

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 _____



EQUAL OPPORTUNITY

DANVERS HOUSING AUTHORITY (978) 777-0909 FAX (978) 777-0955

14 STONE STREET

DANVERS, MA 01923-1899

SECTION 8 (978) 777-7926

TRS 1-800-439-2370

INSTRUCTIONS TO FAMILY, ELDERLY AND HANDICAPPED APPLICANTS

In order for the housing authority to process your application, you must complete and sign all areas of the application and provide the proof requested. Incomplete applications without proof will be returned.

1. There is one application for Federal housing.
2. You must provide proof of your income. This means that we need copies of your paystubs; unemployment check; disability check; pension; retirement; a letter or printout from Social Security; SSI; SSDI; AFDC; child support; alimony; etc.
3. You need to show proof of your assets. This means that we need copies of your checking account, savings account, CD's, stocks, bonds, IRA's, real estate value, annuities, gifts, etc.
4. Veterans must provide 1 copy of their discharge/separation papers
5. You need to provide Social Security numbers and birth certificates for all household members.
6. If you were not born in the USA., you must provide copies of both sides of your Alien Registration Card ("green card").

7. You must list your previous rental history. This means you must list your addresses for the past ten years. You must include the names and addresses of your landlords. If there is not enough space on the application, please list them on a separate sheet of paper.

IF YOU ARE CLAIMING A RANKING PREFERENCE FOR OUR FEDERAL PROGRAM, YOU MUST PROVIDE THE FOLLOWING INFORMATION (ADOPTED June 15, 1997):

8. If you are paying in excess of 50% of your gross income toward your rent and utilities, you must provide rent and utility receipts for the last three months. A copy of your lease needs to be attached, as well. No preference will be given unless this information is complete.
9. If you are a Danvers resident, you need to be able to verify this. No preference will be given without this verification.
10. If you are working, you must provide six consecutive paystubs or a letter from your employer stating the start date, hours worked and rate of pay. Preference will be given to those who have been working for a minimum of 90 days.
11. If you claim to be a victim of domestic violence, you must provide a police report, hospital report or a letter from your social worker verifying this. You must also provide a copy of a valid, up-to-date restraining order. No preference will be given without this information.
12. If you are in school or a recognized training program, you will need to obtain a letter from the school documenting this, or make a copy of your latest grade report. Without verification, no preference will be given.
13. If you are claiming a preference for a natural disaster (fire, flood), you must have the local fire dept. send a copy of the fire report directly to the housing authority or have a FEMA report for a flood.
14. Veterans must provide a copy of their discharge/separation papers.

WE AGAIN REMIND YOU THAT WE WILL NOT BE ABLE TO PROCESS INCOMPLETE APPLICATIONS. IT WILL BE RETURNED TO YOU WITHOUT A CONTROL NUMBER AND WILL NOT BE PLACED ON OUR WAITING LIST.



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FEDERAL APPLICATION FOR ADMISSION AND REDETERMINATION

Control Number _____

Applicant Name _____

Address _____

☐ Rand Circle☐ Highland Manor

Phone Number _____

Family Member	Name	Birthdate	Relationship	Social Sec #	Age	Sex	Disabled Y or N
1			Head of House				
2							
3							
4							
5							
6							
7							
8							

ALL CHANGES IN ADDRESS, INCOME AND FAMILY COMPOSITION MUST BE REPORTED TO THE DHA IN WRITING IN ORDER FOR YOU TO REMAIN ON THE WAITING LIST.

Special Needs _____

Make, Model and Registration Number of Auto(s) _____

Do you own a pet? If yes, please describe _____

Name, Address and Phone Number of Next of Kin _____

List two personal references (not family or household member):

Previous Addresses for the last ten years: (attach additional paper if necessary to list all residences for the ten years.)

Address _____

Landlord's Name: _____

Landlord's Address and Phone Number: _____

Address _____

Landlord's Name: _____

Landlord's Address and Phone Number: _____

Source and Amounts of Income of ALL Family Members age 18 years and older:

Family Member	Source	Cost

Source and Amounts of Family Assets: (include cash, savings, IRA's, CD's, stocks, bonds, annuities, property, etc.)

Family Member	Description	Cost

Medical Deductions and Allowances (elderly/disabled. only)

Family Member	Description	Cost

Child Care (families with parents who dither work or attend school only)

Family Member	Provider	Rate per week/month

Family Characteristics — Minority Code:

☐ White/Non Minority

☐ Black

☐ American Indian

☐ Spanish-American

☐ Oriental

☐ Other

Ethnicity:

☐ Hispanic

☐ Non-Hispanic

Housing Characteristics:Present Housing is:

☐ Standard☐ Substandard☐ Without (or about to be without) Housing

Preferences:

☐ Resident (living or working in Danvers).

☐ Working (at least 90 consecutive days).

☐ Attending school, college or recognized training programs.

☐ Paying 50% of Income to Rent .

☐ Displacement due to documented domestic violence.

☐ Displacement due to documented natural disaster.

☐ Veteran Status (must provide copy of Discharge Papers).

Previous Participation:

Have you brought, sold or transferred property within the last two years?

Y ___N ___

Have you given away any assets in the past two years?

Y ___N ___

Do you owe money to any other PHA as a result of Public Rousing Programs?

Y ___N ___

Have you every committed fraud in connection with any Federal Program?

Y ___N ___

Have you received an Earned Income Tax Credit during the past 12 months?

Y ___N ___

Are you or have you ever been a tenant with another public Musing agency?

Y ___N ___

Name of Agency

Dates of Tenancy

Reason for Leaving

Criminal Record: Have you or any member of your household who will lie in the unit been convicted of a misdemeanor in the last five years? Y ___N ___ If yes, please explain_____

PLEASE NOTE: THE DANVERS HOUSING AUTHORITY REQUESTS A CORI (Criminal Offenders Record Information) ON ALL APPLICANTS AGE 17 AND OLDER,

Applicants must verify all information checked on this application, in order to determine the proper priority and preference. If information is not supplied, no preference or priority will be given.

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 being made for the purpose of verifying the statements made herein.

Date

Signature of Applicant

Interviewed by (DHA Representative)

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 United States as to any matter within its jurisdiction.



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AUTHORIZATION

I, _____ do hereby authorize the Danvers Housing Authority, and their staff, to contact any agencies, offices, groups, or organizations to obtain any information or materials which are deemed necessary to complete my application for participating Public Housing programs.

Signed: _____

Date: _____

Witness: _____



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CRIMINAL & SEX OFFENDER BACKGROUND INFORMATION

Federal law requires us to get drug and criminal background and sex offender registration information about all adult household members applying for assisted housing. To enable us to do this, all household members age 18 or older must answer the questions below, and then sign below to consent to a background check. The questions ask about drug-related and other criminal activity that could adversely affect the health, safety, or welfare of other residents.

The Danvers Housing Authority will deny the application of any applicant who does not provide complete and accurate information on this form or does not consent to a background check.

1. Have you been evicted from a federally assisted site for drug-related criminal activity within the past ten years? Y ____ N ____
2. Do you currently use illegal drugs or abuse alcohol? Y ____ N ____
3. Are you currently subject to a lifetime registration requirement under a state sex offender registration program? Y ____ N ____
4. Have you been convicted of any drug-related crime within the last ten years? Y ____ N ____
5. Have you been convicted of any felony within the past ten years? Y ____ N ____
6. Have you been convicted of any crime involving fraud or dishonesty within the past ten years? Y ____ N ____
7. Have you been convicted of any crime involving violence within the past ten years? Y ____ N ____
8. Are you currently charged with any of the above criminal activities? Y ____ N ____
9. Please list all states in which you have lived or have held licenses to drive (include drivers license #'s)

10. Have you ever used or been known by any other name? Y ____ N ____

I understand that the above information is required to determine my eligibility or residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for denial or termination of my lease, I authorize the Danvers Housing Authority to verify the above information, and I consent to the release of the necessary information to determine my eligibility.

I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to the Danvers Housing Authority, or to an agency contracted by the Danvers Housing Authority to conduct criminal background checks.

All members age 18 and older will need to sign below.

Applicant's Signature _____ Date _____

Applicant's Name (please print) _____

Applicant's Signature _____ Date _____

Applicant's Name (please print) _____

Applicant's Signature _____ Date _____

Applicant's Name (please print) _____

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

PHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

IHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

PHA-owned rental public housing
Turnkey III Homeownership Opportunities
Mutual Help Homeownership Opportunity
Section 23 and 19(c) leased housing
Section 23 Housing Assistance Payments
HA-owned rental Indian housing
Section 8 Rental Certificate
Section 8 Rental Voucher
Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD’s assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your 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 you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to 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 HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six 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.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.