

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

Mail this application to the address you
see at left.

Dear

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

App Generated:

 **ATTN: WAITLIST ADMINISTRATOR** 

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

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

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

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

Your position or title at this housing program: _____

Your signature: _____

HousingWorks Fax: 617-536-8561

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

www.HousingWorks.net



DO NOT LEAVE ANY QUESTION UNANSWERED!

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

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

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

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

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

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

- ☐ ANY PETS? ☐ Yes ☐ No Describe: _____

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

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

- ☐ BEST TELEPHONE NUMBER TO USE ☐ SECOND TELEPHONE

- ☐ EMAIL ADDRESS

- ☐ WHERE YOU LIVE OR BACKUP ADDRESS

- ☐ BEST MAILING ADDRESS

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

SALEM HOUSING AUTHORITY

27 Charter Street

Salem, Massachusetts 01970

(978) 744.4432 (Voice) (800) 745-6575 TTD (Text Telephone)

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.

Please Print All Answers Legibly

1. **Head(s) of Household:** _____ Maiden Name: _____
2. **Current Address:** _____

City or
Town: _____ State: _____ Zip: _____
3. **Current Mailing Address:** _____ Zip: _____
4. **Home Phone** _____ **Cell Phone** _____ **Work Phone** _____

Please indicate the programs for which you believe you are eligible and wish to apply. The SHA Tenant Selection Staff will make the final determination as to which programs you are eligible and will place you on the appropriate waiting lists (put an "X"):

Federal Elderly/Disabled Housing	
Federal Family Housing	

6. **Is there a member of your Household who requires a physically modified unit to address a disability?**
Please indicate below. (put an "X")

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

7. **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 ☐

8. **Do any of the Preference Categories listed below pertain to your current status?**
Please select all that describe your household. SHA 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	

9. **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 questions is not mandatory for completion of this application.

Native American Asian African-American White Hispanic Non-Hispanic

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

(Circle One) 0 1 2 3 4

11. **Please provide the full name, including middle initial, of all Household members** who will be living in the unit, their date of birth, place of birth, sex, relationship to the Head of Household, occupation 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.

Name	Date of Birth	Place of Birth	Sex	Relation to Head of Household	Occupation or School	Social Security Number
1.				HEAD		
2.						
3.						
4.						
5.						
6.						
7.						
8.						

12. **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	Name and Address of Source of Income	Gross Monthly Income by Source
	Wages including overtime and tips for each adult household member		
	Wages including overtime and tips for each adult household member		
	Veterans Administration Disability		
	Net Income from Business or Profession		
	Trust Income, Investment Interest and Dividends		
	Pensions and Annuities		
	Pensions and Annuities		
	Periodic Unemployment or Disability Compensation		
	Periodic Social Security Benefits or SSI		
	TANF or Family Independence Program (formerly AFDC)		
	Regular Alimony, Support Payments of Gifts*		
	First \$480.00 of any adoption Assistance Payments		
	First \$480.00 of any income of full-time students		

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

Gross Monthly Income \$ _____ X12 = 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 \$5480.00 to Facilitate Training or Employment			
Other			
Other			
Other			

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

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

14. 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. # _____

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

16. 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? _____

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

If yes, please describe: _____

18. **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: _____

19. **Please list the full addresses of all residential settings** (Apartments, houses, shelters, group homes, etc.) in which you have (Head of Household) or any adult household members have lived during the past three (3) years. You should either list the landlord (owner) or the Shelter/Group Home Program Director. The Authority will contact all individuals listed.

For your current residence:	From: _____	To Present Time
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Landlord Name _____

Full Landlord Address: _____ Phone: _____

Previous residence:	From: _____	To: _____
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Residence
Address: _____

Landlord Name _____

Full Landlord Address: _____ Phone: _____

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

Previous residence:	From: _____	To: _____
---------------------	-------------	-----------

Landlord Name _____

Full Landlord Address: _____ Phone: _____

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

20. **Are you living in a residence in which the lease is not in your name but for which you contribute rent?** Yes ☐ No ☐

21. **Have you or any member of your household ever been evicted from housing or removed from a residential program? If yes, please explain:** Yes ☐ No ☐

22. Who should the Authority contact in case of an emergency?

Name: _____
Street Address: _____
City or Town & Zip Code: _____
Telephone Number: _____

23. Criminal Record:

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.

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.

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 Sjodin 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.

24. 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.

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

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 ☐

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 inquires 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



SALEM HOUSING AUTHORITY

NOTICE TO ALL RESIDENTS/APPLICANTS/ PARTICIPANTS/ EMPLOYEES

<h4>REASONABLE ACCOMMODATIONS FOR PERSONS WITH DISABILITIES</h4>
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The Salem Housing Authority does not discriminate against residents, applicants, program participants, or employees on the basis of disability. No resident, applicant, program participant, or employee is required, as a condition of application, eligibility, or continued residency or employment to provide information regarding the nature or severity of a disability. Individuals may choose to identify themselves as persons with disabilities in order to receive a reasonable accommodation or to qualify for special programs available to persons with disabilities only.

The Salem Housing Authority has an obligation to provide "reasonable accommodations" to residents, applicants, participants, and employees, if they require such accommodation as a result of a physical and/or mental disability. A reasonable accommodation or modification is some change that the Salem Housing Authority can make to its facilities or practices that will assist an otherwise eligible person with a disability to take advantage of the SHA's program. A resident, applicant, program participant, or employee that has a mental and/or physical disability must still be able to abide by the terms of the lease, meet the essential job functions of a position, or meet the essential qualifications of the program; however, there is no requirement that residents, applicants, participants, or employees with disabilities be able to do these things without a reasonable accommodation.

If you would like to be identified as a person with a disability, please request then complete the "Form for Persons Who Choose to Self-Identify as Persons with Disabilities", and if you would like to request a reasonable accommodation, please complete the form "Reasonable Accommodation Request Form for Persons with Disabilities". After completing either or both forms, please return the form(s) to the SHA's **Reasonable Accommodation Coordinator**, who is **Carol MacGown, Executive Director**. When requesting a reasonable accommodation, you may be requested to submit documentation verifying the existence of a disability, and the need for a reasonable accommodation as a result of that disability. The Salem Housing Authority will work with you to discuss what can be done to accommodate your disability.

Remember, if you have a mental and/or physical disability, and you need a reasonable accommodation, you may request it at any time.

April 14, 2010

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:			
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: _____
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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.			

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.