/Town \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_
2. **Type of Public Housing You are Applying For:** (check one )  
a. Family Rental Assistance Conventional Both  
b. Elderly/ Handicapped Rental Assistance Conventional Both
3. **Veteran's Preference** (Only for Family Housing) You may apply for Veteran's Preference if you are a wartime Veteran, the spouse, surviving spouse, dependent parent or child, or divorced spouse with a dependent child of a wartime Veteran. A copy of the Veteran's discharge or separation papers must be submitted with this application.  
Dates of U.S. Military service: Month \_\_\_\_\_, \_\_\_\_\_ to Month \_\_\_\_\_, \_\_\_\_\_  
A copy of the Veteran's discharge or separation papers must be submitted with this application.
4. Special needs: Specify \_\_\_\_\_
5. Are you applying for Emergency Housing? (check one) ☐ Yes ☐ No  
If "Yes" then you **MUST** fill out an **Emergency Application**.
6. **Racial Designation:** (Responding to this question is optional.) Your status with respect to tenant selection procedures may be affected by this information. If anyone in your household is a Minority, you may classify your household in that Minority Category.  
(check one) ☐ American-Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Other ☐ White
7. **Number of Bedrooms:** (check one) 1 2 3 4 5 6 7
8. Members of household to live in Unit, including Head:

First name, middle initial, and last name of everyone to live in the household	Relationship to Head	Sex	Date of Birth	Occupation or Grade in School
1	HEAD			
2				
3				
4				
5				
6				
7				
8				
9				

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

EQUAL HOUSING OPPORTUNITY

**10. INCOME BEFORE DEDUCTIONS**

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

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

**TOTAL GROSS INCOME****11. EXPENSES****Sub-Totals**

Extraordinary Expenses required by Employer	
Expense for Care of Children or Sick/Incapacitated Person, if Necessary for Employment	
Unreimbursed Medical Expenses	
Alimony or Child Support Payments	
<b>State Use Only</b> Health Insurance	
Other	

**TOTAL EXPENSES**

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

Household Member	Description of Assets	Value of Applicant's Equity

EQUAL HOUSING OPPORTUNITY

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

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

14. References: List two references. These should not be relatives or household members.

(1) Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(2) Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

15. List Addresses for the Last Five Years in Reverse Order:

(1) Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_ 19 \_\_\_\_\_ to present  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Name of Landlord: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address of Landlord: \_\_\_\_\_  
(2) Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_ Years \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Name of Landlord: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address of Landlord: \_\_\_\_\_  
(3) Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_ Years \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Name of Landlord: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address of Landlord: \_\_\_\_\_

16. Have you, or any member or your household, ever received housing assistance from this or any other housing agency?  
This includes Rental Assistance Programs.

(check one) ☐ Yes ☐ No

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

If yes: Relation to Present Applicant: \_\_\_\_\_

If yes: Name of Housing Agency: \_\_\_\_\_

If yes: Date Moved Out: \_\_\_\_\_

If yes: Reason Moved Out: \_\_\_\_\_

If yes: Did you leave as a tenant in good standing? (check one) ☐ Yes ☐ No

If NO, please explain: \_\_\_\_\_

EQUAL HOUSING OPPORTUNITY

17. Are you a Board Member, employee, or a member of the immediate family of an employee or Board Member of this Housing Authority? (If so, this will not necessarily disqualify your Application.)

(check one) ☐ Yes ☐ No

If YES, please explain:

18. Do you have any Pets? (check one) ☐ Yes ☐ No

If yes, please describe:

19. **Emergency Reference:** Name of a relative or friend not planning to live with you. We will contact this person if we are Not able to reach you or in cases of an emergency.

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

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

20. **Criminal Record:**

Have you or any member of your household who will live in the unit been convicted of a misdemeanor in the last five years? (check one) ☐ Yes ☐ No

Have you or any member of your household who will live in the unit been convicted of a felony in the last ten years? (check one) ☐ Yes ☐ No

If YES, please explain:

#### APPLICANT'S CERTIFICATION:

I understand that this application is not an offer of housing. I understand that the Housing Authority will make no more than one offer of an appropriate Conventional unit. If I do not accept that offer, I will lose any priority or preference status and my application will be put at the bottom of the waiting list. If I am offered a Rental Assistance Certificate and am not able to locate a unit, my application will be cancelled, but I can apply again.

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 understand that the Housing Authority is granted access to Criminal Offender Record Information (CORI), including conviction data and pending criminal charges, for the purposes of tenant selection (M.G.L. Chapter 6. s.168) only in the establishment of final eligibility and qualification. 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.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

EQUAL HOUSING OPPORTUNITY



Lawrence Housing Authority  
353 Elm Street  
Lawrence, MA 01642  
Telephone (508) 683-2751

Date \_\_\_\_\_

Record # \_\_\_\_\_

I am applying for: \_\_\_\_\_ State Aided Housing  
\_\_\_\_\_ Conventional Public Housing  
\_\_\_\_\_ Heritage Commons Project Based Housing  
\_\_\_\_\_ 667 Housing

on this date and claim that I qualify for the following State Preference: *Please Check if applicable*

- \_\_\_\_\_ 1. Homeless due to Natural Forces\*
- \_\_\_\_\_ 2. Homeless due to Public Action (Public Works) \*
- \_\_\_\_\_ 3. Homeless due to Public Action (Public Health) \*
- \_\_\_\_\_ 4. Emergency Homeless\*, for example:
- a. Living in cars or tents; living in a temporary placement in a shelter or motel.
  - b. Medically documented threat to life or safety.
  - c. To be a Victim of abuse as defined by the Abuse Prevention Act (G.L.C. 209A, Section 1.
- \_\_\_\_\_ 5. Transfer for Good Cause - Not Applicable
- \_\_\_\_\_ 6. Rent over 50 Percent - 1 come - LHA Option - Not Applicable
- \_\_\_\_\_ 7. Standard Applicant

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Lawrence Housing Authority \_\_\_\_\_ Date \_\_\_\_\_

**\*Note:** *If applicant is claiming preference 1,2,3, or 4 above, complete both a Standard Housing Application and Emergency Housing Application, with Verification.*



Lawrence Housing Authority  
353 Elm Street  
Lawrence, MA 01642  
Telephone (508) 683-2751

Date \_\_\_\_\_

Record # \_\_\_\_\_

I AM APPLYING FOR FEDERAL HOUSING ASSISTANCE ON THIS DATE AND CLAIM THAT I QUALIFY FOR THE FOLLOWING PREFERENCE: FOR SEC. 8 \_\_\_\_\_ AND/OR PUBLIC HOUSING \_\_\_\_\_

*PLEASE CHECK:*

1. INVOLUNTARILY DISPLACED: This means you must vacate your present apartment because of a disaster such as fire, flood, public improvement program, domestic violence or landlord action (other than a rent increase) which is beyond your ability to control and you have met all conditions of occupancy.
2. SUBSTANDARD HOUSING: This means your present housing is unsafe or requires extensive repairs, does not have indoor plumbing or bath/shower or unsafe electrical wiring or heating or has been declared unfit for habitation by a unit of government.
- HOMELESS: This means that you lack a fixed, regular or adequate night-time residence or you are living in a homeless shelter.
3. PAYING MORE THAN 50% OF INCOME FOR RENT: This means that your monthly rent, including utilities exceeds 50% of your total family monthly income.
4. NO PREFERENCE: I am not claiming any of the above preferences.

APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_  
LAWRENCE HOUSING AUTHORITY DATE \_\_\_\_\_

*Note: if applicant is claiming preference 1 or 2 above, complete both a standard housing application and an emergency housing application & verification.*

**IF CLAIMING PREFERENCE 3 - COMPLETE THE FOLLOWING:**

ADDRESS: \_\_\_\_\_ APT # \_\_\_\_\_

AMOUNT OF YOUR MONTHLY RENT \_\_\_\_\_ (proof of rent and utilities is required to qualify for this preference).

NO. OF ROOMS IN YOUR APT? \_\_\_\_\_

WHAT UTILITIES DO YOU PAY? (Check)

HEAT  
COOKING  
LIGHTS/REFRIG.  
HOT WATER

GAS  
GAS  
GAS

OIL  
  
OIL

ELECTRIC  
ELECTRIC  
ELECTRIC  
ELECTRIC

NUMBER OF APARTMENTS IN YOUR BUILDING? \_\_\_\_\_



U.S. Department of Housing and Urban Development  
Office of Inspector General



May 1988  
P-88-2

## Things You Should Know

(Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application and recertification forms.

**Purpose** This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give (also information).

**Penalties for Committing Fraud** The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:

- Evicted from your apartment or house;
- Required to repay all overpaid rental assistance you received;
- Fined up to \$10,000;
- imprisoned (or up to 5 years; and/or
- Prohibited from receiving future assistance

Your state and local governments may have other laws and penalties as well.

**Asking Questions** When you sit down with the person who fills out your application, you should what is expected of you. if you do not understand something, say so. That person can answer your question or find out what the answer is.

**Completing the Application** When you give your answers to application questions, you must Include the following information:

- All sources of money you and any member of your family receive (wages, welfare payments, alimony, social security, pension, etc.);
- Any money you receive on behalf of your children (child support, social security for children, etc.);
- Income from assets (interest from a savings account, credit union or certificate of deposit; dividends from stocks, etc.);
- Earnings from second Job or part time job;
- Any anticipated income (such as a bonus or pay raise you expect to receive.

Signature \_\_\_\_\_

<b>Assets</b>	<ul style="list-style-type: none"> <li>• All bank accounts, savings bonds, certificates of deposit, Stocks. Real estate. etc.. Mat are owned by you and any adult member of your family/ household who will be living with you .</li> <li>• Any business or asset you sold in the last 2 years for less than Its full value. such as your home to your children.</li> </ul>
<b>Family/Household Members</b>	<ul style="list-style-type: none"> <li>• The names of all of Me people (adults and children) who will actually to living with you, whether or not they are related to you.</li> </ul>
<b>Signing the Application</b>	<ul style="list-style-type: none"> <li>• Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.</li> <li>• When you sign application and certification forms. you are claiming Mat they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.</li> <li>• Information you give on your application will be verified by your housing agency. In addition. HUD may do computer matches Of the income you report with various Federal. State or private agencies to verity that it is correct.</li> </ul>
<b>Recertifications</b>	<p>You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:</p> <ul style="list-style-type: none"> <li>• All income changes. such as pay increases or benefits, change of job. loss of job. loss, of benefits, etc, for all adult family/household members.</li> <li>• Any family I household member who has moved in or out.</li> <li>• All assets that you or your family/ household members own and any asset Mat was sold in the last 2 years for less than its full value.</li> </ul>
<b>Beware of Fraud</b>	<p>You should be aware of the following fraud schemes:</p> <ul style="list-style-type: none"> <li>• Do not pay any money to file an application.</li> <li>• Do not pay any money to move up an the waiting list.</li> <li>• Do not pay for anything not covered by your lease.</li> <li>• Got a receipt for any money you pay.</li> <li>• Get a written explanation it you are required to pay any money other than rent (such as maintenance charges).</li> </ul>
<b>Reporting Abuse</b>	<p>It you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements. report them to the manager of your project or PHA. It -you cannot report to the manager. call the local HUD office or the HUD Hotline on (202) 472-4200. This is not a toll free number. You can also write to the HUD HOTLINE Room 8254, 451 Seventh Street. S.W. Washington, DC 20410.</p>

# Authorization for the Release of Information/ Privacy Act Notice

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

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

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

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

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

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

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

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

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

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

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

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

## Sources of Information To Be Obtained

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

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

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

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

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

This consent form expires 15 months after signed.

Signatures:

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

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

**Penalties for Misusing this Consent:**

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

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

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

Declaration of Section 214 Status

**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 and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, \_\_\_\_\_ certify, under penalty of perjury <sup>1</sup>, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- ☐ I am a citizen by birth, a naturalized citizen or a national of the United States; or
- ☐ I have eligible immigration status and I am 62 years of age or older. *Attach evidence of proof of age*<sup>2</sup> or
- ☐ I have eligible immigration status as checked below (see reverse side of this form for explanations). *Attach INS document(s) evidencing eligible immigration status and signed verification consent form.*
- ☐ Immigrant status under §§101(a)(15) or 101 (a) (20) of the Immigration and Nationality Act (INA) <sup>3</sup>; or
- ☐ Permanent residence under §249 of INA <sup>4</sup>; or
- ☐ Refugee, asylum, or conditional entry status under §§207, 208 or 203 of the INA <sup>5</sup>; or
- ☐ Parole status under §§212(d) (5) of the INA <sup>6</sup>; or
- ☐ Threat to life or freedom under §243(h) of the INA <sup>7</sup>; or
- ☐ Amnesty under §245A of the NA <sup>8</sup>;

Signature of Family Member: \_\_\_\_\_ Date: \_\_\_\_\_

- ☐ Check box on left if signature is of adult residing in the unit who is responsible for child named on statement above.

HA: Enter INS/SAVE Primary Verification #: \_\_\_\_\_ Date: \_\_\_\_\_

**1. 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, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

**2. Eligible immigration status and 62 years of age or older.** For noncitizens who are 62 years of age or older or who will be 62 years of age or older 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.

**3. 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). 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 noncitizen admitted under §§1210 or 210A of the INA (8 U.S.C 1160 or 1161), [special agricultural worker status]. who has been granted lawful temporary resident status.

**4. 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].

**5. 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].

**6. 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 reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S.C 1181 (d)(5) [parole status].

**7. 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 of freedom].

**8. 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).

**Instructions to Housing Authority:** Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature not required.

**Instructions to Family Member For Completing Form:** On opposite page, print or type first name, middle initial(s), and last name. Place an "X" or "check mark" in the appropriate boxes. Sign and date at bottom of page. Place an "X" or " check mark" in the box below the signature if the signature is by the adult residing in the unit who is responsible for Child.



Lawrence Housing Authority  
353 Elm Street  
Lawrence, MA 01642  
Telephone (508) 683-2751

CONTROL No. \_\_\_\_\_

*Probation Central Files  
One Ashburton Place  
Boston MA 02108*

I \_\_\_\_\_, hereby authorize the Probation Department of Commonwealth of Massachusetts to release to the Lawrence Housing Authority any and all information which it presently has in its files relative to my past and/or present criminal record, including charges or convictions, either pending, under appeal, or in final disposition.

(1) Full name (inc. maiden name): \_\_\_\_\_

(2) Date of birth: \_\_\_\_\_

(3) Social Security # \_\_\_\_\_

(4) Mother's FULL name: \_\_\_\_\_

(5) Father's name: \_\_\_\_\_

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

Address \_\_\_\_\_  
\_\_\_\_\_



Lawrence Housing Authority  
353 Elm Street  
Lawrence, MA 01842  
Telephone (978) 683-2751

## AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize and direct any Federal, State or local agency, organization, business, or individual to release to the Lawrence Housing Authority any information or materials needed to complete and verify my application for participation, and or maintain my continued participation in the above named housing program. I understand and agree that this authorization or the information obtained with its use may be given to and used to determine my eligibility and continued participation in the programs.

### INFORMATION COVERED:

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

*Identity, Marital Status, Medical/Child Care Allowances, Employment, Income, Assets, Credit/Criminal Activity, Residences/Rental Activity*

### GROUPS OR INDIVIDUALS THAT MAY BE ASKED:

The groups or individuals that may be asked to release the above information includes, but are not limited to:

Previous landlords	Courts & Post Offices	Veteran's Administration
Schools & Colleges	Utility Companies	Welfare Agencies
Unemployment Agencies	Retirement Systems	Credit Providers/Bureaus
Social Security Administration	Banks/Financial Institutions	Medical/Child Care Providers
Support/Alimony Providers	Past/present Employers	Law Enforcement Agencies

### CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in ~ for a year and one month from the date signed.

### SIGNATURES:

Head of household	Printed name	Date
Adult member	Printed name	Date
Adult member	Printed name	Date
Adult member	Printed name	Date