

Name: First MI Last:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

THIS SECTION FOR APPLICANT:

Date completed:

← Applicant: Mail application to the address at left.

Applying for:

Fold on this line

THIS SECTION FOR WAITLIST ADMINISTRATOR:

Landlords: IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will pass it on to the applicant. Include this page so we know who the application is for!

We will also update our system, so the changed status of your waitlists will reach many thousands of applicants and their housing advocates. Also, you will boost your Fair Housing and ADA compliance exponentially!

For Landlords Only!

support@housingworks.net

HousingWorks

P.O. Box 231104

Boston, MA 02123

617-536-8561 fax

- ☐ This waitlist is closed. The only waitlists open at present are:
- ☐ This is not the right application. We have enclosed the correct application.
- ☐ You do not appear to qualify for this property, because:

Name of Waitlist Administrator *optional*

Phone of Waitlist Administrator *optional*: - - X

Date Time Received. Application will be stamped to show when it was received:

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 mm/dd/yyyy ☐ GENDER M, F, T, etc.

- ☐ ETHNICITY: Hispanic/Latino, Non-Hispanic/Non-Latino, **Client Refused** ☐ RACE: Asian, Black or African American, White, American Indian or Alaskan Native, Pacific Islander or Native Hawaiian, Other or Multi-Racial, **Client Refused**

- ☐ I am not claiming any R.A. or Special Circumstances at the moment (else fill in any of the items below)

- ☐ Fully Accessible Wheelchair Unit ☐ Vision-Impaired Unit ☐ Need an Interpreter - Explain:
☐ No-Steps unit (elevator to any floor) ☐ Hearing-Impaired Unit ☐ Domestic Violence Victim
☐ First-Floor unit only ☐ Unit for Environmental Allergies ☐ Personal Care Attendant

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

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

If yes, name the agency providing the voucher:

- ☐ 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 Details

- ☐ ANY PETS? ☐ Yes ☐ No Number of Pets: 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 check this box if backup address is the same as best mailing address below.

AddressLine 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ PREFERRED # OF BEDROOMS? SPECIAL CIRCUMSTANCES? (some programs may grant you a priority status)

- ☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Vet. ☐ Fleeing Dom. Viol.
☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ HUD VAWA Certification ☐ Victim of Hate Crime.
Displaced by: ☐ Urban Renewal ☐ Sanitary Code ☐ Natural Forces ☐ Other _____



REVERE

Housing Authority

70 COOLEDGE STREET
REVERE, MASSACHUSETTS 02151
TEL: 781-284-4394
FAX: 781-284-0065
www.revereha.org

Dear Applicant:

Enclosed please find our application for Carl Hyman Towers

Carl Hyman Towers is *SMOKE FREE*

Elderly/Disabled Applicants:

You must be 62 years old or Handicapped for this Federal Program.

Income Limits:

1 person \$37,750
2 people \$43,150

Preferences and Priorities:

- Revere Residents
- Veterans



Carl Hyman Towers
50 Walnut Ave
Revere, MA 02151



Application for
Carl Hyman Towers
50 Walnut Ave
Revere, MA 02151

This box is for Office Use Only

Date of Receipt: _____
Time of Receipt: _____
Control Number: _____
Barrier free: _____
First Floor: _____
Elderly Handicapped: _____
Race and/or Ethnicity: _____
Priority /Preference Category: _____
Language: _____

Incomplete applications will not be processed. Please complete all information requested on the application. If a question is not applicable, please write N/A. **Make sure you sign the last page.** If you need additional space to provide an answer, please attach an additional sheet(s). Once completed please mail or hand carry to the Revere Housing Authority main office.

1. Name of Applicant: _____
Current Residence Address: _____ Apt No: _____
City / Town: _____ State _____ Zip: _____
Home Telephone: _____ Cell Phone _____
Best # to Reach Applicant _____ Work Phone _____
Mailing Address: _____ Apt No: _____
City / Town: _____ State: _____ Zip: _____

2. Type of Public Housing You are Applying For: ☐ Elderly ☐ Non-Elderly, Handicapped
☐ Congregate Elderly/Handicapped

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

3. If you want to apply for emergency Housing you must select one of the categories below:

Note: To be eligible for Emergency applicant status you must be "homeless," which is defined by state regulations as: an applicant who is without a place to live or who is in a living situation in which there is a significant, immediate and direct threat of life of safety that would be alleviated by placement in an appropriate unit, who has not caused or substantially contributed to the situation, who has made reasonable efforts to prevent or avoid the situation and to locate alternative housing, and who is displaced from is/her primary residence for one of the following reasons. Please check the reason that applied to your situation.

- ☐ Displaced by Natural Forces (i.e. Fire, Flood, Earthquake)
☐ Displaced by Public Action (i.e. Urban renewal, eminent domain)
☐ Displaced by Public Action (i.e. Condemnation of home, code violations)
☐ Displaced by No-fault of housing, Severe Medical emergency and/or Victim of Abuse (domestic violence) where the housing situation significantly contributes to or is direct threat to the life and safety of the applicant.

If you have selected one of the above emergency categories in this section, you must complete an **EMERGENCY APPLICATION** in addition to this Standard Application. All emergency applications must be accompanied by third party written documentation.



Local Preference: *In addition to receiving local preference for the City or Town where you principally reside, you may receive local preference based on where you are employed.*

Please answer the following:

- Provide the name of the City/Town in which you are employed: _____
- Provide the dates of employment: From: _____ To: _____
Home Telephone _____ - _____ - _____ Work Telephone _____ - _____ - _____

Veteran Preference: You may apply for Veteran Preference if you are a Veteran, the spouse, surviving spouse, dependent parent or child or divorced spouse with a dependent child of a Veteran.

If you wish to apply for Veteran Preference, list the dates of U.S. military service. Include service dates for service in the U.S. Army, Marine Corps, Coast Guard, Air Force or National Guard.

Service Date: _____ To: _____
From: _____

A Copy of the Veteran's Department of Defense Form DD214 must be submitted with this application.

Do you have any special needs due to a disability or need a reasonable accommodation such as a first-floor unit for medical reasons? ☐ yes ☐ no

Please Specify: _____

Are you currently living in a non-permanent transitional housing which is subsidized under the Massachusetts Alternative Housing Voucher Program? ☐ yes ☐ no

Have you, or any member of your household, ever received housing assistance from this or any other housing agency? ☐ yes ☐ no

If YES: Name of Head of Household at that time: _____

Relation to Present Applicant: _____

Name of Housing Agency: _____

Date Moved Out: _____ Reason Moved Out: _____

When you moved out, were you in compliance with the lease and other program requirements?

☐ yes ☐ no

If NO, please explain: _____



Does anyone in your household own a car? ☐ yes ☐ no

Make of car: Year: Reg. Number:

Make of car: Year: Reg. Number:

Members of household to live in unit, including Head of Household:

First & Last Name	Relationship To Head of Household	Racial Designation*	Ethnic Designation*	Social Security Number**	Sex	Date of Birth	Occupation <ul style="list-style-type: none">• Employed• At Home• Handicapped• Student
	Head						

* This information will be used to verify income, assets, and criminal record information.

** Employed, at home, Handicapped, or Student

Racial Designation: (Responding to this question is optional.) Your status with respect to tenant selection your household in that Minority Category. (Circle one)

American-Indian Asian Black Hispanic White Other (specify) _____

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 case of an emergency.

1. Name: _____ Address: _____ City: _____

State: _____ Zip: _____ Telephone #: _____

2. Name: _____ Address: _____ City: _____

State: _____ Zip: _____ Telephone #: _____

INCOME BEFORE DEDUCTIONS

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

Type of Income	Source of Income, Name of Employer	Gross Monthly Amount	Gross Amount For next 12 Months
Salaries, Wages, Including Overtime Tips		\$	\$
Net Income From Business or Profession		\$	\$
Trust Income, Interest & Dividends		\$	\$
Pensions and Annuities		\$	\$
Unemployment or Disability Compensation		\$	\$
Regular Social Security Benefits and/or SSI		\$	\$
VA Disability Income		\$	\$
Public Assistance		\$	\$
Regular Alimony, Support Payments, Gifts		\$	\$
Other Income		\$	\$

TOTAL GROSS INCOME: \$ _____

EXPENSES

Un-reimbursed Medical Expenses:	\$
Alimony of Child Support Payments:	\$
Health Insurance:	\$
Other (i.e. expense for care of sick children, or sick incapacitated person if necessary for employment)	\$

TOTAL EXPENSES: \$ _____



ASSETS

Have you sold, transferred or given away any real property or assets in the last three (3) years? ☐ yes ☐ no

If yes:	Date of sale / transfer:	Month	_____	Day	_____	Year	_____
	Amount of the sale / transfer:						
	Value of the sale / transfer:						

If yes, please provide the address: _____

Please list below the assets of everyone to live in the unit. Include all bank accounts, stocks and bonds, trusts, real estate, etc. **DO NOT** include clothing, furniture, or cars.

Household Member	Asset Type	Asset Value or Current Balance	Name of Financial Institution	Account Number
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		

Do you have any pets? ☐ yes ☐ no

Please describe: _____

Are you a Board Member, employee, or a member of the immediate family of an employee of a board member of this housing Authority? <input type="checkbox"/> yes <input type="checkbox"/> no If so, this will not necessarily disqualify your application.
If Yes, Please Explain:



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

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

List Addresses for each Adult Household Member for the Last Five Years in Reverse Order. Please list primary lease holder (head of household) if someone other than yourself. (Use additional sheet if necessary)

(1) Name of Primary Leaseholder:

Address: _____ Apt # _____ Date From: _____ To: _____
City _____ State _____ Zip _____
Landlord Name _____ Telephone No. _____
Landlord Address: _____ City _____ State _____ Zip _____

Did this landlord bring any court action against the leaseholder or you? (check one) ☐ yes ☐ no

Did this landlord return your security deposit? (check one) ☐ yes ☐ no ☐ n/a

(2) Name of Primary Leaseholder:

Address: _____ Apt # _____ Date From: _____ To: _____
City _____ State _____ Zip _____
Landlord Name _____ Telephone No. _____
Landlord Address: _____ City _____ State _____ Zip _____

Did this landlord bring any court action against the leaseholder or you? (check one) ☐ yes ☐ no

Did this landlord return your security deposit? (check one) ☐ yes ☐ no ☐ n/a

(3) Name of Primary Leaseholder:

Address: _____ Apt # _____ Date From: _____ To: _____
City _____ State _____ Zip _____
Landlord Name _____ Telephone No. _____
Landlord Address: _____ City _____ State _____ Zip _____

Did this landlord bring any court action against the leaseholder or you? (check one) ☐ yes ☐ no

Did this landlord return your security deposit? (check one) ☐ yes ☐ no ☐ n/a

CRIMINAL & SEX OFFENDER BACKGROUND INFORMATION

Federal and State law requires RHA to obtain drug and criminal background and sex offender registration information about all household members applying for assisted housing. To enable us to do this, all household members age 16 or older must answer the following questions. RHA will deny the application of any applicant who does not provide complete and accurate information on this form.

Please Print

Name: _____
First, Middle Initial, Last

1. Have you ever been evicted from federal or state assisted housing for drug-related criminal activity?
☐ yes ☐ no
2. Do you currently use illegal drugs or abuse alcohol? ☐ yes ☐ no
3. Are you currently subject to a lifetime registration requirement under a state sex offender registration program?
☐ yes ☐ no
4. Have you been convicted of any drug-related crime? ☐ yes ☐ no
5. Have you ever been convicted of any felony? ☐ yes ☐ no
6. Have you ever been convicted of any crime involving fraud or dishonesty? ☐ yes ☐ no
7. Have you ever been convicted of any crime involving violence? ☐ yes ☐ no
8. Are you currently charged with any of the above criminal activities? ☐ yes ☐ no
9. Have you ever used or been known by any other name? ☐ yes ☐ no
10. If yes, please list names used: _____

I understand that the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection or termination of my lease. I understand that RHA will conduct a CORI and a background check on me.

Applicant's Signature: _____ Date: _____



REVERE HOUSING AUTHORITY
70 COOLEGE STREET- REVERE, MA 02151 PHONE NUMBER 781-284-4394

APPLICANT'S CERTIFICATION:

I understand that this application is not an offer of housing. I understand that a Housing Authority will make no more than one offer of an appropriate housing unit. If I do not accept that offer, my application will be removed from the waiting list; and, if I reapply, my application will not receive any preferences that were granted on the prior application for a three (3) year period.

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 a Housing Authority. I **understand that it is my responsibility to inform the Revere Housing Authority in writing of any change of address, income, or household composition.** I authorize the Revere Housing Authority to make inquiries to verify the information I have provided in this application. I certify that the information I have given in this application is true and correct.

I understand that any false statement or misrepresentation may result in the denial of my application. I understand that any false statement or misrepresentation may result in the denial of my application. , title 18, Section 100I of the U.S. Code states that it is a felony to intentionally make false or fraudulent statements to any federal department or agency. I **understand that the Revere Housing Authority will request Criminal Offender Record Information from the Criminal History Systems Board and perform credit checks and internet searches for all adult members of the household.**

I acknowledge receipt of the Fair Information Practices Act Statement of Rights for all adult members of the household.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.

Applicant's Signature: _____ Date: _____



GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

Name: _____

Address: _____

I, the above-named individual, have authorized the Revere Housing Authority to verify the accuracy of the information which I have provided to the Housing Authority from the following sources (specify):

EMPLOYMENT (PAST & PRESENT WAGES, PENSIONS/ANNUITIES), SELF- EMPLOYMENT INCOME, U.S SOCIAL SECURITY ADMINISTRATION (SS BENEFITS, SSI BENEFITS, AND SOCIAL SECURITY NUMBER), STATE WELFARE AGENCIES (AFDC, GENERAL, RELIEF, ETC, BENEFITS) STATE EMPLOYMENT SECURITY AGENCIES (UNEMPLOYMENT BENEFITS), HEALTH AND ACCIDENT INSURANCE & WORKMAN'S COMPENSATION, U.S. DEPARTMENT OF VETERANS AFFAIRS, FEDERAL, STATE, OR LOCAL BENEFITS, BANK AND OTHER FINANCIAL INSTITUTION (ASSET INCOME, INTEREST, IRA, CD'S, STOCK & BONDS, ETC), COURT RECORDS (ALIMONY, CHILD SUPPORT), FAMILY COMPOSITION, CREDIT HISTORY, OTHER INCOME, REGULAR ALLOWANCES OF GIFTS FROM ANOTHER PERSON, LOTTERY WINNINGS, COMMISSIONS, TIPS BONUSES, FOSTER CARE, HANDICAPPED ASSISTANCE EXPENSES, MEDICAL CARE, MEDICAL INSURANCE PREMIUMS, AND EXPENSES, SCHOOL AND COLLEGES (TUITION AND FEES), CHILD CARE EXPENSES (DAY CARE).

I hereby give you my permission to release this information to the Housing Authority. I would appreciate your prompt attention in supplying the information requested on the attached page to the Housing Authority within five (5) days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original.

Thank you for your cooperation in this matter.

(signature)

Date signed: _____

THIS AUTHORIZATION IS VALID FOR A PERIOD OF ONE YEAR FROM THE DATE NOTED ABOVE.



FAIR INFORMATION PRACTICES ACT

STATEMENT OF RIGHTS

Local Housing Authorities collect information about applicants and tenants for their 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. Where permitted by law, it may be released to government agencies, other housing authorities, and to civil or criminal investigators and prosecutors. Otherwise, the information will be kept confidential and only used by housing authority staff in the course of their duties.

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

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

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

I have read and understand this Fair Information Practices Statement of Rights and have received a copy for future reference. This form must be signed, dated and mailed with your application.

Signature: _____
Head of Household

Date: _____



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

Applicant Name:			
Mailing Address:			
Telephone No:	Cell Phone No:		
Name of Additional Contact Person or Organization:			
Address:			
Telephone No:	Cell Phone No:		
E-Mail Address (if applicable):			
Relationship to Applicant:			
Reason for Contact: (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____		
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.			
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.			

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

--	--

Signature of Applicant

Date

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

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

CERTIFICATION OF CITIZENSHIP OR ELIGIBLE IMMIGRANT STATUS

REVERE HOUSING AUTHORITY
70 COOLEDGE STREET- REVERE, MA 02151 PHONE NUMBER 781-284-4394

Verification of Handicapped Status for State-Aided Elderly/ Handicapped Housing

Date: _____

Applicant's Name

Applicant Control Number

Applicant's Address

I hereby authorize release of the following information: _____ *(Applicant's Signature)*

The Revere Housing Authority may request verification that an applicant has a qualifying physical or mental impairment in order to determine the applicant's eligibility for elderly/handicapped housing. The applicant has authorized above your release of the requested information. We would appreciate your prompt response to the questions on the reverse side of this letter. If you have questions, please contact our office. Thank you for your anticipated cooperation.

Sincerely,

Executive Director or Tenant Selection Coordinator

(continued on next page)

REVERE HOUSING AUTHORITY
70 COOLEDGE STREET- REVERE, MA 02151 PHONE NUMBER 781-284-4394

THE FOLLOWING TO BE COMPLETED BY PHYSICIAN (OR OTHER PROFESSIONAL)

Note: an applicant's eligibility for Elderly/ Handicapped Housing is contingent on the Authority being able to identify and understand whether the applicant has a qualifying impairment and how it affects his or her housing needs. Please be sure to complete this form legibly and in a manner that allows the Authority to meaningfully evaluate the applicant's eligibility.

1. Does the applicant have one or more physical or mental impairments, other than a history of alcohol or substance abuse, which substantially impede(s) his or her ability to live independently?

Circle the appropriate answer: Yes or No

Comments: _____

2. If Yes to question 1 above, would suitable housing conditions improve the applicant's ability to live independently and, if so, what sort? Be specific: _____

If Yes to question 1 above, is the anticipated duration of the applicant's impairment(s) more than six (6) months?

Circle the appropriate answer: Yes or No

3. If the anticipated duration is indefinite so specify, and estimate the approximate duration to the best of your ability: _____

Other comment: _____

CERTIFICATION

I certify that the information provided above represents my professional judgment and is true and accurate to the best of my knowledge and belief.

Signature

Date

Print Name

Note: an applicant that has a history of alcohol or substance abuse may still be eligible for Elderly/Handicapped Housing if the applicant has one or more qualifying physical or mental impairments in addition to the history of alcohol or substance abuse and is otherwise eligible and qualified for such housing.



NOTICE TO ALL APPLICANTS:
REASONABLE ACCOMMODATIONS ARE AVAILABLE FOR APPLICANTS WITH MENTAL
AND/OR PHYSICAL DISABILITIES

The Revere Housing Authority (RHA) does not discriminate against applicants on the basis of mental or physical disabilities. In addition, the RHA has an obligation to provide “reasonable accommodation” on account of a disability if an applicant or a household member is limited by the disability and for this reason needs such an accommodation. A reasonable accommodation is a change that the RHA can make to its facilities or practices that will assist an otherwise eligible person with a disability to overcome the limitations imposed by his or her disability and to be able to participate in the RHA’s housing or programs. Such a change must be financially and programmatically feasible for the housing authority.

An applicant household which has a member with a mental and/or physical disability must still be able to meet essential obligations of tenancy (for example, the household must be able to pay rent, to care for the apartment, to report required information to the RHA, and to avoid disturbing neighbors), but an accommodation may be the basis by which the household is able to meet those obligations of tenancy.

The RHA has assigned Robin Perry as its Accommodation Coordinator. If you need an accommodation because of a disability, please complete the attached form and return it to the RHA addressed to his/her attention. You must also submit medical documentation verifying the existence of a disability, and the need for an accommodation to overcome these limitations and to participate in the RHA’s housing or programs. Within thirty (30) days of receipt of your request and documentation, the Accommodation Coordinator will contact you to discuss what the RHA can reasonably do to accommodate you on account of your disability.

If you or a member of your household has a mental and/or physical disability, and as a result you need an accommodation, you may request it at any time. However, you are not obliged to make such a request, and if you prefer not to do so that is your right.



Request for Reasonable Accommodations/Modifications

To: Accommodation Coordinator _____

Housing Authority _____

Address _____

From: _____
Applicant or Resident Name (please print)

Address

Town/City, State, Zip

(____) _____
Area Code/Telephone Number

1. On account of my disability, I request the following be done in order to permit me to have equal opportunity to use and enjoy the housing or public or common use areas or to participate fully in the Housing Authority's programs, activities, or services: (Describe)

2. This request for a reasonable accommodation/modification is necessary so that I can:

3. Documentation needed to verify the existence of my disability and my disability-related need for the accommodation/modification is attached. (Attach appropriate documentation)

I attest that the foregoing information is true and correct.

Signature of Applicant or Resident (or authorized representative)

Date