

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: Our only open waitlists at present 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 advise applicants to use our free search to locate OTHER HOUSING OPTIONS,
you eliminate hundreds of phone calls and reduce frivolous applications.*

www.housingworks.net

DO NOT LEAVE A SINGLE 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:

☐ **Fully Accessible Wheelchair** Unit

☐ **No-Steps unit** (elevator to any floor)

☐ **First-Floor unit only**

☐ **Blind Accessible** Unit

☐ **Deaf Accessible** Unit

☐ Unit for **Environmental Allergies**

☐ Need an **Interpreter**

☐ **Domestic Violence Victim**

☐ **Personal Care Attendant**

- ☐ HoH's CAREER STAGE

☐ Employed☐ Unemployed☐ Retired☐ FT Student☐ PT Student

☐ ANY VETERANS in HH?

☐ Yes☐ No
- ☐ 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

_____ ← # Adults

_____ ← # Children

_____ ← Total # in Household

☐ ANNUAL INCOME

☐ DOCUMENTED DISABILITY?

☐ Yes☐ No

☐ CURRENT HOUSING STATUS

☐ Homeless☐ Housing Loss in 14 days☐ Homeless because Fleeing domestic violence

☐ Homeless under other federal status☐ At risk of homelessness☐ Stably Housed

☐ BEST TELEPHONE NUMBER TO USE

☐ SECOND TELEPHONE

☐ EMAIL ADDRESS

☐ WHERE YOU LIVE (OR BACKUP MAILING ADDRESS)

☐ PREFERRED 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 _____

Plymouth Housing Authority
130 Court Street, P.O. Box 3537, Plymouth, Massachusetts 02361-3537
Telephone & TDDY 508-746-2105

Application and Instructions for Federal Elderly Housing
Northfield Housing Development Congregate Housing

The attached application is for Northfield Housing for the Elderly ONLY. This is a Federally - Aided Development, located off Prince Street, Plymouth, Mass. located at 84 Nick's Rock Road, Plymouth, Mass. All units are one bedroom units, twenty seven (27) are standard one bedroom units and three (3) are designed as physically accessible.

Any person applying for a physically accessible unit, must meet the criteria established by HUD and indicate such in Item 1 of the attached application.

QUALIFICATION

HUD regulations allow applicants to be 62 years of age or older, or disabled. "In accordance with Section 504 of the Rehabilitation Acts of 1973, the Plymouth Housing Authority is required to make reasonable accommodations to its programs and facilities in order to provide otherwise eligible individuals with disabilities equal access to, and participation in, those programs and facilities."

No one is required, as a condition of application or eligibility, to provide any information regarding the nature and severity of a disability. An applicant may choose to, but is not required to, self identify and may respond to the questions on the next page.

INCOME

EFFECTIVE March 28, 2016

GROSS INCOME FOR ELIGIBILITY

ONE PERSON \$51,150.00

TWO PERSONS \$58,450.00

ASSETS

Stocks, bonds, savings, investments, real estate property, etc., must be listed on the application. If additional space is needed, use a separate sheet and attach it to the application. Assets will be computed as per HUD guidelines and used to determine eligibility.

INSTRUCTIONS

The following procedure **MUST** be followed by those making application. **THIS IS VERY IMPORTANT.**
PLEASE READ CAREFULLY.

1. All questions must be answered on the application. Any questions that do not apply, indicate either NO, NONE or NOT APPLICABLE (N/A). All information **MUST** be up-to-date and accurate. Contact our office if you are uncertain on how to answer a question.
2. Complete verification of income, assets, etc., **MUST** be attached to this application before it is returned to our office. This means copies or statements of income received from Social Security Award Letter, SSI, Veterans Pensions, etc. Copies of passbooks, investments, real estate documents, etc. also a copy of your birth certificate must be attached. Please attach a copy of birth certificates, social security cards for all family members and picture ID of applicants over the age of 18.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. THEY WILL BE RETURNED TO THE APPLICANT.

After your application has been reviewed by our office, a notice will be sent to you stating whether you are eligible or ineligible. You will be assigned a CONTROL NUMBER. You **MUST** remember this number and refer to it any time you request information regarding your application.

SELECTION OF TENANTS

Selection will be based on the Preference guidelines as defined and approved by HUD, in the following manner:

Involuntarily displaced
Living in substandard housing
Paying more than 50% of family income for rent
All other applicants.

The above preferences can be claimed at time of application or at any time while on the waiting list. Certification is required at the time of claiming such preference, and this information must be verified before assistance is offered.

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

Plymouth Housing Authority
130 Court Street P.O. Box 3537
Plymouth, Massachusetts 02361-3537
Telephone 508-746-2105

NORTHFIELD HOUSING DEVELOPMENT

OFFICE USE ONLY

CONTROL NO

BEDROOMS

RACE

PRIORITY

I. APPLICANT INFORMATION

NAME	ADDRESS	HOME TELEPHONE	WORK TELEPHONE	APPLICANT AGE	MARITAL STATUS

Individuals with disabilities who choose to self-identify may respond to the questions below. The information provided will assist the Plymouth Housing Authority in providing reasonable accommodations and accessible resources where they are most needed. Responses to these questions are confidential and will only be used for purposes of determining eligibility for assistance or the need for accommodations.

- a. Do you or does any member of your household covered by this application wish to disclose any information regarding a physical or mental impairment at this time?
- b. Do you wish to apply for a unit which provides housing and services for a person in a wheelchair?
- c. Please describe on a separate sheet what would most benefit you and/or members of your family.

2. PREFERENCE

Have you been involuntarily displaced?
Are you living in substandard housing?
Are you paying more than 50% of family income for rent?

To qualify for one or more of the 3 preferences an applicant must follow a two-step process. Applicants must certify that they do in fact qualify for the preference, and before actually providing assistance, the PHA must verify that the current status of the applicant warrants granting preference.

An applicant may request consideration under the preference rule any time they are on lite waiting list. Certification will be required at that time.

6. RACIAL DESIGNATION:

For statistical purposes, it is necessary that you indicate whether the head of household belongs to a minority group:
CIRCLE ONE: Black Cape Verdean Asian

7. ETHNICITY Hispanic Non-Hispanic

8. List all person who will be reside in the household, including the bead of household

FIRST NAME, MIDDLE, LAST	SOC.SEC.NO.	RELATIONSHIP TO HEAD	SEX	DATE OF BIRTH	OCCUPATION OR GRADE IN SCHOOL

YOU MUST ATTACH A COPY OF A BIRTH CERTIFICATE AND SOCIAL SECURITY CARD FOR EACH HOUSEHOLD MEMBER

9. INCOME BEFORE DEDUCTION: List all income received in the household. Verification of all income must be attached to the application

Household Member	Source of Income	Name & Address of Source	Amount Received Weekly/Monthly/Yearly
	Salary, Wages Including Overtime		
	Soc.Sec., SSI, VA, OASDI		
	Net Income from Business or Profession		
	Trust income, Interest & Dividends		
	Pension & Annuities		
	Regular Alimony, Support, Gifts		
	Other income Please specify		

10. EXPENSES

DEDUCTIONS WILL BE APPLIED ONLY IF VERIFICATION IS ATTACHED TO THIS APPLICATION

Description OF EXPENSE	AMOUNT PAID	PER WEEK/MONTH/YEAR
a. Extraordinary expenses required by employer		
b. Care of sick person if for employment		
c. Medical expenses in excess of 3% of gross income		
d. Alimony or child support payments		
e. Health insurance premium costs		

11. ASSETS

The following questions regarding assets apply to any asset in the State of Massachusetts or outside the State of Massachusetts.

a. Do you or any person named to reside in the household:

1. Own or part own a home? _____
2. Own or part own a mobile home? _____
3. Own or part own any land or other property? _____

IF YOU ANSWER YES TO ANY OF THE ABOVE, LIST THE LOCATION AND ATTACH DOCUMENTATION OF FAIR MARKET VALUE:

b. Have you or any person named° to reside in the household, sold or transferred ownership of a home, land or other property in the last 2 year _____
If yes, what was the dale of the sale? _____
What was the mortgage at the time of the sale? _____
Verification of Sale must be attached to Application _____

c. List below the assets of all members of the household , including the head.

List all bank accounts, stocks, bonds or any other form of assets

If there are none, please write NONE

ASSET DESCRIPTION	NAME OF FINANCIAL INSTITUTION & MAILING ADDRESS	ACCOUNT NUMBER	AMOUNT
CHECKING ACCOUNT			
PASSBOOK SAVINGS			
SAVINGS CERTIFICATIONS			
CREDIT UNION SHARES			
STOCKS & BONDS			
OTHER			

13 AUTOMOBILES IN HOUSEHOLD

MAKE OF AUTOMOBILE	COLOR & YEAR	REGISTRATION NUMBER

14. . REFERENCES: Please provide 2 references - These should not be a relative or household member

NAME	ADDRESS	TELEPHONE NUMBER

15. RENTAL HISTORY:
PRESENT LANDLORD

NAME	LOCATION OF UNIT RENTED
LANDLORD ADDRESS	LANDLORD DATES (FROM AND TO):

PRIOR LANDLORD

NAME	LOCATION OF UNIT RENTED
LANDLORD ADDRESS	LANDLORD DATES (FROM AND TO):

PRIOR LANDLORD

NAME	LOCATION OF UNIT RENTED
LANDLORD ADDRESS	LANDLORD DATES (FROM AND TO):

If additional space is needed, please use a separate sheet.

16. Have you or any member of your household, ever received housing assistance from this or any other housing agency or group (this. includes. rental assistance programs)? _____
If yes, please provide the following information:

NAME AND ADDRESS OF HOUSING AGENCY:
APPROXIMATE LEASE DATE:
DID YOU LEAVE AS A TENANT IN GOOD STANDING: (PLEASE EXPLAIN)

17. Are you a Board Member, employee, or a member of the immediate family of an employee or Board Member of the Plymouth Housing Authority? _____

18. Do you have any pets? _____

19. EMERGENCY CONTACT

NAME & ADDRESS OF EMERGENCY CONTACT	
HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER
RELATIONSHIP	

20. CRIMINAL RECORD information

These questions apply to you and all members of your household. Failure to respond to these questions may jeopardize the approval of the application. Falsified information or otherwise failing to disclose his or her criminal history on their application will result in non-admission or, if housed, will result in eviction.

- 1 . Has any household member ever been arrested for any crime?

_____Yes _____No

If yes, how many times? _____ Please explain. (Include when arrested, where arrested and the reason for the arrest. Attach a separate sheet if needed.) _____

2. Has any household member ever been convicted of any crime?

_____Yes _____No

If yes, how many times? _____ ? What crime(s) _____
3. Is any household member subject to lifetime sex offender registration

_____Yes _____No

If Yes, who? _____ In what state(s)? _____
4. Is any household member currently using illegal drugs?

_____Yes _____No

If yes, who? _____
5. Has any household member ever been evicted from any type of housing?

_____Yes _____No

If yes, explain when, where and for what reason(s). _____
6. Has any household member received rental assistance in public housing or Section 8?

_____Yes _____No

As per 803 CMR 7.00, at the time of the Plymouth Housing Authority's final application screening process, an inquiry shall be made to the Criminal History Board System, to access information through CORI.

After verification by the housing authority, the information will be submitted to the Department of Housing and Urban Development on HUD Form 50058 (Tenant Data Summary) See the Federal Privacy Act Statement for more information about its use.

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 Plymouth Housing Authority. I understand that it is my responsibility to inform the Plymouth Housing Authority in writing of any change in address, income, or household composition.

I certify that all the information in this application is full, true, and complete to the best of my knowledge. I hereby authorize the Plymouth Housing Authority (PHA) to contact any or all sources relative to their knowledge of my source of income, bank accounts, other assets, medical expenses, prior tenancies, or character references. This permission is given willingly and is done in order to my eligibility to reside in public housing. I understand that any false statements or misrepresentations may result in the cancellation or my application.

Applicant's Signature _____

Date: _____

Spouse: _____

Date: _____



GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the following agencies and/or individuals designated below to release to the Plymouth Housing Authority the indicated information.

1. SOCIAL SECURITY ADMINISTRATION

2. VETERANS ADMINISTRATION

3. PHYSICIANS MEDICAL CARE

4. EMPLOYERS

5. LANDLORDS

6. PENSIONS / INSURANCE / ANNUITIES

7. UNEMPLOYMENT BENEFITS

8. BANKS AND OTHER FINANCIAL INSTITUTIONS

9. UTILITY/FUEL COMPANIES

10. SCHOOLS & COLLEGES

11. PROVIDERS OF

12. OTHER

- Date of receipt and amount of benefits.

- Date of receipt and amount of benefits.

- Medical Information and Documentation.

- PAST AND PRESENT - Date of Employment (initial & termination), Wages Information.

- Rental Terms, Household Composition.

- Income / Resource Information.

- Date of receipt and amounts of benefits.

- Names & Balances on all accounts, CDs, Trusts, Mortgages, Money Market, Annuities, Pensions, Safe Deposit Box.

- Account information.

- Grants, Loans, Employment, Attendance, Tuition, Fees.

- Alimony, Child Care, Child Support, CORI, Courts, Credit Bureau, Welfare Agencies & Enforcement Agencies.

- National Tenant Network/ Info Center

Any information released will be kept confidential. This authorization is valid for a period of one year from the dated noted below.

1. Signature

2. Signature

Date

Date



FAIR INFORMATION PRACTICES ACT STATEMENT OF RIGHTS

The Plymouth 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 to housing authorities, and to civil or criminal investigators and persecutors. 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 b housing authority to provided information, however, failure to permit the housing authority to obtain the required information may result in delay, ineligibility for programs, or termination of tenancy of housing subsidy. The provision of false 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:
- No information may be used for any purposes, other than those described above, without your consent.
 - 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, you or your authorized representative has a right to inspect and copy any information collected about you.
1.

we will notify you.

You may ask questions and receive answers from the 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 appeal to the Executive Director who will notify you in writing of the decision and of your right to appeal to the Department of Housing & Community Development and/or HUD.

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

Signature

Signature

Date

Date



Complete verification of income, assets, etc., MUST lle attached to this application before it is returned to our office. This means copies or statements of income received from Social Security Award Letter, SSI, Veterans, Pensions, etc. Copies of passbooks, investments, real estate documents, etc. also a copy of your birth certffcate must be attached. Please Include a copy of a picture ID Card

If you or anyone In your family Is a person with disabilities, and you require a specific accommodation In order to fully utilize our programs and services, please contact the Assistant Executive Director at the Plymouth Housing Authority at ext. 213.

Optional and Supplemental 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.

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

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:	
<div>Reason for Contact: (Check all that apply)</div> <div><div><input type="checkbox"/> Emergency</div><div><input type="checkbox"/> Unable to contact you</div><div><input type="checkbox"/> Termination of rental assistance</div><div><input type="checkbox"/> Eviction from unit</div><div><input type="checkbox"/> Late payment of rent</div></div> <div><div><input type="checkbox"/> Assist with Recertification Process</div><div><input type="checkbox"/> Change in lease terms</div><div><input type="checkbox"/> Change in house rules</div><div><input type="checkbox"/> Other: _____</div></div>	

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.

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 the information it collects on individuals and families.

Public Housing Agencies (PHAs) operating such housing send HUD information on their tenants' income, family composition, rent, etc. This information was already given by the tenants to the PHAs 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 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 releasing such information. There may be State and Local Laws or regulations that govern disclosure by the public housing agency.

INFORMATION REQUIREMENTS: 24 CFR Part 200 at all has determining that release of Social Security Numbers is mandatory. Failure to give it may affect your eligibility under the program. 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 (DEPENDENT ON THE HOUSING PROGRAM).

AUTHORITY: HUD is permitted to ask for the information the U.S. Housing Act of 1937 as amended, 42 U.S.C. 1437 et. Seq, the Housing and Community Development Act of 1931, Public Law 97 – 35, 85 Stat., 348, 408.

SIGNATURE: I have read this Federal Privacy Act Statement on _____
Date



Signature: _____ Signature _____

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll - Free Hot Line at 1-800-669-9777.

CONGREGATE EVALUATION

In order for the Plymouth Housing Authority to determine an applicants suitability for Congregate Housing an evaluation will also be necessary by the Supportive Service Assessment Team. Therefore, please sign and answer the following questions concerning your present health condition and life style.

I, _____ , certify that the information which I provide in applying for residency in congregate housing is true and correct to the best of my knowledge. I authorize the Supportive Service Assessment Team to secure information from: (Please list names of doctors)

_____, M.D.,

_____, and

_____, and

to discuss with each other such medically and socially related information as shall be deemed necessary to process my application for residency and to ensure adequate support services while I am a resident in the congregate housing unit.

I understand this information will be used by the Supportive Service Assessment Team for planning, policy, and programmatic purposes. I am assured that this information will be kept strictly confidential and that when possible, my name will remain anonymous. I understand that the use of personal data shall comply with the provisions of Massachusetts General Law, Chapter 66A, Section 2, the Fair Information Practices Act.

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

LIFE STYLE AND HEALTH

Use additional sheet if necessary when answering the following questions:

1. Why do you feel congregate housing is appropriate for you?
2. In general how do you feel about your present living situation?
3. Are you living along or with someone?
4. Do you have a home maker, home health aide or visiting nurse? If yes provide the persons name, the agency they are employed with and the telephone number.
5. Name, address, and telephone numbers of family physicians.
6. Do you have meals on wheels?
7. Do you require the use of: (please circle) <div>cane crutches walker brace wheelchair prosthesis?</div>
8. Do you have an impairment such as speech, hearing, vision, sensation, other? Please explain:
9. Do you need assistance with personal and health care?
10. Are you taking medication? What type of medication?
11. When was the last time you were seen by physician or went to clinic or health center?
12. When was the last time you were admitted to the hospital? For what reason?
13. What are your present health problems?

VIOLENCE AGAINST WOMEN ACT

A federal law that went into effect in 2006 protects individuals who are victims of domestic violence, dating, violence, and stalking. The name of the law is the Violence Against Women Act, or "VAWA." This notice explains your rights under VAWA.

Protection for Victims

If you are eligible for public housing, the housing authority cannot refuse to admit you to the Public housing program solely because you are a victim of domestic violence, dating violence or stalking.

If you are the victim of domestic violence, dating violence, or stalking the housing authority cannot evict you based on acts or threats of violence committed against you. Also criminal acts directly related to the domestic violence, dating violence or stalking that are caused by a member of your household or a guest can't be the reason for evicting you if you were the victim of the abuse.

Reasons you can be Evicted

The housing authority can still evict you if the housing authority can show there is an actual and imminent (immediate) threat to other tenants or housing authority staff if you are not evicted. Also, the housing authority cannot hold you to a more demanding set of rules that it applies to tenants who are not victims.

Removing the Abuser from the Household

The housing authority may split the lease to evict a tenant who has committed criminal acts of violence against family members or others, while allowing the victim and other household members to stay in the public housing unit. If the housing authority chooses to remove the abuser, it may take away the remaining tenants' rights to the unit or otherwise punish the remaining tenants. In removing the abuser from the household, the housing authority must follow federal, state, and local eviction procedures.

Proving that You Are a Victim of Domestic Violence, Dating Violence, or Stalking

The housing authority can ask you to prove or "certify" that you are a victim of domestic violence, dating violence, or stalking. In cases of termination or eviction, the housing authority must give you at least 14 business days (i.e. Saturdays, Sundays and Holidays do not count) to provide this proof. The housing authority is free to extend the deadline. There are three ways you can prove that you are a victim:

1. Prepare a self declaration explaining the incidents of abuse.
2. Provide a statement from a victim service provider, attorney, or medical professional who has helped you address incidents of domestic violence, dating violence, or stalking. The professional must state that he or she believes that the incidents of abuse are real. Both you and the professional must sign the statement, and both of you must state that you are signing "under the penalty of perjury."
3. Provide a police or court record, such as a protective order.

If you fail to provide one of these documents within the required time, the housing authority may evict you.

Confidentially

The housing authority must keep confidential any information you prove about the violence against you, unless:

You give written permission to the housing authority to release the information

The housing authority needs to use the information in an eviction proceeding, such as to evict your abuser.

A law requires the housing authority to release the information.

VAWA and Other Laws

VAWA does not limit a housing authority's duty to honor court orders about access to or control of a public housing unit. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

VAWA does not replace any federal, state, or local law that provides greater protection for victims of domestic violence, dating violence, or stalking.

For Additional Information

If you have any questions regarding VAWA, please contact South Shore Women's Resource Center 24 hour hotline 1-888-746-2664 or the Women's Place Crisis Center at 508-588-2041.

For help and advice on escaping an abusive relationship. Call the National Domestic Violence Hotline at 1-800-799-7233

Definitions, for purpose of determining whether a tenant may be covered by VAWA, the following list of definitions applies:

VAWA defines domestic violence to include felony or misdemeanor crimes or violence committed by any of the following: A current or former spouse of the victim, a person with whom the victim shares a child in common, a person who is cohabitating with the victim as a spouse, a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, any other person against an adult or youth victim who is protected from that person's act under the domestic or family violence laws of the jurisdiction.

VAWA defines dating violence as violence committed by a person (1) who is or has been in a social relationship of a romantic or intimate nature with the victim AND (2) where the existence of such a relationship shall be determined based on a consideration of the following facts: The length of the relationship, the type of relationship, the frequency of interaction between the persons involved in the relationship.

VAWA defines stalking as (A)(i) to follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate another person OR (ii) to place under surveillance with the intent to kill, injure, harass, or intimidate another person AND (B) in the course of, or as a result of, such following, pursuit, surveillance, or repeatedly committed acts, to place a person in reasonable fear of the death of, or serious bodily injury to, or to cause substantial emotional harm to (i) that person, (ii) a member of the immediate family of that person, or (iii) the spouse or intimate partner of that person.



U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 10/31/2019.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD’s Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family’s suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

- 1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
- 2. To have an administrative review of HUD’s initial denial of your request to have access to your records maintained by HUD.
- 3. To have incorrect information in your record corrected upon written request.
- 4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
- 5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA’s name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD’s EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status. The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:	I hereby acknowledge that the PHA provided me with the <i>Debts Owed to PHAs & Termination Notice:</i>	
	Signature	Date
	Printed Name	

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)
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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.

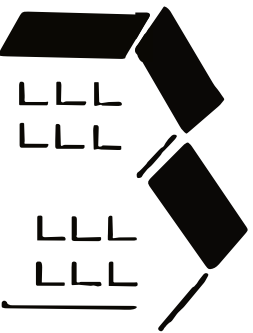
Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined 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.



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



RHIP

RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

What You Should Know About EIV

A Guide for Applicants & Tenants of Public Housing & Section 8 Programs

What is EIV?

The Enterprise Income Verification (EIV) system is a web-based computer system that contains employment and income information of individuals who participate in HUD rental assistance programs. All Public Housing Agencies (PHAs) are required to use HUD's EIV system.

What information is in EIV and where does it come from?

HUD obtains information about you from your local PHA, the Social Security Administration (SSA), and U.S. Department of Health and Human Services (HHS).

HHS provides HUD with wage and employment information as reported by employers; and unemployment compensation information as reported by the State Workforce Agency (SWA).

SSA provides HUD with death, Social Security (SS) and Supplemental Security Income (SSI) information.

What is the EIV information used for?

Primarily, the information is used by PHAs (and management agents hired by PHAs) for the following purposes to:

1. Confirm your name, date of birth (DOB), and Social Security Number (SSN) with SSA.
2. Verify your reported income sources and amounts.
3. Confirm your participation in only one HUD rental assistance program.
4. Confirm if you owe an outstanding debt to any PHA.
5. Confirm any negative status if you moved out of a subsidized unit (in the past) under the Public Housing or Section 8 program.
6. Follow up with you, other adult household members, or your listed emergency contact regarding deceased household members.

EIV will alert your PHA if you or anyone in your household has used a false SSN, failed to report complete and accurate income information, or is receiving rental assistance at another address.

Remember, you may receive rental assistance at only one home!

EIV will also alert PHAs if you owe an outstanding debt to any PHA (in any state or U.S. territory) and any negative status when you voluntarily or involuntarily moved out of a subsidized unit under the Public Housing or Section 8 program. This information is used to determine your eligibility for rental assistance at the time of application.

The information in EIV is also used by HUD, HUD's Office of Inspector General (OIG), and auditors to ensure that your family and PHAs comply with HUD rules.

Overall, the purpose of EIV is to identify and prevent fraud within HUD rental assistance programs, so that limited taxpayer's dollars can assist as many eligible families as possible. EIV will help to improve the integrity of HUD rental assistance programs.

Is my consent required in order for information to be obtained about me?

Yes, your consent is required in order for HUD or the PHA to obtain information about you. By law, you are required to sign one or more consent forms. When you sign a form HUD-9886 (*Federal Privacy Act Notice and Authorization for Release of Information*) or a PHA consent form (which meets HUD standards), you are giving HUD and the PHA your consent for them to obtain information about you for the purpose of determining your eligibility and amount of rental assistance. The information collected about you will be used only to determine your eligibility for the program, unless you consent in writing to authorize additional uses of the information by the PHA.

Note: If you or any of your adult household members refuse to sign a consent form, your request for initial or continued rental assistance may be denied. You may also be terminated from the HUD rental assistance program.

What are my responsibilities?

As a tenant (participant) of a HUD rental assistance program, you and each adult household member must disclose complete and accurate information to the PHA, including full name, SSN, and DOB; income information; and certify that your reported household composition (household members), income, and expense information is true to the best of your knowledge.

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Remember, you must notify your PHA if a household member dies or moves out. You must also obtain the PHA's approval to allow additional family members or friends to move in your home prior to them moving in.

What are the penalties for providing false information?

Knowingly providing false, inaccurate, or incomplete information is ***FRAUD*** and a ***CRIME***.

If you commit fraud, you and your family may be subject to any of the following penalties:

1. Eviction
2. Termination of assistance
3. Repayment of rent that you should have paid
4. Prohibited from receiving future rental assistance for a period of up to 10 years
5. Prosecution by the local, state, or Federal prosecutor, which may result in you being fined up to \$10,000 and/or serving time in jail.

Protect yourself by following HUD reporting requirements. When completing applications and reexaminations, you must include all sources of income you or any member of your household receives.

If you have any questions on whether money received should be counted as income or how your rent is determined, ask your PHA. When changes occur in your household income, contact your PHA immediately to determine if this will affect your rental assistance.

What do I do if the EIV information is incorrect?

Sometimes the source of EIV information may make an error when submitting or reporting information about you. If you do not agree with the EIV information, let your PHA know.

If necessary, your PHA will contact the source of the information directly to verify disputed income information. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

Debts owed to PHAs and termination information

Reported in EIV originates from the PHA who provided you assistance in the past. If you dispute this information, contact your former PHA directly in writing to dispute this information and provide any documentation that supports your dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

Employment and wage information

Reported in EIV originates from the employer. If you dispute this information, contact the employer in writing to dispute and request correction of the disputed employment and/or wage information. Provide your PHA with a copy of the letter that you sent to the employer. If you are unable to get the employer to correct the information, you should contact the SWA for assistance.

Unemployment benefit information

Reported in EIV originates from the SWA. If you dispute this information, contact the SWA in writing to dispute and request correction of the disputed unemployment benefit information. Provide your PHA with a copy of the letter that you sent to the SWA.

Death, SS and SSI benefit information reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at: www.socialsecurity.gov. You may need to visit your local SSA office to have disputed death information corrected.

Additional Verification. The PHA, with your consent, may submit a third party verification form to the provider (or reporter) of your income for completion and submission to the PHA.

You may also provide the PHA with third party documents (i.e. pay stubs, benefit award letters, bank statements, etc.) which you may have in your possession.

Identity Theft

Unknown EIV information to you can be a sign of identity theft. Sometimes someone else may use your SSN, either on purpose or by accident. So, if you suspect someone is using your SSN, you should check your Social Security records to ensure your income is calculated correctly (call SSA at (800) 772-1213); file an identity theft complaint with your local police department or the Federal Trade Commission (call FTC at (877) 438-4338, or you may visit their website at: <http://www.ftc.gov>). Provide your PHA with a copy of your identity theft complaint.

Where can I obtain more information on EIV and the income verification process?

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: <http://www.hud.gov/PIH/PIHVerification.htm>

The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PIH rental assistance programs:

1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 882); and
4. Project-Based Voucher (24 CFR 983)

My signature below is confirmation that I have received this Guide.

Signature _____ Date _____