

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.

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

- ☐ 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 _____



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**STANDARD APPLICATION FOR
PROJECT BASED SECTION 8 VOUCHER PROGRAM**

This box is for Office Use Only

Date of Receipt: _____
Time of Receipt: _____
Control Number: _____
Bedrooms: _____
Language: _____

MALDEN HOUSING AUTHORITY

630 Salem Street

Malden, Massachusetts 02148

Att: Occupancy/Tenant Selection Department

Telephone: (781) 322-2517

Fax: (781) 322-4838

TDD/TTY: (800) 545-1833 x 103 (24 hrs.)

Web: www.maldenhousing.org

(PLEASE PRINT)

Incomplete applications will not be processed. Please complete all information requested 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 an additional sheet(s). Once completed please mail or hand carry to the Malden Housing Authority main office located at 630 Salem Street, Malden, MA 02148.

1. Name of Applicant: _____
- Address of Current Residence: _____ Apt No. _____
- City/Town: _____ State: _____ Zip: _____ Mailing _____
- Address: _____ Apt No. _____
- City/Town: _____ State: _____ Zip: _____
- Home Phone _____ Work Phone _____ Cell Phone: _____

2. Type of Public Housing Your Are Applying For:

Salem Towers (at least 62 years of age or older: Studio _____ 1 bedroom _____ 2 bedrooms _____
1 bedroom W/C Access _____ 2 bedrooms W/C Access _____

Heritage Apartments (at least 62 years of age or older) Studio _____ 1 bedroom _____ 1 bedroom W/C Access _____

Cross Street (Family needing support live services after being homeless) 2 bedrooms _____ 3 bedrooms _____ 4 bedrooms _____

YWCA (Single Room Occupancy (SRO) (Single adult female needing supportive services) _____

Cedar House (SRO/disabled individuals) Single Room Occupancy/One person household/shared bath _____

Staff will be available to support activities of daily living; including personal care, laundry, housekeeping and food preparation. Each resident will also have a case manager.

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3. **Preferences:** The Malden Housing Authority will verify your claim of preferences prior to making an offer of housing. Each verified preference will receive an allocation of points. The more preference points an applicant receives, the higher the applicant's place on the waiting list.

Local Resident (4 points): You may receive a local preference status if you principally reside in Malden, Melrose, Winchester, Reading, Wakefield or Stoneham, Revere, Everett, Medford, Arlington, Lexington, Woburn, North Reading, Wilmington, Saugus, Lynnfield and have a verifiable physical address within these locations (a P.O. Box is not acceptable).

Do you principally reside in any of the above locations (Circle One) YES NO

Are you currently employed or training for employment with an approved Training Agency in any of the above locations? (Circle One) YES NO

If YES: Provide the name of your Employer/Training Agency and their address:

Provide the Dates of Employment: From: _____ To: _____

Additional Local Preference: If an applicant's claim of Local Residency is verified, then the family may also qualify for the following additional local preference.

Veteran/Active Serviceperson Preference (2 points): applies to applicant head of households who are veterans or active servicepersons of the U.S. Armed Services as defined in and verified pursuant to the Admin Plan, or surviving spouses of such veterans or active service persons, provided such spouse has not remarried prior to the time of admission to the MHA's program

Are you applying for the Veteran's Preference? (Circle One) YES NO

If yes: Include service dates for service in the U.S. Army, Navy, Marine Corps, Coast Guard, Air Force or full time National Guard duty. From: _____ To: _____

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

4. Do you have any special needs due to a disability or need a reasonable accommodation such as a first floor unit for medical reasons? Specify: YES NO

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5. Do you need a wheelchair accessible apartment? (Circle One)

YES

NO

6. Members of household to live in Unit, including Head of Household: (Attach additional sheet if necessary).

First & Last Name	Relationship To Head of Household	Social Security Number*	Racial Design ation	Ethnic Design ation	Sex*	Date of Birth	Occupation / Student Status
	HEAD				M F		
					M F		
					M F		
					M F		
					M F		
					M F		
					M F		

***Racial Designation:** Native American Indian or Alaskan Native; Black or African American; Asian or Pacific Islander, Caucasian/White; other (Please Specify).

****Ethnic Designation:** Hispanic/Latino or Not Hispanic/Latino

Responding to the two questions above is optional. Your status with respect to tenant selection procedures may be affected by this information. "Minority" does not include "White" unless there is also a designation of another race or "Hispanic/Latino".

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

7. Is a change in the household composition expected? (Circle One)

YES

NO

If yes, what type? _____ When? _____

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8. INCOME BEFORE DEDUCTIONS:

Estimate the Gross Income anticipated for ALL household members from all sources for the next 12 months.
Specify all sources.

Household Member Name		Name and Address of Employer or Source of Income	Gross Income For Next 12 months
	Salaries, Wages, Including Overtime/Tips		\$
	Net Income From Business or Profession		\$
	Trust Income, Interest & Dividends		\$
	Pensions & Annuities		\$
	Regular Unemployment or Disability Compensation		\$
	Regular Social Security Benefits and/or SSI		\$
	T.A.F.D.C., Public Assistance or EAEDC		\$
	Regular Alimony Support Payments, Gifts		\$
	Other Income		\$

TOTAL GROSS INCOME \$ _____

9. EXPENSES:

Expense for Care of Children or Sick/Incapacitated Person <i>If necessary</i> for Employment	\$
Un-reimbursed Medical Expenses	\$
Alimony or Child Support Payment	\$
Health Insurance	\$
Other	\$

TOTAL EXPENSES \$ _____

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10. **ASSETS:** List below the assets of everyone to live in the unit. Include all bank accounts, stocks, bonds, trust agreements, real estate, etc. **DO NOT** include clothing, furniture or cars.

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

11. Have you sold, transferred or given away any real property or assets 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: _____

12. Does anyone in your household own a car? (Circle One) YES NO

Make of Car _____ Year _____ Reg. Number _____
Make of Car _____ Year _____ Reg. Number _____

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

(a.) Address: _____ Apt. # _____ From: _____ To: *Present*

Name of Primary Leaseholder: _____

City/Town: _____ State: _____ Zip: _____

Name of Landlord: _____ Telephone: _____

Landlord Address: _____ City: _____ State: _____ Zip: _____

Did this landlord bring any court action against the leaseholder or you? (Circle One) YES NO

Did this landlord return your security deposit? (Circle One) YES NO N/A

(b.) Address: _____ From: _____ To: _____

Name of Primary Leaseholder: _____

City/Town: _____ State: _____ Zip: _____

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Name of Landlord: _____ Telephone _____

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

Did this landlord bring any court action against the leaseholder or you? (Circle One) YES NO

Did this landlord return your security deposit? (Circle One) YES NO N/A

(c.) **Address:** _____ **From:** _____ **To:** _____

Name of Primary Leaseholder: _____

City/Town: _____ State: ____ Zip: _____

Name of Landlord: _____ Telephone: _____

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

Did this landlord bring any court action against the leaseholder or you? (Circle One) YES NO

Did this landlord return your security deposit? (Circle One) YES NO N/A

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

(a.) Name: _____ Telephone Number: _____

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

(b.) Name: _____ Telephone Number: _____

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

15. Have you, or any member of your household ever received housing assistance from this or any other Housing Agency or Housing Authority? (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: _____

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16. Are you a Board Member, employee, or a member of the immediate family of any employee of a board member of the Malden Housing Authority? (If so, this will not necessarily disqualify your Application.)

(Circle One) YES NO

If yes, please explain: _____

17. Do you have any pets? (Circle One) YES NO If yes, how many? _____

If yes, please describe: _____

18. 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: _____ Apt No. _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

19. Criminal Record:

(a.) Have you or any member of your household who will live in the unit ever been convicted of a crime?

(Circle One) 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 it is my responsibility to inform the Malden Housing Authority, in writing, of any change of preference status, address, income or household composition. I authorize the Malden 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 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 also sign a Declaration of a U.S. Citizenship form. The Malden Housing Authority will verify that those not claiming U.S. citizenship are eligible non-citizens. I understand that the Malden Housing Authority will request Criminal Offender Record Information from the Criminal History Systems Board and perform credit checks and 3rd party verification of all income and assets reported for all adult members of the household. (continued on next page)

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I understand 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: I understand that a photocopy of this application and a photocopy of this signature as valid as the original.

Applicant's Signature: _____ Date _____

Reviewer's Signature: _____ Date _____

Warning: 18 U.S.C. 1001 provides among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of a department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.



This is an important notice. Please have it translated.
Este é um aviso importante. Queim manda-lo traduzir.
Ecco un avviso importante. Si prega di mandarlo tradurre.
ĐÂY LÀ MỘT BẢN THÔNG CÁO QUAN TRỌNG
XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO ẤY
Ceci est important. Veuillez faire traduire.
本通知很重要。請將其譯成中文。
នេះគឺជាជំនាញសំខាន់ណាស់ តាមការណែនាំរបស់អង្គការ



EQUAL OPPORTUNITY HOUSING/EQUAL OPPORTUNITY EMPLOYER

EQUAL HOUSING OPPORTUNITY

MALDEN HOUSING AUTHORITY

630 Salem Street

Malden, Massachusetts 02148

Telephone: (781) 322-2517 – Fax: (781) 322-4838

Federal Privacy Act Statement/Fair Information Practices Act Statement of Rights



Re: _____ SSN/Client ID: _____

Applicant/Tenant Name

FEDERAL PRIVACY ACT STATEMENT

The U.S. Department of Housing and Urban Development (HUD) will collect and verify information you gave to the MALDEN HOUSING AUTHORITY (MHA) at application and re-examination. HUD will collect the information on Form HUD-50058, the data it will collect includes name, sex, birth date, Social Security number (SSN), income (by source), assets, certain deductible expenses, and the rental payment.

The Privacy Act of 1974, as amended, requires us to tell you about this. We also are required to tell you what HUD will do with the information.

HUD may use the information to manage and monitor HUD-assisted housing programs. It also may verify whether the information is accurate and complete by doing a computer match.

HUD may give the information to Federal, State, and local agencies when it will be used for civil, criminal or regulatory investigations and prosecutions. HUD also may make summaries of resident data available to the public. Other than these uses, HUD will not release the information outside HUD, except as permitted or required by law.

The Housing and Community Development Act of 1987, 42 U.S.C. 3543, requires applicants and residents to give the MHA the SSN(s) of household members **at least 18 (6) years old**. **If you are an applicant and you have been issued or use a SSN(s) and you do not give them to the MHA, the MHA is required to deny or withdraw your housing assistance.**

The U.S. Housing Act of 1937, as amended, 42 U.S.C. 1437 et. seq., and the Housing Community Development Act of 1981, P.L. 97-35, 85 stat., 348, 408 require applicants and residents to provide the other information (listed in the first paragraph) to the MHA. If you are an applicant and you fail to give the MHA this information, the MHA may have to reject your application or delay acting on it. If you are receiving housing assistance and you do not give the MHA this information, the MHA may have to evict you or withdraw your housing assistance.

FAIR INFORMATION PRACTICES ACT STATEMENT OF RIGHTS

The Malden Housing Authority (MHA) collects information about applicants and tenants 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. When permitted by law; it may be released to government agencies, local public housing authorities, other regional non-profit housing agencies, and to civil or criminal investigators and prosecutors. Otherwise, the information will be kept confidential and only used by MHA staff in the course of their duties.

The Fair Information Practices Act established requirements governing MHA's use and disclosure of the information it collects. Applications and tenants may give or withhold their permission when requested by MHA to provide information (subject to the exceptions above); however, failure to permit MHA 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 regard 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 voluntarily 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 MHA about how we collect and use your information.

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 refer to the MHA's Section 8 Housing Choice Voucher Program Administrative Plan.

I/We have read this Statement and have also received a copy for my/our reference.

Signature, Head of Household

Date

Signature, Second Head of Household

Date

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