

Don't staple the pages of this application together!

1. Some providers *scan* the application, and if you staple, that means removing staples from 1000 applications every week or month.
2. If you include a letter, don't staple that either: providers need to quickly get to your waitlist data and your cover page just gets in the way.

Use #10 double window envelopes. Fold on the line, and addresses will fit in the windows.

Dear

I am applying to the following waitlist, which I believe is open:

App Generated:

Housing Authority or Management Office Only

Is this waitlist closed? Any other questions or concerns? *Fill in the appropriate circle(s) below and fax this page to HousingWorks at the number below – and we will correct the problem. Hundreds of thousands of applicants check our free website to see what lists are open! Keeping us updated will save you many phone calls, reduces frivolous applications - and takes only 10 minutes a year.*

☐ **This particular waitlist is closed: The only open waitlists we have at present are:**

☐ **This is not the correct application. The correct application is available by/from:**

☐ **Any other info you wish to tell HousingWorks?**

Your position or title at this housing program: _____

Your signature: _____

HousingWorks Fax: 617-536-8561



<input type="radio"/>	Head of Household's FIRST Name
<input type="radio"/>	Head of Household's MIDDLE Name
<input type="radio"/>	Head of Household's LAST Name

HoH's SOCIAL SECURITY NUMBER	<input type="radio"/>	GENDER	<input type="radio"/>	HoH's DATE OF BIRTH	<input type="radio"/>
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ETHNICITY Also provide your race at right!	RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial Do <u>NOT</u> write Spanish, Hispanic, Latino here – and do <u>NOT</u> write your country!
<input type="radio"/>	<input type="radio"/>

<input type="radio"/>	YOUR MOTHER'S MAIDEN NAME
-----------------------	---------------------------

YOUR HOME TELEPHONE	SECOND TELEPHONE
<input type="radio"/>	<input type="radio"/>
YOUR EMAIL ADDRESS	
<input type="radio"/>	

CURRENT ADDRESS <u>OR</u> LONG-TERM CONTACT ADDRESS
This is:
<input type="radio"/>
<input type="radio"/>

SECOND CONTACT ADDRESS
This is:
<input type="radio"/>
<input type="radio"/>

TOTAL HOUSEHOLD SIZE	# BEDROOMS	How much money does your family receive in a year?
<input type="radio"/> # Adults <input type="radio"/> # Children <input type="radio"/> Total #	<input type="radio"/>	<input type="radio"/> .0 <input type="radio"/> 0

INCOME SOURCES
<input type="radio"/>

MOBILE RENTAL ASSISTANCE, if any
<input type="radio"/>

REQUESTED ACCOMMODATIONS
<input type="radio"/>

SPECIAL CIRCUMSTANCES THAT <u>SOME</u> PROGRAMS MAY USE TO ASSIGN PRIORITY OR PREFERENCE
<input type="radio"/>

****Tannery H Apartments is a smoke free building****

Dear Applicant:

Thank you for your interest in the Tannery II Apartments.

SECTION 8 HOUSING PROGRAM:

- An applicant must be over 62 years old, or disabled or handicapped.
- An applicant must be a United States citizen, nationalized, or certain categories of eligible non-citizen. , or certain categories of eligible non-citizen. An applicant must fill out a declaration format which is included.
- All Applicants must complete the attached **Ethnicity and Racial Data form.**

INCOME TARGETING

- **HUD** has implemented a new income category - "*Extremely Low Income*". This income category is defined as those households making 30% or less of the median household income or income less than the poverty level.

**AT LEAST 40% OF FAMILIES ADMITTED TO TANNERY II APARTMENTS
IN A FISCAL YEAR MUST BE EXTREMELY LOW INCOME.**

Income guidelines:	1 person	2 person	3 person
30% of Median	20,650	23,600	26,550
Very Low-Income	34,350	39,250	44,150
Low Income	51,150	58,450	65,750

All obtained information relative to applicant's eligibility must be obtained by a third party verification.

Linda Zimirowski, Manager
Tannery II Apartments
18 Crowninshield Street
Peabody, MA
Tel # 978-531-6800

Attachment 3

Model Application Form

THE AGENT WILL PROVIDE HELP IN REVIEWING THIS DOCUMENT. IF NECESSARY, PERSONS WITH DISABILITIES MAY ASK FOR THIS APPLICATION IN LARGE PRINT TYPE, OR OTHER ALTERNATE FORMATS.

PRELIMINARY RENTAL APPLICATION Equal Opportunity Housing Please print and fill in ALL Information.	
SITE NAME	<u>Tannery II</u>
ADDRESS:	<u>12 Crowninshield Street</u> <u>Peabody, MA 01960</u>
PHONE #:	<u>978-531-6800</u>
FAX #:	<u>978-532-3023</u>
TDD #:	<u>800-545-1833 x 127</u>
DATE:	_____

APPLICATION FOR ADMISSION

Note: Please fill in all sections completely. Failure to do so will result in processing delays or rejection of your application. Should you need help in completing this application, please contact the Rental Office.

Applicant: _____ **Home Tel #** _____

Present Address _____
street city state zip

Mailing Address _____
(if different) street city state zip

Race: (Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws.)

- | | |
|---------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian or Pacific Islander |
| <input type="checkbox"/> Black (not of Hispanic origin) | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> White (not of Hispanic origin) | |

Note: Upon request to the Agent, you have the right to receive a Tenant Selection Plan Summary (with Program Description Insert) which summarizes the tenant application process, including eligibility and screening requirements, for occupancy in the Development.

SIZE OF APARTMENT NEEDED: UNIT TYPE REQUESTED:

1BR
[]

2BR
[]

[] **Market Rent**
[] **Basic Rent**
[] **Low Rent**

Wheelchair Adapted Unit; [] Yes [] No
Hearing/Visual Adapted Unit: [] Yes [] No

Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternate ways we need to communicate with you? [] Yes [] No If yes, please explain:

Present Housing Cost Per Month \$_____ Including Utilities? [] Yes [] No

How Long Have You Lived at Present Address? _____ Years.

What are the reasons for moving? _____

How did you hear about this housing development through the HousingWorks.net website

FAMILY COMPOSITION - List all those who will occupy the apartment - INCLUDE YOURSELF
(Any person not listed will not be allowed to move in.)

FULL NAME OF EACH PERSON IN HOUSEHOLD	RELATIONSHIP TO HEAD OF HOUSEHOLD	AGE	SEX	SOCIAL SECURITY NUMBER	FULL TIME STUDENT
1 _____	Head of Household	_____	_____	_____	Yes No
2 _____	_____	_____	_____	_____	Yes No
3 _____	_____	_____	_____	_____	Yes No
4 _____	_____	_____	_____	_____	Yes No
5 _____	_____	_____	_____	_____	Yes No
6 _____	_____	_____	_____	_____	Yes No
7 _____	_____	_____	_____	_____	Yes No
8 _____	_____	_____	_____	_____	Yes No

REFERENCES

Provide the Full name and address of Landlords or Officials at other places you have lived over the last five years or past two residences, whichever is more inclusive (include shelters)

Name of Previous Landlord/Official _____ Telephone _____

Address _____

Date: From _____ To _____

Name of Previous Landlord/Official _____ Telephone _____

Address _____

Date: From _____ To _____

Household Member	Type of Housing Assistance	Location
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTE: If you are unable to furnish a landlord or other housing reference, please furnish character references. They must have known you for one (1) year or more and not be related to you.

Name of Character Reference: _____ Telephone #: _____

Address: _____

Name of Character Reference: _____ Telephone #: _____

Address: _____

EMPLOYMENT INCOME BY HOUSEHOLD MEMBER:

Please indicate the income received and assets held by each member of your household. List each member by the corresponding number on the first page.

Member # _____

Name of Present Employer _____ Telephone _____

Address _____

Years Employed _____ Position. _____ Current Salary \$ _____

[] weekly [] bi-weekly [] monthly

Member # _____

Name of Present Employer _____

Telephone _____

Address _____

Years Employed _____ Position. _____

Current Salary \$ _____

[] weekly [] bi-weekly [] monthly

Member # _____

Name of Present Employer _____

Telephone _____

Address _____

Years Employed _____ Position. _____

Current Salary \$ _____

[] weekly [] bi-weekly [] monthly

OTHER SOURCES OF INCOME BY HOUSEHOLD MEMBER:

List all other income such as Welfare, Social Security, SSI, Pensions, Disability Compensation, Unemployment Compensation, Interest, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Military Pay, Scholarships, and/or grants.

Household Member	Type of Income	Gross Earnings (Before Taxes)
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____ (week, month, year)

INCOME FROM ASSETS:

Assets include Checking Accounts, Savings Accounts, Term Certificates, Money Markets, Stocks, Bonds, Real Estate holdings and Cash Value of a Life Insurance Policy.

Household Member	Type of Asset	Gross Earnings (Before Taxes)
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____ (week, month, year)

PLEASE RESPOND TO THESE QUESTIONS IF YOU WISH TO BE CONSIDERED FOR PRIORITIES OR SPECIAL DEDUCTIONS/CONSIDERATIONS:

1. Have you been displaced from your home? Yes_____ No _____ If so, please explain.

2. Does your present apartment contain health code violations? Yes_____ No _____ If so, please describe:

3. Is your present apartment too small for your family? Yes_____ No _____
4. Does your current housing cause any accessibility or other problems for any member of the household who has a disability? Yes_____ No _____
If so, please describe: _____
5. Have you or any member of your household suffered actual or threats of physical violence by a spouse or other member of the household? Yes_____ No _____ If so, please provide details.

ADDITIONAL REQUIRED INFORMATION

Are you or any member of your household required to register as a sex offender under Massachusetts or any other state law? Yes_____ No _____

If yes, list the name of the persons and the registration requirements (i.e. place where registration needs to be filed and the length of time for which registration is required):

Have you or any member of your household resided outside of Massachusetts? Yes_____ No _____
If yes, please list all other states of residence for each household member:

Member Name:

States of Residence:

NOTE: A failure to respond fully to these questions may result in rejection or denial of this application.

I/We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. **Inquiries may be made to verify the statements herein.** All information is regarded as confidential in nature, and a **Consumer Credit Report and a Criminal Offenders Record Information (CORI) report will also be requested.** I/We certify that I/We understand that false statements or information are punishable applicable under State or Federal Law.

I/We hereby certify that we have received a notice form the management agent describing the right to reasonable accommodations for persons with disabilities.

Signed under the pains and penalties of perjury

Head of Household/Applicant

Date

Co-Applicant

Date

This Management Company does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status or physical or mental disability in the access or admission to the development, its employment, or in its programs, activities, functions or services.

Date

_____[insert name of Management Agent], acting as management agent for _____[insert name of Development] (the "Development") does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status or physical or mental disability in the access or admission to the Development, its employment, or in its programs, activities, functions or services.

NOTE: In completing this application, the Applicant has the right to include, as part of the application, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization as contact person to provide assistance to Applicant in connection with the application.

Applications for Federally Assisted Housing must include completed Form HUD 920006 (Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants).

Applicants for Non Federally Assisted Housing may use Form HUD 920006 or provide supplemental or optional contact information below:

Name of Additional Contact

Person or Organization: _____

Address: _____

Telephone No: _____

E-Mail Address (if applicable): _____

Relationship to Applicant: _____

Reason for Contact: _____

NOTE: the formal application form must include an Equal Opportunity logo and a Handicapped Access logo (where appropriate).



Consent for Release of Information

Development: **Tannery II**
Agent: **Crowninshield Management**

Name: _____ Phone _____

Address: _____

I, the above named individual, have authorized the above named Agent to verify the accuracy of the information which I have provided, from the following sources (specify):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I hereby give you my permission to release this information to the Agent, subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to the Agent within five (5) days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original.

Thank you for your assistance and cooperation in this matter.

Signed under the pains and penalties of perjury.

Signature: _____ Date: _____

**THIS CONSENT IS VALID FOR A PERIOD OF
FIFTEEN MONTHS FROM THE DATE NOTED ABOVE.**



Disclosure of Social Security Numbers

Applicants must disclose social security numbers (SSNs) of all applicant household members in order for the Agent to make an eligibility determination. This Attachment explains the requirements and responsibilities of applicants or residents to supply the Agent with this information.

1. Disclosure and Certification. The head of household/spouse/co-head must disclose SSNs for all applicant household members.
2. Required Documentation. Applicants must provide documentation of SSNs. Adequate documentation means a Social Security card issued by the Social Security Administration (SSA) or other acceptable evidence of the SSN, which may include the following: (i) Driver's license with SSN; (ii) Identification card issued by a federal, State, or local agency; a medical insurance provider, or an employer or trade union; (iii) Earnings statements on payroll stubs; (iv) Bank statement; (v) Form 1099; (vi) Benefit award letter; (vii) Retirement benefit letter; (viii) Life insurance policy; or (ix) Court records. Unless an original Social Security card is provided, the Applicant must certify that the document provided to evidence the SSN is complete and accurate.

NOTE: Individuals who have applied for legalization under the Immigration and Reform Control-Act of 1986 will be able to disclose the SSNs, but are unable to supply the cards for documentation. SSNs are assigned to these persons when they apply for amnesty. The cards go to the Department of Homeland Security (DHS) until the persons are granted temporary lawful resident status. Until that time, their acceptable documentation is a letter from the DHS indicating SSNs have been assigned.

3. Timeframe for Providing Social Security Numbers.

- (a) Applicants currently on or applying to waiting list.

Applicants do not need to disclose or provide verification of a SSN for all household members at the time of application and for placement on the waiting list. However, applicants must disclose and provide verification of a SSN for all household members before they can be housed.

- (b) Housing applicants from the waiting list.

If all household members have not disclosed and/or provided verification of their SSNs at the time a unit becomes available, the next eligible applicant must be offered the available unit.

The applicant who has not disclosed and/or provided verification of SSNs for all household members has 90 days from the date they are first offered an available unit to disclose and/or verify the SSNs. During this 90-day period, the applicant may, at its discretion, retain its place on the waiting list. After 90 days, if the applicant is unable to disclose and/or verify the SSNs of all household members, the applicant should be determined ineligible and removed from the waiting list.



Application for Admission and Rental Assistance Section 8 Elderly

Tannery II Apartments does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

Name	Christine Gorman	
Address	18 Crowninshield Street	
City	Peabody State MA	Zip 01960
Telephone – Voice	978-531-6800	
Telephone—TTY	800-545-1833 x 127	

revised 2/2014



TANNERY II APARTMENTS SCREENING CRITERIA

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, 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.

Tannery II Apartments 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 ever been evicted from a federally assisted site for drug-related criminal activity within the past three years? ☐ Yes ☐ No
2. Do you currently use illegal drugs or abuse alcohol? ☐ Yes ☐ No
3. Are you currently subject to a lifetime registration requirement under a state sex offender registration program or is any member of your family? ☐ Yes ☐ No
4. Have you been convicted of any drug-related crime within the past five years? ☐ Yes ☐ No
5. Have you been convicted of any felony within the past five years? ☐ Yes ☐ No
6. Have you been convicted of any crime involving fraud or dishonesty within the past five years? ☐ Yes ☐ No
7. Have you been convicted of any crime involving violence within the past five years? ☐ Yes ☐ No
8. Are you currently charged with any of the above criminal activities? ☐ Yes ☐ No
9. Please list all states in which you have lived or have held licenses to drive (include driver's license #s) _____
10. Have you ever used or been known by any other name? ☐ Yes ☐ No
If yes, please list names used _____



I understand that the above information is required to determine my eligibility for 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 rejection or termination of my lease. I authorize **Tannery II Apartments** 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 **Tannery II Apartments**, to a public housing authority, or to an agency contracted by **Tannery II Apartments** to conduct criminal background checks.

Applicant Signature _____ Date _____

Applicant Name (Please Print) _____



Required State Preferences

1. **Priority Categories:** MHFA has determined that preferences shall be ranked into the following priority categories, consistent with existing federal guidelines. Management shall use the following priority categories in descending order in determining the order of an applicant's placement on the waiting list:
 - A. **1st Priority — Homelessness due to Displacement by Natural Forces:** An applicant, otherwise eligible and qualified, who has been displaced by:
 - 1) *fire not due to the negligence or intentional act of applicant or a household member;*
 - 2) *earthquake, flood or other natural cause; or*
 - 3) *a disaster declared to otherwise formally recognized under disaster relief laws.*
 - B. **2nd Priority — Homelessness due to Displacement by Public Action (Urban Renewal):** An applicant, otherwise eligible and qualified, who will be displaced within 90 days, or has been displaced within the three years prior to application, by:
 - 1) *any low rent housing project as defined by M.G.L. c. 121B, s 1, or*
 - 2) *a public slum clearance or urban renewal project initiated after January 1, 1947, or*
 - 3) *other public improvement.*
 - C. **3rd Priority- Homelessness due to Displacement by Public Action (Sanitary Code Violations):** An applicant, otherwise eligible and qualified, who is being displaced, or has been displaced within 90 days prior to application, by enforcement of minimum standards of fitness for human habitation established by the State Sanitary Code or local ordinances, provided that:
 - 1) *neither the applicant nor a household member has caused or substantially contributed to the cause of enforcement proceedings, and*
 - 2) *the applicant has pursued available ways to remedy the situation by seeking assistance through the courts or appropriate administrative or enforcement agencies.*

(Note: "enforcement" is interpreted as a formal condemnation of the apartment.

Citation for code violations does not, without more, constitute a condemnation.)
 - D. **4th Priority — Involuntary Displacement by Domestic Violence:** "Domestic Violence" means actual or threatened physical violence directed against one or more members of the applicant's household. An applicant is involuntarily displaced by domestic violence if:
 - 1) *the applicant has vacated a housing unit because of domestic violence; or*
 - 2) *the applicant lives in a housing unit with a person who engages in domestic violence, or*
 - 3) *if the applicant is still living in the unit at the time of selection, the violence must have occurred within six months or be of a continuing nature.*

This priority applies only to households with one or more children under the age of 18.
 - E. **Additional Optional Agent Preferences (as allowed under applicable program rules)**
 - 1) *Involuntarily Displaced due to Private Action*



Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

☐ Check this box if you choose not to provide the contact information.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </div> </div>	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.