

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

**RENTAL APPLICATIONS WILL NOT BE ACCEPTED BETWEEN
12:00 NOON AND 2:00 PM**

IMPORTANT!

IN ORDER TO ACCEPT YOUR HOUSING APPLICATION(S), YOU MUST SUBMIT
LEGIBLE COPIES OF:

1. SOCIAL SECURITY CARD FOR ALL HOUSEHOLD MEMBERS LISTED IN THE APPLICATION.
2. VALID PICTURE ID FOR ALL HOUSEHOLD MEMBERS LISTED IN THE APPLICATION 18 YEARS OF AGE AND OLDER.

PLEASE INFORM THE STAFF IF YOU NEED ASSISTANCE IN COMPLETING YOUR APPLICATION. THE STAFF WILL SCHEDULE AN APPOINTMENT WITH YOU TO ASSIST YOU WITH THE APPLICATION.

**SOLICITUDES DE VIVENDA PUBLICA NO SE ACEPTARAN ENTRE
12:00 MEDIODIA Y 2:00 PM**

¡IMPORTANTE!

PARA ACEPTAR SU(S) SOLICITUD(ES) DE VIVIENDA PUBLICA USTED DEBE
SOMETER COPIAS LEGIBLES DE:

1. TARJETA DE SEGURO SOCIAL PARA TODOS LOS MIEMBROS DE LA COMPOSICION FAMILIAR QUE ESTEN INCLUIDOS EN LA SOLICITUD.
2. TARJETA DE IDENTIFICACION VALIDA PARA TODOS LOS MIEMBROS DE LA COMPOSICION FAMILIAR QUE TENGAN 18 AÑOS DE EDAD O MAYORES.

FAVOR DE INFORMARLE AL PERSONAL SI NECESITA AYUDA PARA COMPLETAR SU SOLICITUD. NUESTRO PERSONAL CONCERTARA UNA CITA CON USTED PARA ASISTIRLO CON LA SOLICITUD.

FOR OFFICE USE ONLY**APPLICATION FOR FEDERALLY-AIDED HOUSING**

CHICOPEE HOUSING AUTHORITY
128 Meetinghouse Road
Chicopee, MA 01013-1896

APPLICATION NUMBER: _____
DATE APPLIED: _____
TIME APPLIED: _____
PRIORITY CATEGORY: _____
PREFERENCE CATEGORY: _____

A. FAMILY COMPOSITION:

NAME OF APPLICANT: _____
CURRENT ADDRESS: _____
CITY/TOWN: _____ STATE _____ ZIP _____
HOME TELEPHONE: _____ WORK TELEPHONE: _____

MEMBERS OF HOUSEHOLD TO LIVE IN UNIT, INCLUDING HEAD:

FIRST NAME, MIDDLE INITIAL AND LAST NAME OF EVERYONE TO LIVE IN HOUSEHOLD	RELATION TO HEAD	VETERAN STATUS	DATE OF BIRTH	AGE	SEX	SOCIAL SECURITY NUMBER
1.						
2.						
3.						
4.						
5.						
6.						
7.						

'DO YOU HAVE A PERSONAL CARE ATTENDANT (LIVE-IN AIDE) WHO IS NOT LISTED ABOVE? YES _____ NO _____
DO YOU HAVE FOSTER CHILDREN UNDER YOUR CARE WHO ARE NOT LISTED ABOVE? YES _____ NO _____

PERSON TO CONTACT IF NOT AT HOME:

NAME: _____
TELEPHONE: _____
RELATION: _____
ADDRESS _____

APARTMENT OFFERS (OFFICE USE ONLY)

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

B. DISABLED, HANDICAPPED, VETERAN AND SERVICE DATA:

1. MEMBER DISABLED: _____
2. MEMBER HANDICAPPED: _____
3. MEMBER WHO HAS BEEN OR IS IN MILITARY SERVICE: _____
PERIOD OF SERVICE: FROM _____ TO: _____
4. DISCHARGED: (a) DATE: _____ (b) TYPE: _____
5. DISABLED: YES: _____ NO: _____ % _____ SERVICE CONNECTED: YES: _____ NO: _____
6. DECEASED YES: _____ NO: _____ DATE _____ SERVICE CONNECTED: YES: _____ NO: _____
7. IF NOW IN SERVICE. (a) RANK _____ (b) SERIAL NO. _____ BRANCH _____
(d) TITLE & ADDRESS OF C.O. _____

C. FAMILY INFORMATION:

1. FAMILY STATUS: _____ HEAD/SPOUSE 62 OR OVER _____ HEAD/SPOUSE DISABLED _____ HEAD/SPOUSE HANDICAPPED _____ NONE OF THE ABOVE 2. NO. IN FAMILY: _____ 3. NO. OF MINORS: _____ 4. NO. OF BEDROOMS: _____ 5. AGE OF HEAD _____	6. NO. OF RECIPIENTS? _____ 7. SOURCE OF INCOME (CIRCLE ONE) WAGES BENEFITS WELFARE OTHER 8. SEX OF HEAD OF HOUSEHOLD: MALE _____ FEMALE _____ 9. HUSBAND OR WIFE PRESENT? YES _____ NO _____ 10. ARE YOU RELATED TO ANY EMPLOYEE OR MEMBER OF THIS HOUSING AUTHORITY? YES _____ NO _____ IF YES: NAME _____ RELATION _____
--	---

D. SOURCE AND AMOUNT(S) OF INCOME:

FAMILY MEMBER	SOURCE AND TYPE	CURRENT AMOUNT	ANITICIPATED
TOTAL ANNUAL GROSS INCOME:			

E. NET FAMILY ASSETS:**ASSET INCOME**

FAMILY MEMBER	DESCRIPTION	AMOUNT/VALUE	PASSBOOK RATE	HOW CALCULATED
TOTALS				

E. DEDUCTIONS AND ALLOWANCES:**MEDICAL (FOR ELDERLY ONLY)****CHILD CARE (FOR FAMILY ONLY)**

MEMBER	DESCRIPTION	AMOUNT	MEMBER	DESCRIPTION	AMOUNT
TOTAL			TOTAL		

G. FAMILY CHARACTERISTICS

1. MINORITY CODE _____

- 1) WHITE
- 2) BLACK - AFRICAN AMERICAN
- 3) AMERICAN INDIAN
- 4) ASIAN
- 5) HISPANIC OR LATINO
- 6) NATIVE HAWAIIAN - PACIFIC
- 7) OTHER: (EXPLAIN)

2. ETHNICITY STATUS CODE: _____

- 1) NON-HISPANIC
- 2) HISPANIC

3. PLACE OF BIRTH

CITY _____

STATE _____

H. HOUSING CHARACTERISTICS

1. PRESENT HOUSING CODE _____

- 1) UNKNOWN
- 2) WITHOUT OR ABOUT TO BE WITHOUT
- 3) OTHER GOVERNMENTAL ACTION
- 4) SUBSTANDARD
- 5) STANDARD

3. DISPLACEMENT STATUS CODE: _____

- 1) UNKNOWN
- 2) GOVERNMENTAL ACTION
- 3) OTHER GOVERNMENTAL ACTION
- 4) NATURAL DISASTER
- 5) PRIVATE ACTION
- 6) NOT DISPLACED

2. AMOUNT OF PRESENT RENT. \$ _____

INCLUDES UTILITIES: YES _____ NO _____

EXCEEDS 50% OF FAMILY INCOME YES _____ NO _____

I. PREVIOUS HOUSING/INCOME

1. HAVE YOU DISPOSED OF ANY ASSETS FOR LESS THAN FAIR MARKET VALUE, WITHIN THE PAST TWO YEARS?

YES _____ NO _____ EXPLAIN: _____

2. WERE YOU EVER A TENANT IN PUBLIC HOUSING BEFORE, INCLUDING LEASED HOUSING PROGRAMS?

YES _____ NO _____ WHERE _____ WHEN _____

3. DO YOU OWE MONEY TO ANY OTHER PHA AS THE RESULT OF PUBLIC HOUSING PROGRAMS? YES _____ NO _____

4. HAVE YOU RECEIVED AN EARNED INCOME TAX CREDIT DURING THE PAST 12 MONTHS? YES _____ NO _____

WARNING - SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OF MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE U.S. AS TO ANY MATTER WITHIN ITS JURISDICTION.

I UNDERSTAND THAT THIS IS NOT A CONTRACT AND DOES NOT BIND EITHER PARTY. THE ABOVE INFORMATION IS ALL TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I HAVE NO OBJECTIONS TO INQUIRIES MADE FOR THE PURPOSE OF VERIFYING THE STATEMENTS MADE HEREIN.

SIGNED UNDER THE PAINS AND PENALTIES OF **PERJURY**:

SIGNATURE OF APPLICANT

DATE

INTERVIEWED/REVIEWED BY

DATE

FOR OFFICE USE ONLY

J. ELIGIBILITY

1. FAMILY COMPOSITION

ELIGIBLE YES _____ NO _____

2. ANNUAL GROSS INCOME:

ELIGIBLE YES _____ NO _____

3 UNIT SIZE REQUIRED _____ BEDROOMS

3. INCOME LIMIT:

LOWER INCOME _____

VERY LOW INCOME _____

LOWER INCOME _____) CHECK APPROPRIATE BLANK

VERY LOW INCOME _____)

K. CALCULATIONS

1. ANNUAL GROSS INCOME _____

2. MEDICAL

a) EXPENSES _____

b) 3% OF GROSS _____

c) TOTAL MEDICAL ALLOW. _____

3. DEPENDENT ALLOWANCE _____

4. ELDERLY ALLOWANCE _____

5. CHILD CARE ALLOWANCE _____

6. TOTAL ALLOWANCE _____

7 ADJUSTED INCOME _____

(LINE 1 MINUS LINE 6) _____

L. CERTIFICATION

ON THE BASIS OF THE DETERMINATION SET FORTH ABOVE, THE APPLICATION FAMILY NAMED HEREIN HAS BEEN FOUND TO BE:

1. ELIGIBLE FOR ADMISSION/PARTICIPATION _____

2. INELIGIBLE FOR ADMISSION/PARTICIPATION _____

SIGNED _____

DATE

TITLE **TENANT SELECTOR**

M. LEASING

1. PROJECT NUMBER _____

2. NIT NUMBER _____

3. UNIT SIZE ASSIGNED _____

4. DATE ASSIGNED _____

5. LEASE EFFECTIVE _____

6. TOTAL TENANT PAYMENT) _____

MINUS UTILITY ALLOWANCE: _____

7. TENANT RENT _____

4. **Local Preference:** In addition to receiving local preference for the City or Town where you principally reside, you may receive local preference based on where you are employed.

Please answer the following:

- Provide the name of the City/Town in which you are employed: _____
- Provide the dates of employment: From: _____ To: _____
Home Telephone _____ - _____ - _____ Work Telephone _____ - _____ - _____

5. **Veteran Preference:**

- Only for Family Housing:** You may apply for Veteran Preference if you are a Veteran, the spouse, surviving spouse, dependent parent or child or divorced spouse with a
- a. dependent child of a Veteran.

- Only for Elderly / Handicapped Housing:** You may apply for Veteran Preference if
- b. you are a Veteran who resides in the City or Town.

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.

Service Date: From: _____ To: _____

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

6. Do you have any special needs due to a disability or need a reasonable accommodation such as a first floor unit for medical reasons? ☐ yes ☐ no

Please Specify:

7. Do you need a wheelchair accessible apartment? ☐ yes ☐ no

8. Number of Bedrooms needed: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Note: Most elderly / handicapped housing developments only have 1 bedroom units.

9. Are you currently living in a non-permanent transitional housing which is subsidized under the Massachusetts Alternative Housing Voucher Program? ☐ yes ☐ no



10. Does anyone in your household own a car? ☐ yes ☐ no

Make of car: _____ Year: _____ Reg. Number: _____

Make of car: _____ Year: _____ Reg. Number: _____

11. Members of household to live in unit, including **Head** of Household:

First & Last Name	Relationship To Head of Household	Racial Design- ation*	Ethnic Design- ation**	Social Security Number***	Sex	Date of Birth	Occupation • Employed • At Home • Handicapped • Student
	Head						

12. Is a change in the household composition expected? ☐ yes ☐ no

If yes, what type? _____ When?



13. **Income Before Deductions:** Estimate the Gross Income anticipated for ALL household members from all sources for the next 12 month. Specify all sources.

Household Member Name		Name & Address of Employer or Source of Income	Gross Income for Next 12 Months
	Salaries, Wages, including Overtime / Tips		\$
	Salaries, Wages, including Overtime / Tips		\$
	Net Income from Business or Profession		\$
	Trust Income, Interest & Dividends		\$
	Unemployment or Disability Compensation		\$
	Pensions & Annuities		\$
	Regular Social Security Benefits and / or SSI		\$
	VA Disability Income		\$
	TAFDC or Public Assistance		\$
	Regular Alimony Support Payments		\$
	Other Income		\$
Total Gross Income:			\$



14. **Expenses:**

Un-reimbursed Medical Expenses:	\$
Alimony of Child Support Payments:	\$
Health Insurance:	\$
Other (i.e. expense for care of sick children, or sick incapacitated person if necessary for employment)	\$

15. **Assets:** Do you own any real estate? ☐ yes ☐ no

If yes, please provide the address: _____

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. Use additional paper if necessary.

Household Member	Asset Type	Asset Value or Current Balance	Name of Financial Institution	Account No.
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		

16. Have you sold, transferred or given away any real property or assets in the last three (3) years? ☐ yes ☐ no

If yes: Date of sale / transfer: Month _____ Day _____ Year _____

Amount of the sale / transfer: _____

Value of the sale / transfer: _____



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

(1) Name _____ Telephone No. _____
Address: _____ City _____ State _____ Zip _____

(2) Name _____ Telephone No. _____
Address: _____ City _____ State _____ Zip _____

List Addresses for each Adult Household Member for the Last Five Years in Reverse Order. Please
18. list primary lease holder (head of household) if someone other than yourself. (Use additional sheet if necessary)

(1)	Name of Primary Leaseholder: _____	Date
	Address: _____	From: _____ To: Present
	City _____	State _____ Zip _____
	Landlord Name _____	Telephone No. _____
	Landlord Address: _____	City _____ State _____ Zip _____
Did this landlord bring any court action against the leaseholder or you? (check one) <input type="checkbox"/> yes <input type="checkbox"/> no		
Did this landlord return your security deposit? (check one) <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a		

(2)	Name of Primary Leaseholder: _____	Date
	Address: _____	From: _____ To: _____
	City _____	State _____ Zip _____
	Landlord Name _____	Telephone No. _____
	Landlord Address: _____	City _____ State _____ Zip _____
Did this landlord bring any court action against the leaseholder or you? (check one) <input type="checkbox"/> yes <input type="checkbox"/> no		
Did this landlord return your security deposit? (check one) <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a		

(3)	Name of Primary Leaseholder: _____	Date
	Address: _____	From: _____ To: _____
	City _____	State _____ Zip _____
	Landlord Name _____	Telephone No. _____
	Landlord Address: _____	City _____ State _____ Zip _____
Did this landlord bring any court action against the leaseholder or you? (check one) <input type="checkbox"/> yes <input type="checkbox"/> no		
Did this landlord return your security deposit? (check one) <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a		



19. Have you, or any member of your household ever received housing assistance from this or any other housing agency? (check one) ☐ yes ☐ no

If yes, Name of Head of Household
at that time: _____

Relation to 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?
(check one) ☐ yes ☐ no

If No, Please
Explain:

20. Are you a Board Member, employee, or a member of the immediate family of an employee of a board member of this housing Authority? ☐ yes ☐ no If so, this will not necessarily disqualify your application.

If Yes, Please
Explain:

21. Do you have any pets? ☐ yes ☐ no If so, how many? _____
Please
describe:

22. 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 in the case of an emergency.

Name:

Relationship:

Address:

City

State

Zip

Telephone:

Business
Phone:

Cell:

Email:



Fair Information 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 release 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 or 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 Community 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 to each authority where you apply for housing.

Signature

Date

Acta del Manejo Justo de Información

La Autoridad de Vivienda Pública de Chicopee recopila información sobre solicitantes y residentes para sus programas de vivienda como es requerido por ley para determinar elegibilidad, cantidad de renta y tamaño adecuado del apartamento. La información recopilada se usa para manejar los programas de vivienda a proteger el interés financiero del público y para verificar la exactitud de la información sometida. Cuando la ley lo permite, se puede revelar a agencias del gobierno, otras autoridades de viviendas públicas y a investigadores y fiscales civiles o criminales. De otra manera, la información se mantendrá confidencial, y sólo será usada por empleados de la autoridad de vivienda pública en el transcurso de sus deberes.

El Acta de Práctica de Información Justa estableció requerimientos rigiendo a la autoridad de vivienda pública que provea la información, sin embargo, el no permitir que la autoridad de vivienda pública obtenga la información requerida puede resultar en atrasos, inelegibilidad de programas o la terminación de residencia o el subsidio de vivienda. La provisión de información falsa o incompleta es una ofensa criminal castigada con multas y/o encarcelamiento.

Como solicitante o residente, usted tiene los siguientes derechos con relación a la información suya que fue recopilada:

1. Ninguna información debe ser usada sin su consentimiento para cualquier otro propósito, además de los que se describieron anteriormente.
2. Ninguna información debe ser revelada a cualquier persona, además de los que se describieron anteriormente. Si recibimos una orden legal para revelar la información, usted será notificado.
3. Usted o su representante autorizado, tienen el derecho de inspeccionar y copiar cualquier información suya que fue recopilada.
4. Usted puede hacer preguntas y recibir respuestas de la autoridad de vivienda con relación a la manera que recopilamos y usamos su información.
5. Usted puede objetar la recopilación, mantenimiento, diseminación, uso, exactitud, lo completo o el tipo de información suya que retenemos. Si usted tiene alguna objeción, la investigaremos y, una de dos, o corregiremos el problema, o haremos nota de ésta en su expediente. Si está insatisfecho, usted puede apelar al Director Ejecutivo, quién le notificará por escrito la decisión y su derecho de apelar a las Oficinas Ejecutivas de Comunidades y Desarrollo.

He leído y entendido esta Declaración de Derechos de la Práctica de Información Justa y he recibido una copia para referencias futuras.

Firma

Fecha

REQUEST FOR ACCOMMODATIONS

TO :

Accommodation Coordinator

Housing Authority

Address

Town/City, State, Zip

Area Code/Telephone Number

FROM:

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 programs. (Describe): _____

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

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

Signature of applicant

Date

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

Name of Physician : _____

Address : _____

Phone : _____

Date : _____

**Physician's Verification of Handicapped Status for State-Aided
Elderly/Handicapped Housing**

Applicant's Name : _____

Control Number : _____

Applicant's Address : _____

I hereby authorize release of the following information: _____
Applicant's signature

The Housing Authority is required by state 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 has authorized above 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 questions, please contact our office. Thank you for your anticipated cooperation.

Sincerely,

Executive Director or Tenant Selection Coordinator

(Continued on next page)

THE FOLLOWING TO BE COMPLETED BY PHYSICIAN

1. The applicant must have a physical or mental impairment which substantially impedes his or her ability to live independently? Comment:

2. The applicant must have an impairment other than a history of alcohol or substance abuse. Comment:

3. What is the anticipated duration of the applicant's impairment? (If indefinite so specify, and estimate the approximate duration to the best of your ability).

4. Would suitable housing conditions improve the applicant's ability to live independently and, if so, what sort? Be specific:

5. Other comment:

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 of physician	_____ Date
Name of Physician :	_____
Address :	_____
Telephone :	_____

This box is for office use only

Date of receipt	:	_____
Time of receipt	:	_____
Control number	:	_____
Priority category	:	_____
Preference category	:	_____

APPLICATION UPDATE FOR VETERAN'S PREFERENCE

1. Name of applicant: _____ Control number: _____

Address of current residence: _____ Apartment No.: _____

City/Town: _____ State: _____ Zip code: _____

Mailing address: _____ Apartment No.: _____

City/Town: _____ State: _____ Zip code: _____

Home telephone: () _____ Work telephone: () _____

2. Veteran's Preference:

- A. (Only for Family Housing) You may apply for Veteran's Preference if you are a Veteran, the spouse, surviving spouse, dependent parent or child or divorced spouse with a dependent child of a veteran.
- B. (Only for Elderly/Handicapped Housing) You may apply for Veteran's Preference if you are a Veteran who resides in this city or town.

If you wish to apply for Veteran's Preference, list the date of US Military Service. Include service dates for service in the US Army, Navy, Marine Corps, Coast Guard, Air Force or National Guard.

Service dates: From _____, _____ to _____, _____.

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

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY. I understand that a photocopy of this application and a photocopy of this signature is as valid as the original.

Applicant's signature

Date

Reviewer's signature

Date