

Don't staple the pages of this application together!

1. Some providers *scan* the application, and if you staple, that means removing staples from 1000 applications every week or month.
2. If you include a letter, don't staple that either: providers need to quickly get to your waitlist data and your cover page just gets in the way.

Use #10 double window envelopes. Fold on the line, and addresses will fit in the windows.

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**



**HOUSINGWORKS**  
For Everyone

**DO NOT LEAVE ANY QUESTION UNANSWERED!**

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

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

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

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

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

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

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

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

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

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

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

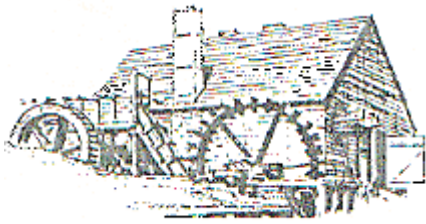
- ☐ BEST TELEPHONE NUMBER TO USE ☐ SECOND TELEPHONE

- ☐ EMAIL ADDRESS

- ☐ WHERE YOU LIVE OR BACKUP ADDRESS

- ☐ BEST MAILING ADDRESS

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



TDD/VOICD (781) 233-2116  
FAX # (781) 233-3531

## Saugus Housing Authority

19 TALBOT STREET • SAUGUS, MASSACHUSETTS 01906

### APPLICATION FOR HOUSING ACCOMMODATIONS (FEDERAL CONVENTIONAL)

1. \_\_\_\_\_ 62 Years or over \_\_\_\_\_ Handicap \_\_\_\_\_ Disability \_\_\_\_\_ Phone: \_\_\_\_\_
2. \_\_\_\_\_ Applicant \_\_\_\_\_ Control Number \_\_\_\_\_  
Surname First M. Initial
3. \_\_\_\_\_ Resident Address \_\_\_\_\_ Town or City \_\_\_\_\_
4. \_\_\_\_\_ Person or persons to Reside in Accommodation \_\_\_\_\_

NAME	RELATION TO HEAD	SEX	AGE	DATE OF BIRTH
HEAD				

5. \_\_\_\_\_ Source of income per Month: List Gross Amounts

Social Security #1)	_____	#2)	_____	Wages #1	_____	#2	_____
S.S.I. #1)	_____	#2)	_____	Others #1	_____	#2	_____
Pension #1)	_____	#2)	_____	Others #1	_____	#2	_____

6. \_\_\_\_\_ Assets List all Tangible Assets Including Real Estate \$0

Saving Accounts

NAME OF BANK	AMOUNT ON DEPOSIT
NAME OF BANK	AMOUNT ON DEPOSIT

Checking Account

NAME OF BANK	AMOUNT
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Cooperative Bank

NAME OF BANK	AMOUNT
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Stocks or Bonds

Real Estate \_\_\_\_\_

7. \_\_\_\_\_ Minority Group Category:

Number _____	1) _____ White (Non Minority)	2) _____ Black.	3) _____ American Indian
	4) _____ Spanish	5) _____ Oriental	6) _____ Asian

8. \_\_\_\_\_ Veteran, Spouse of Veteran, or Widow of Veteran YES \_\_\_\_\_ NO \_\_\_\_\_

The above information is true and complete to the best of my knowledge. I have no objections to inquiries being for the purpose or verifying the above statement. These statements are made under penalties of perjury

Signature - Head of Household

Date

Telephone



**FEDERAL PRIVACY ACT NOTICE**  
**for the**  
**Section 8 Rental Certificate, Rental Voucher, Moderate Rehabilitation**  
**and the Public and Indian Housing Programs**

**PURPOSE:** Family income and other information are being collected by the Department of Housing, and Urban Development (HUD) to determine an applicant's eligibility, the recommended unit size, and the amount the family must pay toward rent and utilities.

**USE:** HUD uses 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 furnished. HUD or a public housing agency/Indian housing authority may conduct a computer match to verify the information you provided. This information may be released to appropriate Federal, State, and local agencies, when relevant, and 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 public housing agency/Indian Housing Authority, including all social security numbers you, and all other household members age six (6) years and older, have and use. Giving the social security numbers of all household members 6 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.

**AUTHORITY FOR INFORMATION COLLECTION:** The following laws authorize the collection of this information of HUD or the public housing agency/Indian Housing Authority: the U. S. Housing Act of 1937 (42 U. S. C., 1431 et seq.), Title VI of the Civil Rights Act of 1964, and Title VIII of the Civil Rights Act of 1968. The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and residents to submit the social security numbers of all household members at least six (6) years old.

I read the Federal Privacy Act Notice on

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Head of Household or Spouse



PHA/IHA requesting release of information

(Name, address, telephone, & date): **Date** \_\_\_\_\_

This form cannot be used to request a copy of a tax return. Instead, use IRS form 4506, Request for a copy of tax form.

**SAUGUS HOUSING AUTHORITY**  
**19 TALBOT STREET**  
**SAUGUS, MA 01906**  
**781-233-2116 TDD/781-233-2116**

**Sensitive information:** The consent granted by this form may be used as a basis to collect sensitive information which is protected by the Privacy Act. Such information will not be disclosed or released outside of HUD except to appropriate Federal, State, and local agencies, when relevant and to civil, criminal, or regulatory investigators and prosecutors. Please see the Federal Privacy Act Statement for a more detailed description of your privacy rights

**Purpose:** This form enables the U.S. Department of Housing and Urban Development (HUD) and the above named Public Housing Agency or Indian Housing Authority (HAs) to secure your signature and the signature of each member of your household who is 18 years of age or older for purposes of obtaining employee income information form current and previous employers and wage and claim information from the State Wage Information Collection Agency (SWICA)

**Computer Matching Notice and Consent:** I understand that a Public Housing Agency, Indian housing Authority, or HUD may conduct computer matching programs with other governmental agencies including Federal, State, Tribal, or local agencies.

The Governmental agencies included:

U.S. Office of Personnel Management  
U.S. Social Security Administration  
U.S. Department of Defense  
U.S. Postal Service  
State Employment Security Agencies  
State Welfare and Food Stamp Agencies

The match will be used to verify information supplied by my family.

**Employment information:** I also authorize the above named HA and HUD to obtain information about me and my family that is pertinent to employment income information from current and previous employers.

**Conditions:** I agree that photocopies of this authorization may be used for the purposes stated above. If I or an%- adult members of my family fail to sign this authorization, IT understand that this action may constitute grounds for denial of eligibility or termination of assistance, or tenancy, or both.

**State Wage Agencies:** I authorize only HUD, a Public Housing Agency, or an Indian Housing to obtain information on wages or unemployment compensation from State Agencies charged with the State unemployment law.

\_\_\_\_\_  
Signature, Printed Name of the Head of Household **& Date**

\_\_\_\_\_  
Signature, Printed Name of Spouse or Other Adult Member of the Household **& Date**

\_\_\_\_\_  
Signature, Printed Name of Other Adult Member of the Household **& Date**

\_\_\_\_\_  
Signature, Printed Name of Other Adult Member of the Household **& Date**

\_\_\_\_\_  
Signature, Printed Name of Other Adult Member of the Household **& Date** Form HUD-9886 10/19/92 ref. Handbooks 7420.7 & 7465



SAUGUS HOUSING AUTHORITY  
19 TALBOT STREET  
SAUGUS, MA 01906

The following statement must be signed and returned to us with your application.

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**THE SAUGUS HOUSING AUTHORITY WILL OBTAIN CRIMINAL OFFENDER RECORD INFORMATION (CORI) FROM THE CRIMINAL HISTORY SYSTEMS BOARD (CHSB) FOR EACH AND EVERY NEW APPLICANT BEING CONSIDERED FOR HOUSING ON ALL STATE AND FEDERAL CONVENTIONAL HOUSING PROGRAMS.**

**I ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENT RELATED TO CORI.**

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Head of Household

---

Spouse or Other

---

Date of Birth

---

Date of Birth

---

Address

---

Address

---

Social Security Number

---

Social Security Number

---

Maiden Name (If Applicable)

---

Maiden Name (If Applicable)

---

Date

---

Date

