

Full Name:
Address1:
Address2:
City State Zip:
Email:
Case Manager Email:

THIS SECTION FOR APPLICANT:

Date Generated:

← Mail this form to the address at left.

Dear Fold on this line —
I am applying to the following waitlist, which I believe is open:

THIS SECTION FOR WAITLIST ADMINISTRATOR:

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!

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

- ☐ 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 Explain: |
| <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 Details

- ☐ 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

AddressLine 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ # BEDROOMS NEEDED? ☐ SPECIAL CIRCUMSTANCES? (*some programs may grant you 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 _____



82 Lincoln Street
Newton Highlands, Massachusetts 02461

Telephone: (617) 552-5501
Fax: (617) 964-8387
TDD: (617) 332-3802

Amy Zarechian
Executive Director

Hamilton Grove Application

Elder/Disabled Applicants:

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

Income for Federal Housing:

Very Low Income Limit (50% of Median income):	1 person	\$36,200.00
	2 people	\$41,400.00

Preferences and Priorities:

- ☐ Newton Residents
- ☐ Veterans

Hamilton Grove
541 Grove St. Newton, MA 02462



Hamilton Grove Property

Name of Applicant: _____

Address of Current Residence: _____ Apt. No. _____

City/Town: _____ State: _____ Zip Code: _____

Mailing Address: _____ Apt. No. _____

City/Town _____ State _____ Zip Code: _____

Home Telephone _____ Work Telephone _____

I work in Newton (Circle one) YES NO

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

Name	Relationship	Social Security Number*	Sex	Date of Birth	Gross Income
	HEAD				

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

** Employed, at home, Handicapped, or Student

Do you have any special needs due to a disability or need a reasonable accommodation? Specify: _____

Do you need a wheel chair accessible apartment? (Circle one) YES NO

Types of Housing You are applying for? (Circle)

Elderly

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.

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) _____

Veterans Preference: You may apply for Veteran Preference if you are a Veteran, the spouse or surviving spouse of a veteran, parent or other dependent 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.

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

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	Gross Monthly Amount	Gross Amount For next
Salaries, Wages, Including		\$	\$
Net Income From Business or		\$	\$
Trust Income, Interest &		\$	\$
Pensions and Annuities		\$	\$
Unemployment or Disability		\$	\$
Regular Social Security		\$	\$
VA Disability Income		\$	\$
Public Assistance		\$	\$
Regular Alimony, Support Payments,		\$	\$
Other Income		\$	\$

TOTAL GROSS INCOME: \$__

ASSETS:

Do you own any real estate? (Circle One) YES NO

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	Name of Financial	Account Number
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		

EXPENSES:

Unreimbursed Medical Expenses	\$
Disability Expenses (i.e. durable medical equipment, personal care	\$
Health Insurance and Long Term Care Premiums	\$
Other	\$

TOTAL EXPENSES: \$ _

Does anyone in your household own a car? (Circle one) YES NO

Make of Car Year Registration No:

Make of Car Year Registration No:

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

(1) Name: _____ Telephone #: _____

Address: _____ City: _____ State: ____ Zip: _____

(2) Name: _____ Telephone #: _____

Address: _____ City: _____ State: ____ Zip: _____

List Addresses for each Adult Household Member for the last five years in reverse order:

(1) Dates: From _____ to Present Day

Address: _____ Apt. No.: _____

City/Town: _____ State: _____ Zip: _____

Name of Landlord: _____ Telephone: _____

Landlord Address: _____

City/Town: _____ State: _____ Zip: _____

Did this landlord bring any court action against you? Circle One YES NO

(2) Dates: From _____ to _____

Address: _____ Apt. No.: _____

City/Town: _____ State: _____ Zip: _____

Name of Landlord: _____ Telephone: _____

Landlord Address: _____

City/Town: _____ State: _____ Zip: _____

Did this landlord bring any court action against you? Circle One YES NO

(3) Dates: From _____ to _____

Address: _____ Apt. No.: _____

City/Town: _____ State: _____ Zip: _____

Name of Landlord: _____ Telephone: _____

Landlord Address: _____

City/Town: _____ State: _____ Zip: _____

Did this landlord bring any court action against you? Circle One YES NO

List the other states that you or any member of your household who will live in the unit have lived.

Have you sold or transferred any property in the past five years? (Circle One) YES NO

Explain: _____

Date of Transfer _____ Address of Property: _____

Have you, or any member of your household, ever received housing assistance from this or any other housing agency? (Circle one) 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? (Circle one) YES NO

If NO, please explain:

Do you have any pets? (Circle One) YES NO

Please describe:

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.

Name: _____ Relationship: _____

Address: _____ City/Town: _____ State: _____ Zip: _____

Telephone: _____

Criminal Record:

Have you or any member of your household who will live in the unit been charged or convicted of a felony or misdemeanor? (Circle one) YES NO

If YES, please explain: _____

Are you or any member of your household who will live in the unit subject to lifetime state sex offender registration? YES NO

If YES, please explain: _____

Do you or any member of your household who will live in the unit have any criminal matters pending? (Circle one) YES NO

If YES, please explain: _____

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 Housing Authority in writing of any change of address, income, or household composition.** I authorize the 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 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. **I understand that the 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: _____



**82 Lincoln Street
Newton Highlands, Massachusetts 02461**

**Telephone: (617) 552-5501
Fax: (617) 964-8387
TDD: (617) 332-3802**

**Amy Zarechian
Executive Director**

Name of Physician: _____

Physician's Address: _____

**PHYSICIAN'S VERIFICATION OF HANDICAPPED STATUS FOR
FEDERAL-AIDED ELDERLY/HANDICAPPED HOUSING**

Applicant's Name:

Date:

Applicant's Address:

Applicant's Signature: _____

I hereby authorize release of the following information.

The Newton Housing Authority is required by federal regulations to obtain a physician's certification documenting that an applicant has a qualifying physical or mental impairment in order to determine the applicant's eligibility for elderly/handicapped housing. The applicant above has authorized 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 any questions, please contact our office. Thank you for your anticipated cooperation.

Sincerely,
Liz Mullin
Leased Housing Coordinator
(617) 552-5501

TO BE COMPLETED BY PHYSICIAN

1. Does the applicant have a physical or mental impairment which substantially impedes his or her ability to live independently?

☐ YES ☐ NO

If yes, please describe the impediment: _____

2. If your answer to question 1 above is "yes", is the impairment one other than a history of alcohol or substance abuse?

☐ YES ☐ NO

3. What is the anticipated duration of the impairment? _____

(If definite, so specify). _____

4. Would more suitable housing conditions improve the applicant's ability to live independently?

☐ YES ☐ NO

If "yes", please explain how the ability to live independently would be improved: _____

5. Is there a current generally accepted drug treatment, prosthesis or other form of medical treatment available to treat the impairment or causative condition and thus to significantly lessen the impediment to independent living?

☐ YES ☐ NO

If yes, please describe the treatment and its anticipated effect: _____

PHYSICIAN'S CERTIFICATION

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

Signature: _____

Name: _____ Date: _____

Address: _____

Telephone: () _____

CERTIFICATION OF CITIZENSHIP OR ELIGIBLE IMMIGRANT STATUS

Certification of Citizenship or Eligible Immigrant Status

This form must be completed for **each** household member. Parents or legal guardians will sign for children under the age of eighteen.

Misrepresentation of information is grounds for termination of assistance. Information provided on this form is subject to verification with the Immigration and Naturalization Service (INS).

Please print in a legible manner.

Name: _____
Last First Middle

Date of Birth: _____
Month/Day/Year

- ☐ I declare that I am a United States Citizen
- ☐ I choose not to declare my citizenship or eligible immigrant status.
- ☐ I declare that I have eligible immigrant status as defined by the INS and am at least 62 years of age. (Checking this box requires proof of age)
- ☐ I declare that I have eligible immigrant status as defined by one of the INS documents in the attached chart and can present the document in an original form (not a copy) as evidence of my status.

I certify that the above representations are true as of the date of this certification

Name Date

Signed under pains and penalties of perjury (18 USC 1001 and 1010)

If signed on behalf of a minor, please initial the following statement.

I am at least 18 years of age, a member of the assisted household, and I am the legal guardian for the child listed above. Initials: _____

Acceptable INS Documentation for Purposes of Eligible Immigrant Status

INS Form #	Type of Form	Status Criteria
1-551	Alien Registration Receipt Card (AKA "Green Card")	Permanent Resident Alien Status
1-94	Arrival-Departure Record with annotation	Admitted as Refugee pursuant to Section 207
		Section 208 or Asylum
		Section 243(h) or Deportation Stayed by Attorney General
		Paroled pursuant to Section 212(d)(5) immigration Naturalization Act (INA)
1-94	Arrival-Departure Record Without annotation	Letter from an INS Asylum Officer granting Asylum and application filed on or after 10/1/90
		Letter from an INS District Director granting Asylum if application filed before 10/1/90
		Final court decision granting Asylum (no appeal)
		Court decision Withholding of Deportation
		Letter from an INS Asylum Officer granting Withholding of Deportation and application filed on or after 10/1/90
1-688	Temporary Resident Card	With "Section 245A" or "Section 210" annotation
1-688-B	Employment Authorization Card	With "Provision of Law 274s.12(11)" or "Provision of Law 274a.12" annotation
INS Receipt	Request for Replacement Documents	Must be for one of the accepted documents and status listed above.

NOTICE TO ALL APPLICANTS

REASONABLE ACCOMMODATIONS ARE AVAILABLE FOR APPLICANTS WITH MENTAL AND/OR PHYSICAL DISABILITIES

The Newton Housing Authority (NHA) does not discriminate against applicants on the basis of mental or physical disabilities. In addition, the NHA 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 NHA 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 NHA’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 (for example, the tenant must be able to pay rent, to care for the apartment, to report required information to the NHA, and to avoid disturbing neighbors), but an accommodation may be the basis by which the household is able to meet those obligations of tenancy.

If you need an accommodation because of a disability, please complete the form on the back of this notice and return it to the NHA address to her attention. You must also submit medical documentation verifying the existence of a disability, consequent limitations and the need for an accommodation to overcome these limitations and to participate in the NHA’s housing or programs. After the receipt of your request and documentation, the Accommodation Coordinator will contact you to discuss what the NHA can reasonable do to accommodate you on account of your disability.

If you, or a member of your household, have 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 ACCOMMODATION

TO: Reasonable Accommodation Coordinator
Newton Housing Authority
82 Lincoln St. Newton Highlands, MA 02461

FROM: _____ Control No. _____
Applicant Name (Please Print)

Address

Town/City, State, Zip

Area Code/Telephone Number

1. I have a disability which limits me in the following ways. (Describe) _____

2. On account of these limitations, I request the following be done in order to permit me to participate fully in the Housing Authority's housing program. (Describe) _____

3. Documentation verifying the existence of my disability, my limitations on account of it, and my need for the requested accommodation is attached. (Attach appropriate documentation).

4. I attest that the foregoing information is true and correct.

Signature of Applicant

Date

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 regards 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: _____ Date: _____
Head of Household