

MEDFORD HOUSING AUTHORITY
200 BOSTON AVENUE SUITE G-200
MEDFORD, MASSACHUSETTS 02155

TELEPHONE 781-396-7200

WWW.MEDFORDHOUSING.ORG

**STANDARD APPLICATION FOR
FEDERAL PUBLIC & AFFORDABLE HOUSING**

This application must be complete to be included on the waiting lists. Completed applications will be accepted in person or by mail ONLY. Please deliver or mail to the address above.

APPLICANT INFORMATION

Name of Applicant: _____

Current Physical Address: _____ Apt. No.: _____

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

Mailing Address (if different): _____ Apt. No.: _____

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

Primary Telephone: _____ Secondary Telephone: _____

Email Address: _____

HOUSEHOLD INFORMATION

1. Type of Public Housing you are applying for (check all that apply)

☐ Family

☐ Elderly/Disabled (62 or older, Handicapped/Disabled)

2. Number of bedrooms needed: ☐ 1 ☐ 2 ☐ 3 ☐ 4

3. In the table below, list all members of household to live in Unit, including Head of Household:

Name: First, Middle, Last	Relationship to Head of Household	Social Security Number	Gender	Date of Birth
	HEAD			

Control Number: _____



4. Racial Designation of Head of Household (optional):

☐ American Indian ☐ Asian ☐ Black ☐ Pacific Islander ☐ White ☐ Other: _____

5. Ethnicity of Head of Household (optional):

☐ Hispanic or Latino ☐ Non-Hispanic or Latino

6. Do you speak English? ☐ Yes ☐ No

If no, what is your preferred language? _____

7. Do you read English? ☐ Yes ☐ No

If no, what is your preferred language? _____

8. Does anyone in your household require a wheelchair accessible apartment? ☐ Yes ☐ No

9. Does anyone in your household have any special needs due to a disability or need a Reasonable Accommodation due to a medical condition? ☐ Yes ☐ No

Household member: _____

Accommodation required: _____

10. Is anyone over 18 in your household a full or part-time student? ☐ Yes ☐ No

Household member: _____

Institution: _____

11. Are you presently homeless or without a permanent address? ☐ Yes ☐ No

If yes, list your last permanent address: _____

Dates of occupancy: _____

12. Does anyone in your household currently work in Medford or have been notified that they have been hired to work in Medford? ☐ Yes ☐ No

If yes, please explain: _____

13. Have you been involuntarily displaced from your Medford residence in the last twelve months due to a government/public action, natural disaster, fire, or health condemnation? ☐ Yes ☐ No

If yes, please attach documentation.

14. Are you a veteran of the U.S. Military who received an honorable discharge? ☐ Yes ☐ No

*All preferences must be documented at the time your application is selected from the waiting list.



INCOME INFORMATION

15. In the table below, estimate the Gross Income anticipated for ALL Household Members from all sources for the next twelve (12) months.

Income includes the following:

- Salaries or Wages, including Overtime/Tips
- TAFDC or Public Assistance
- Child/Spousal Support
- Pensions and Annuities
- Social Security and/or SSI
- Unemployment or Disability Compensation
- Assistance from Family or Friends
- Any Other Income

Household Member Name	Name and Address of Employer/ Source of Income	Gross Income for Next 12 Months

ASSET INFORMATION

16. In the table below, estimate the Total Value of Assets owned by ALL Household Members, including any disposed of within the previous 24 months.

Assets include the following:

- Checking and Savings Bank Accounts
- Money Market Bank Accounts
- Certificates of Deposit
- Stocks and Bonds
- Trust Funds and Inheritances
- IRAs and 401Ks
- Real Estate
- Life Insurance Policies

Household Member Name	Bank/Asset Name	Account Number	Balance



PAST HOUSING ASSISTANCE

17. Have you or any member of your household ever received housing assistance from this or any other housing agency? ☐ Yes ☐ No

If Yes:

Head of Household at time of assistance: _____

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?

☐ Yes ☐ No

If No, please explain: _____

APPLICANT'S CERTIFICATION

I understand that this application is not an offer of housing. I understand that the Housing Authority will make no more than one offer of an appropriate public housing unit. If I do not accept that offer, my application will be removed from the waiting list.

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 the 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 cancellation of my application. I understand that the Housing Authority will request Criminal Offender Record Information from the Department of Criminal Justice Information Services 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: _____

Reviewer's Signature: _____ Date: _____

NOTE: SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

THIS PROVISION APPLIES TO FEDERAL HOUSING PROGRAMS



MEDFORD HOUSING AUTHORITY

200 BOSTON AVE, SUITE G-200
MEDFORD, MASSACHUSETTS 02155

TELEPHONE 781-396-7200

FAX 781-393-9223

TTY 1-800-720-3480

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

The Medford Housing Authority does not discriminate against applicants on the basis of mental or physical disabilities. In addition, the Medford Housing Authority has an obligation to provide “reasonable accommodations” on account of a disability if an applicant or household member is limited by the disability and for this reason needs such an accommodation. A reasonable accommodation is a change that the Medford Housing Authority 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 Medford Housing Authority’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 of tenancy (for example, the household must be able to pay rent, to care for the apartment, to report required information to the Medford Housing Authority, and to avoid disturbing neighbors), but an accommodation may be the basis by which the household is able to meet those obligations of tenancy.

The Medford Housing Authority has an Accommodation Coordinator. If you need an accommodation because of a disability, please complete the attached form and return it to the Medford Housing Authority. You must also submit medical documentation verifying the existence of a disability, and the need for an accommodation to overcome these limitations and to participate in the Medford Housing Authority’s housing or programs. Within thirty (30) days of receipt of your request and documentation, the Accommodation Coordinator will contact you to discuss what the Medford Housing Authority can reasonably do to accommodate you on account of your disability.

If you or a member of your household has 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.

NOTICE TO APPLICANTS REGARDING RESTRICTIONS ON ASSISTANCE TO NON-CITIZENS

THIS NOTICE IS FOR YOUR INFORMATION ONLY. IF YOU ARE CURRENTLY ON THE WAITING LIST AND HAVE NOT BEEN NOTIFIED FOR A UNIT OFFER, YOU DO NOT NEED TO CALL OR VISIT THE MEDFORD HOUSING AUTHORITY. YOUR ONLY RESPONSIBILITY IS TO BE SURE THAT ALL NON-CITIZENS IN YOUR FAMILY WHO WISH TO RECEIVE PUBLIC HOUSING OBTAIN ALL NECESSARY DOCUMENTS REQUIRED UNDER THIS NEW RULE. YOU MAY CONTACT THE INS AT 617-565-3879 OR GO TO THEIR OFFICE IN GOVERNMENT CENTER AT THE JOHN F. KENNEDY BUILDING, FLOOR 5, IN BOSTON, TO OBTAIN THE PROPER DOCUMENTATION.

THE LAW: Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of Housing and Urban Development (HUD) from making financial assistance available to persons other than United States citizens, nationals, and certain categories of eligible noncitizens. Section 214 was implemented by a final rule entitled, Restrictions on Assistance to Noncitizens, which was published in the Federal Register on Monday, March 20, 1995 (60FR 14816-1861).

WHEN THE RULE BECAME EFFECTIVE: The rule became effective on June 19, 1995.



WHAT THE RULE MEANS TO YOU: The Declaration Forms listed below must be signed and the documentation for all noncitizens must be provided to the Medford Housing Authority and verified by the Immigration and Naturalization Service (INS) for you (as an applicant) to receive acceptance into Conventional Public Housing at the time you are selected from the waiting list.

WHAT EVIDENCE WILL BE REQUIRED:

If you are a citizen:

- A signed Declaration of U.S. Citizenship — Declaration forms will be available from the Tenant Selector (ONLY WHEN NOTIFIED BY MHA OF THE OFFER OF A UNIT IN PUBLIC HOUSING)

If you are a noncitizen who is age 62 or over:

- Signed Declaration of Eligible Immigration Status
- An original proof of age document.

If you are a noncitizen who does not fall into the category above:

- Signed Declaration of Eligible Immigration Status
- Signed Verification Consent Form
- One of the following documents:
 1. Registered Alien Card (I-551 Form)
 2. Arrival Departure Record (I-94 Form) annotated
 - a. “Admitted as a refugee pursuant to Section 207.”
 - b. “Section 208” or “Asylum.”
 - c. “Section 243(h)” or “Deportation Stayed by Attorney General”
 - d. “Paroled Pursuant to Section 212(d)(5) of the INA.”
 3. Arrival Departure Record (I-94 Form) not annotated accompanied by one of the following documents:
 - a. A final court decision to which no appeal was taken granting asylum.
 - b. A letter from an INS asylum officer granting asylum (if application filed on or after 10/1/90) or from an INS district director (if application filed before 10/1/90)
 - c. A court decision granting withholding of deportation
 - d. A letter from the asylum officer granting withholding of deportation (if application filed on or after 10/1/90).
 4. Temporary Resident Card (I-688 Form) which must be annotated “Section 245A” or “Section 210.”
 5. Employment Authorization Card (Employment Authorization Card I-688B Form) which must be annotated “Provision of Law 272a.12(11)” or “Provision of Law 274a.12.”
 6. Receipt Indicating Application for Issuance of Replacement Document.

WHEN THE EVIDENCE MUST BE SUBMITTED: This documentation must be presented to the tenant selector when you have been notified of an offer of a public housing unit.

WHEN AN EXTENSION OF TIME TO OBTAIN THESE DOCUMENTS WILL BE GRANTED: You may be given additional time to bring in these documents if you certify that:

1. The evidence is temporarily unavailable, and
2. Additional time is required for it to be obtained, and
3. Prompt and diligent efforts will be undertaken to obtain the evidence.

To request an extension, you must fill out a form which is available from the Tenant Selector. These extensions will be in writing. If you do not have something in writing, do not assume you have or will be granted additional time to bring these documents to your Tenant Selector.

PLEASE NOTE THAT THIS IS ONLY A NOTIFICATION TO INFORM YOU OF YOUR RESPONSIBILITIES AS AN APPLICANT. THE ABOVE INFORMATION IS REQUIRED ONLY WHEN YOU HAVE BEEN NOTIFIED THAT YOU HAVE REACHED THE TOP OF THE WAITING LIST AND ARE BEING OFFERED A UNIT IN PUBLIC HOUSING.

