

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 _____



SOMERVILLE HOUSING AUTHORITY

30 Memorial Road, Somerville, Massachusetts 02145 Telephone
(617) 625-1152 Fax (617) 623-8151 TDD (617) 628-8889

Date of receipt: _____
Time of Receipt: _____
Control Number: _____
Priority Category: _____
Preference Category: _____

PROJECT BASED ASSISTANCE PROGRAM (PBA) APPLICATION

Please answer all questions 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 additional sheet(s). Once, the application is completed, please mail or hand delivered to: Somerville Housing Authority Section 8 Department, 30 Memorial Road, Somerville, MA 02145.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED/PROCESSED.

(PLEASE PRINT):

1. Applicant Name: _____
- Current Address: _____ Apt. No. _____
- City/Town: _____ State: _____ Zip Code: _____
- Mailing Address: _____ Apt. No. _____
- City/Town: _____ State: _____ Zip Code: _____
- Home Telephone: _____ Cell Telephone: _____
- Email Address: _____

2. Type of Housing You are Applying for:

- ☐ **Capen Court:** (senior housing development) ☐ 1 bedroom ☐ Wheel Chair Accessible

NOTE: Capen Court is a SMOKE- FREE BUILDING. Smoking is prohibited in the apartments, common areas, balconies and any area within 25 feet of the building entrances.

If you are determined eligible, your name will be entered on the Section 8 Waiting List. When a unit becomes available, your name will be forwarded to the Capen Court Management to begin their suitability/eligibility process.

- ☐ **Linden Street:** (Family Housing) 34 Linden Street, Somerville ☐ 2 bedrooms ☐ 3 bedrooms

- ☐ **YMCA:** Male Single Room Occupancy (SRO). Private bedroom. All tenants share kitchen, bathroom and other facilities

- ☐ **Sewall Street:** SRO (single room occupancy). Single HOMELESS adult with services

3. **Preferences:** The SHA will verify your claim of preferences/priorities prior to making an offer of housing. *Each verified preference will receive an allocation of points.*

Please select if applicable:

- A. ☐ **Residency Preference.** For families who live in Somerville, work in Somerville, have been hired to work in Somerville at the time of application and at the time issuance of voucher or who have been displaced from their dwelling unit in Somerville and have not obtained permanent replacement housing at the time of application and at the time of verification of eligibility. Do you currently work or have a firm commitment of employment in Somerville?

☐ YES ☐ NO IF YES, please explain? _____

- B. ☐ **Veteran's Preference.** To qualify for this preference the applicant must be a veteran, a member of the armed services of The United States or a dependent family member of a veteran or a service person. "Veteran" means any person honorably discharged from the armed services of the United States after serving for 181 consecutive days or more.

If you checked "Yes" to **Veteran preference**, you must provide service dates for service in the U.S. Army, Navy, Marine Corps, Coast Guard, Air Force or full time National Guard duty.

FROM (date): _____ TO (date): _____

Also, you must submit a copy of the Veteran's Department of Defense (Form DD214) with this application.

4. **Priorities:** A priority is a housing-related situation that affects an Applicant's present residential status. An Applicant can qualify for only one Priority at any given time

Please select the circumstances relevant to your housing situation.

- _____ Displaced by SHA action
_____ Involuntary Displaced by Natural Forces (fire, flood, earthquake, etc.)
_____ Involuntary Displaced by Code Enforcement
_____ Involuntary Displaced by Housing Owner (no fault)
_____ Victim of Domestic Violence (within past 6 months)
_____ Living in Substandard Housing
_____ Homeless Family
_____ Rent Burden where rent and utilities are more than 50% of the gross household income
_____ None of the above. Explain Circumstances: _____

5. Do you or a family member have any special needs due to a disability or need a reasonable Accommodation?

☐ YES ☐ NO

IF YES, please explain: _____

6. IN THE CHART BELOW, LIST THE HEAD OF HOUSEHOLD AND ALL OTHER PERSONS WHO WILL BE LIVING IN THE ASSISTED UNIT.

Last Name	First Name	Relation to Head	Sex	Birth Date	Social Security Number	Student Status
		HEAD				

Is a change in the household composition expected? ☐ YES ☐ NO

When it is expected to change? _____ Currently how many people live with you? _____

7. **Racial Designation (optional):** ☐ Native American Indian or Alaskan Native ☐ Caucasian/White
☐ Black or African American ☐ Asian or Pacific Islander ☐ Other (explain): _____
Ethnic Designation (optional): ☐ Hispanic/Latino ☐ Not Hispanic/Latino

8. Have you sold, transferred or given away any asset greater than \$1,000 for less than fair market value in the last two (2) years? ☐ YES ☐ NO

IF YES: Date of sale/transfer: Month: _____ Day: _____ Year: _____

Amount of the sale/transfer: \$ _____

Value of the sale/transfer: \$ _____

9. Do you own a home or any other real estate? ☐ YES ☐ NO

IF YES: Property Address: _____

City/Town: _____ State: _____ Assessed Value of property \$ _____

10. Were you or a member of your household, a former participant of the Somerville Housing Authority (SHA) public housing or rental assistance program whose participation was terminated in bad standing or who currently owes back rent, fees or costs to SHA? ☐ YES ☐ NO

IF YES: please explain: _____

11. Were you, or a member of your household, ever a participant in a Federal Housing Program?

☐ YES ☐ NO

IF YES, please explain: _____

12. INCOME BEFORE DEDUCTIONS: Estimate the Gross Income anticipated for ALL household members from all sources for the next 12 months. Please specify all sources.

HOUSEHOLD MEMBER First Name	SOURCE OF INCOME	NAME AND ADDRESS OF EMPLOYER OR SOURCE OF INCOME	MONTHLY INCOME AMOUNT
	Social Security/SSI?		\$
	Employment?		\$
	Pension/Annuity?		\$
	Veteran's Benefits		\$
	Trust Income, Interest & Dividends		\$
	TANF/EAEDC Public Assistance?		\$
	Unemployment?		\$
	Worker's Compensation		\$
	Net income from Business		\$
	Seasonal Employment (at any time of the year)		\$
	Contributions (monetary or not) from Family/Friends		\$
	Adoption Subsidy		\$
	Income from Assets		\$
	Alimony, Support		\$
	Alimony/Child Support?		\$
	Disability?		\$
	Any other Income not listed above?		\$

TOTAL GROSS INCOME \$ _____

13. **ASSETS:** Do you or any family member have any of the following assets:

(checking/Savings Accounts, STOCKS, BONDS, IRA, 401K OR 403B, ANNUITIES, MUTUAL FUNDS, TRUST ACCOUNTS, WHOLE LIFE INSURANCE, MONEY MARKET, SAFE DEPOSIT BOXES, REAL ESTATE).

IF YOU NEED MORE SPACE, PLEASE ATTACH A SEPARATE SHEET.

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

14. **EXPENSES:** Do you have pay for any of the following:

Expenses	Amount
Expense for Care of Children or Sick/Incapacitated Person IF NECESSARY for Employment	\$
Un-reimbursed Medical Expenses	\$
Health Insurance	\$
Other :	\$

TOTAL EXPENSES \$ _____

15. **Criminal Record:** Pursuant to 803 CMR 5.05(1) the SHA will obtain Criminal Record Information for all applicants and household members 17 years and older.

A. Have you or a member of your household who will live with you ever been convicted of a violent crime or of the manufacture, distribution, or intent to distribute drugs?

☐ YES ☐ NO

B. Have you or a member of your household who will live with you been convicted of felonious use or possession of drugs.

☐ YES ☐ NO

IF YES to A or B, please explain: _____

16. **References:** List two (2) references. These should not be relatives or household members:

(a) Name: _____ Telephone: _____
Address: _____
City: _____ State: _____ Zip Code: _____

(b) Name: _____ Telephone: _____
Address: _____
City: _____ State: _____ Zip Code: _____

APPLICANT'S CERTIFICATION

I understand that this application is not an offer of housing and I should not make any plans to move or end my present tenancy. I understand that it is my responsibility to inform the Housing Authority in writing of any *change of address, household size or any change in my circumstances* as I have described them in this: application. I understand that I must respond promptly to all Housing Authority inquiries or my application may be cancelled.

I authorize the Housing Authority to make inquiries to verify the information that I have given in this application. I certify that the information provided in this application is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are criminal offenses punishable under state and federal laws. I also understand that false statements or information are grounds for rejection of this application or termination of my participation in the program.

I understand that all adult household members will be required to sign a Declaration of U.S. Citizenship form and adults responsible for minor children under the age of 18 will sign a Declaration of U.S. Citizenship form. The Somerville Housing Authority will verify that those not claiming U.S. citizenship are eligible non-citizens. I understand that the Somerville Housing Authority will request Criminal Offender Record Information from the Criminal History Systems Board and 3rd party verification of all income and assets reported for all adult members of the household. I understand that each adult family member is required by HUD to sign an Authorization for the Release of Information/Privacy Act Notice (HUD form 9886.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY

Signature of Applicant: _____ Date: _____

Signature of Spouse: _____ Date: _____

SHA Reviewer signature: _____ Date: _____



CERTIFICATION OF HOMELESSNESS

I certify that (applicant's name), _____

lacks a fixed, regular, and adequate nighttime residence and is sleeping in at (please

describe sleeping accommodations): _____

Firm.or Agency Name: _____

Agency Address: _____

Telephone Number: _____

Representative Name: {Please Print) _____

Title: _____

Signature: _____

Date: _____



SOMERVILLE HOUSING AUTHORITY

**30 Memorial Road, Somerville, Massachusetts 02145
Telephone (617) 625-1152 Fax (617) 628-7057 TDD (617) 628-8889**

NOTICE TO INDIVIDUALS WITH DISABILITIES REGARDING REASONABLE ACCOMMODATION

The Somerville Housing Authority (SHA) is a public agency that provides rental subsidies and low rent housing to eligible families, elderly/handicapped/disabled households and single people. The SHA does not discriminate against applicants, participants, or residents on the basis of their race, creed color, religion, sex, national origin, marital or familial status, disability, age, receipt of public assistance or sexual preference.

Under applicable law, the SHA provides "reasonable accommodation" to applicants, participants, and residents if they or any household member(s) have a disability or handicap and if the reasonable accommodation is necessary to provide an equal opportunity to use and enjoy SHA housing or other SHA programs. A reasonable accommodation is some modification or change the SHA can make to its apartments or procedures that will assist an otherwise eligible applicant with a disability/handicap to take full advantage of the SHA's housing and other programs, provided that the change does not pose an undue financial or administrative burden to the SHA or require a fundamental change in its program. A reasonable accommodation may also include providing an appropriate auxiliary aid to an applicant, participant, or resident with a disability/handicap where such assistance is necessary to enable effective communication with the applicant, participant or resident.

Examples of reasonable accommodation may include the SHA:

- ☐ installing flashing light smoke detectors in an apartment for a household with a hearing-impaired member;
- ☐ making a reader available to a vision-impaired applicant during an interview;
- ☐ making a sign language interpreter available to a hearing-impaired applicant during an Interview;
- ☐ permitting an outside agency to assist an applicant with a disability/handicap to meet the SHA's applicant screening criteria;
- ☐ allowing additional time to provide recertification information where, due to a disability, a Section 8 or public housing tenant fails to timely provide such information;

holding off on eviction proceedings for poor housekeeping where a SSH tenant with Disabilities is seeking or receiving services to assist with housekeeping tasks;

An applicant, participant, or resident household that has a member with a disability/handicap must still be able to meet essential obligations of tenancy - they must be able to pay rent, to care for their apartment, to report required information to the Housing Authority, to avoid disturbing their neighbors, etc. This requirement takes into consideration whether any requested reasonable accommodation would permit the applicant to be considered eligible.

If you or a member of your household have a disability and think you might need or want a reasonable accommodation, you may request it in writing at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with the housing authority, that is your right.

You can get a Request for Reasonable Accommodation form at or from the SHA Administrative Office at 30 Memorial Road, Somerville, MA, the Housing Management offices, or the Tenant Selection Department. if you require help in filling out that form or need to submit your request in some other way, you should contact the SHA at 617-625-1152 or TDD 617-628-8889.



SOMERVILLE HOUSING AUTHORITY
30 Memorial Road, Somerville, Massachusetts 02145
Telephone (617) 625-1152 Fax (617) 628-705T TDD (617) 628-8889

REQUEST FOR REASONABLE ACCOMMODATION FORM

NAME: _____ TELEPHONE: _____

ADDRESS: _____

1. The following member of my household has a disability as defined below:

(A physical or mental impairment that substantially limits one or more life activities; or a record of having such an impairment; or regarded as having such an impairment)

Name: _____

Relationship or association with you* _____

2. As a result of this disability, I am requesting the following reasonable accommodation:

(Please check one or more boxes below.):

() A change in my apartment or other part of the housing development. Please specify:

() A change in the following rule, policy or procedure. (Note that a change in how to meet the terms of the lease may be requested, but the terms of the lease must be met.) Please specify:

() Other (for example, a change in the way the SHA communicates with you). Please specify:

3. This request for reasonable accommodation is necessary so that I can: (please specify)

4. I authorize the Somerville Housing Authority to verify that I have a disability and have the need for the reasonable accommodation I have requested. In order to verify this information the SHA may contact the following physician, psychiatrist, licensed psychologist, licensed nurse practitioner, licensed social worker, rehabilitation professional, nonmedical service agency whose function is to provide services to the disabled, or other expert in the field of

(Note: You may present verification directly to SHA)

Name: _____

Title of professional or expert: _____

Agency, Facility or Institution (if any) _____

Address: _____

Telephone: _____

I understand that the information obtained by the SHA will be kept completely confidential and used solely to make a determination on my reasonable accommodation request.

Please return this form as promptly as possible so that the SHA may make a determination on this request.

Signed: _____ Date: _____

[Head of household or authorized representative]

Witness: _____ Date: _____

*If on behalf of a minor child, please indicate whether you are the parent or guardian.

Where the individual with the disability is over 18 and is not the head of household, he or she should sign the authorization for verification.



SOMERVILLE HOUSING AUTHORITY
30 Memorial Road, Somerville, Massachusetts 02145
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VERIFICATION OF HANDICAP/DISABILITY FORM

Form 1

HOH: _____

Name and address of Individual requesting accommodation:

Name: _____

Address _____

The above individual has indicated that he or she has a handicap and/or disability. This form must be completed by a physician or other professional who is qualified to verify that the above person has a disability and other information related to the request. In answering the questions below, please do not send medical records. This form should not be used to discuss the person's diagnosis or any other information which is not directly relevant to the request for accommodation. (Note: a Form 1 which has been completed by the above person should be attached to this Form for your information.)

1. In your professional opinion, does the above person have a physical or mental impairment which substantially limits one or more major life activities?

[] Yes [] No

NOTE: IF YOU HAVE ANSWERED "NO" TO QUESTION 1, YOU MAY SKIP THE FOLLOWING QUESTIONS AND COMPLETE THE CERTIFICATION AT THE END. IF YOU ANSWERED "YES" TO QUESTION 1, PLEASE ANSWER THE FOLLOWING QUESTIONS AND COMPLETE THE CERTIFICATION AT THE END. THANK YOU.

2. State and federal rules require housing providers/employers to make reasonable accommodations or changes to either an apartment, other parts of the housing complex, or to rules, policies, and procedures (not essential terms of a lease or fundamental alteration of a program). if such changes are necessary to enable a person with a disability to have equal access to and enjoyment of a program, an apartment or other facilities or programs of the Authority. Please note that such changes must be necessary as a result of the person's disability.

- A. The person has requested the accommodation of handicap/disability described on the Form 1 attached hereto. In your professional opinion, is the requested accommodation necessary as a result of the person's disability?

[] Yes [] No

Form 2

- B. If your professional opinion, is the requested accommodation necessary to enable the above person with a disability to have equal access to, and enjoyment of, the apartment or other facilities or programs of the SHA?

[] Yes [] No

- C. Please explain the basis for your answers to A and B above.

3. In your professional opinion, is there a different accommodation which you could suggest which could accomplish the same purpose? Please explain.

4. Please add any other information which you believe may be helpful to the SHA in making the decision on this request.

5. **CERTIFICATION STATEMENT** (to be signed by person completing this form)

Name: _____

Agency Name: _____

Address: _____

Telephone Number: _____

Relationship to Applicant: _____

Statement of Qualifications: _____

I certify that this information represents my best professional judgment and is true and correct to the best of my knowledge.

Print Name: _____

Date: _____

Signed: _____