

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 _____



Standard Application for Federal Public Housing

Equal Housing Opportunity

The information which you are being asked to provide as the head of household is used to determine if your Household is both eligible and qualified for admission to the programs indicated below. This information is subject to verification, and you will be required to sign releases that will permit the Authority to confirm all information provided below. By signing this application, you are certifying that the information you have provided is correct. Misrepresentation of information is grounds for removal from the waiting list or eviction from housing.

For applicants to federal housing, Title 18, Section 1001 of the U.S. Code states that it is a felony to intentionally make false or fraudulent statements to any federal department or agency. As the information provided below may be shared with the U.S. Department of Housing and Urban Development, misrepresentation of information is a felony.

Incomplete applications will not be processed. You will be notified by letter that your application is incomplete. It is the responsibility of the applicant to provide all required information for the program(s) which you have indicated. If a question is not applicable to your household, please indicate this on the application. Your household will be added to the waiting list for the programs specified on this application only at the time that the application is complete. **Faxed or emailed applications will not be accepted.**

Please Print all Answers Legibly

Name of Applicant: _____

Cnrrrent Address: _____ Apt. No: _____

City/Town: _____ State: ____ Zip: _____

Home Telephone: _____ Cell Phone: _____

Work Phone: _____

Best # to reach yon: (circle one) Home Cell Work

Mailing Address: _____

City/Town: _____ State: ____ Zip: _____

Please indicate the programs for which you believe you are eligible and wish to apply. The RHA Tenant Selection Staff will make the final determination as to which programs you are eligible for, and will place you on the appropriate waiting list(s):

Federal Elderly/Disabled Housing (62+ years of age)	
Federal Family Housing	

- I. Is there a member of your Household who requires a physically modified unit to address a disability? Please indicate below.

No unit modifications required	
A wheelchair accessible unit	
A sensory-impaired accessible unit	
Other physical adaptations	

2. Are you and each member of your household a U.S. Citizen, or do you and each household member possess eligible immigrant status which can be verified with the U.S. Immigration and Naturalization Service?

Yes

No

3. Do any of the Preference Categories listed below pertain to your current status? Please select all that describe your household. RHA staff will review the basis of your claimed Preference to determine if you are eligible for the Preference.

Federal Public Housing Tenant Transfers	
Lives, works or has been hired to work in the jurisdiction.	

4. Please indicate all racial, minority, or ethnic group(s) to which household members belong by circling the appropriate group(s) listed below. An answer to this question is not mandatory for completion of this application. (circle one)

Native American

Asian

African-American

White

Hispanic

Non-Hispanic

5. Number of Bedrooms Requested. (The Authority will determine final eligibility for the bedroom size requested.)

(Circle One)

1

2

3

4

6. Please provide the full name including middle initial of all Household member who will be living in the unit, their date of birth, sex, relationship to the Head of Household, and Social Security Number. Social Security #s will be used for income verification. **If any of this information is not provided, the application will be considered incomplete and will not be processed.**

First & Last Name	Date of Birth	SEX Male Female	Relation to Head of Household	Social Security Number
			HEAD	

7. Please list all types and sources of income for each household member in Part A. In Part B, please list all deductions for allowable expenses.

A. Summary of Gross Income

Household Member	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		\$	\$
	Veterans Administration Disability		\$	\$
	Public Assistance		\$	\$
	Regular Alimony, Support Payments, Gifts		\$	\$
	TANF or Family Independence Program (formerly AFDC)		\$	\$
	First \$480.00 of any adoption Assistance Payments		\$	\$
	First \$480.00 of any income of fulltime students		\$	\$
	Other Income		\$	\$
	Other Income		\$	\$

This should include all funds received from individuals not in your Household who provide funds to cover Household living expenses.

Gross Monthly Income \$ _____ X 12 = Gross Annual Income \$ _____

B. Summary of Adjustments to Gross Income

Expense	Description of Cause of Expense	Verified	Gross Annual Expense
Disabled Child Care/ Home Care Expenses to Facilitate Employment			
Medical/Disability Expenses in Excess of 3% of Income (elders/disabled)			
Day care Expenses in Excess of \$480.00 to Facilitate Training or Employment			
Other			
Other			

8. List below all assets of all Household members. If necessary, use an additional page.

Household Member	Type of Asset	Last 4 Digits of Account Number	Amount or Value	Interest Rate
	Checking			
	Checking			
	Savings			
	Savings			
	CDs or IRAs			
	CDs or IRAs			
	Stocks/Bonds			
	Real Estate			
	Insurance Annuity			
	Other			
	Other			

9. If your household owns one or more motor vehicles or motorcycles, please provide the following

Make of Vehicle _____ Year: _____ Reg. # _____

Make of Vehicle _____ Year: _____ Reg. # _____

10. Does anyone in your Household own a pet? If yes, please describe: _____

11. Have you or a member of your household ever participated in a housing subsidy program?

☐ Yes ☐ No

If yes, what program, where and when did you participate? _____

12. Have you sold, given, loaned or placed in trust any money, real estate or other asset in the past two (2) years? ☐ Yes ☐ No

If yes, please describe: _____

13. Are you receiving, or can you receive any income from any trust funds which were established with household assets? ☐ Yes ☐ No

If yes, please describe: _____

14. Please list the full addresses of all residential settings (Apartments, houses, shelters, group homes, etc.) in which you (Head of Household) or any adult household members have lived during the past five (5) years. You should either list the landlord (owner) or the Shelter\ Group Home Program Director. The Authority will contact all individuals listed.

(1) Current residence: From _____ (mm/dd/yyyy) to Present

Name of Primary Leaseholder: _____

Address: _____ Apt. # _____

City/Town: _____ State: _____ Zip: _____

Landlord Name: _____ Phone #: _____

Landlord Address: _____

City/Town: _____ State: _____ Zip: _____

Names of all household members who lived at this address: _____

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) Previous residence: From _____ (mm/dd/yyyy) to _____ (mm/dd/yyyy)

Name of Primary Leaseholder: _____

Address: _____ Apt. # _____

City/Town: _____ State: _____ Zip: _____

Landlord Name: _____ Phone #: _____

Landlord Address: _____

City/Town: _____ State: _____ Zip: _____

Names of all household members who lived at this address: _____

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) Previous residence: From _____ **(mm/dd/yyyy)** **to** _____ **(mm/dd/yyyy)**

Name of Primary Leaseholder: _____

Address: _____ Apt. # _____

City/Town: _____ State: _____ Zip: _____

Landlord Name: _____ Phone #: _____

Landlord Address: _____

City/Town: _____ State: _____ Zip: _____

Names of all household members who lived at this address: _____

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

(4) Previous residence: From _____ **(mm/dd/yyyy)** **to** _____ **(mm/dd/yyyy)**

Name of Primary Leaseholder: _____

Address: _____ Apt. # _____

City/Town: _____ State: _____ Zip: _____

Landlord Name: _____ Phone #: _____

Landlord Address: _____

City/Town: _____ State: _____ Zip: _____

Names of all household members who lived at this address: _____

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

(5) Previous residence: From _____ (mm/dd/yyyy) **to** _____ (mm/dd/yyyy)

Name of Primary Leaseholder: _____

Address: _____ Apt. # _____

City/Town: _____ State: _____ Zip: _____

Landlord Name: _____ Phone #: _____

Landlord Address: _____

City/Town: _____ State: _____ Zip: _____

Names of all household members who lived at this address: _____

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

Names of all household members who lived at this address: _____

15. Are you living in a residence in which the lease is not in your name but for which you contribute rent?

☐ Yes ☐ No

16. Have you or any member of your household ever been evicted from housing or removed from a residential program? ☐ Yes ☐ No

If yes, WHAT Housing Authority? _____

Please explain: _____

17. Who should the Authority contact in case of an emergency? Emergency Contact

Name: _____

Street Address: _____

City or Town & Zip Code: _____

Telephone Number: _____

Criminal Record:

18. Have you or any member of you household who will reside in the unit been convicted of a misdemeanor in the last five years? ☐ Yes ☐ No

If yes, please describe: _____

19. Have you or any member of your household who will reside in the unit been convicted of a felony in the last ten years? ☐ Yes ☐ No

If yes, please describe: _____

20. Are you or any member of your household subject to a lifetime registration requirement under a state sex offender registration program? ☐ Yes ☐ No

NOTE: Information received from local criminal history databases as well as the Dru Sjudin National Sex Offender Database for you and/or any other adult or juvenile household members to the extent allowed by state and local law will be reviewed. Information from the National Criminal Information Clearinghouse (NCIC) may also be obtained.

Failure to respond to the question may jeopardize the approval of your application.

21. We need to determine your household's ability and willingness to meet the lease requirements of the Authority. A copy of the lease will be provided upon request. Unanswered questions will require this application being treated as incomplete.

A. Are you able and willing to pay your rent in full when it is due? Yes ☐ No ☐

B. Are you able and willing to take responsibility for the behavior of all guests and household members while they are on or about the development? Yes ☐ No ☐

C. Are you and your household able and willing to conduct yourselves in such a manner as to permit the peaceful and quiet enjoyment of the development by other residents? Yes ☐ No ☐

I understand that this application is not an offer of housing. I certify that the information contained in this application is true and complete under pains and penalty of perjury. I authorize the Authority to make inquiries to verify the information I have provided on this application. I understand that it is my responsibility to immediately inform the authority of any change in address or household composition.

Applicant's Signature

Date

Co-Applicant's Signature

Date

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, Tenant Selector 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 program. 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.



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.