

Mail this application to:

The name of the waitlist I'm applying for is: _____

Some waitlists are closed: *Before sending this application, check <http://www.housingworks.net/> to see what is open*

You **must** answer every question on this application: respond to questions that are not applicable by writing "N/A".
Incomplete applications may be returned or discarded.

Your Name: _____

Long-Term Mailing Address: _____

City/State/Zip: _____
(this address should ideally work for the next 3-5 years):

Phone(s): _____ - _____ - _____

Email: _____

The **SSN** for the head of household is: _____

Does the HoH have a **Social Security Number** (SSN)? Yes No *If "Yes" you **must** provide it above.*

What is your **date of birth**? _____ What is your **gender**? _____

Race (white, black, asian, etc)? _____

What was your **mother's last name** when she was born? *Protects your privacy*) _____

How many people will be living in the unit? _____ people. What **unit size** are you seeking? _____ BR

Describe your **Income Sources** (Job, Food Stamps, SSI, TAFDC, etc.) _____

What is your family's **ANNUAL** income? \$ _____ (do **NOT** write an hourly, weekly, or monthly amount!)

YES NO Do you **have a rental voucher** or **some other form of regular rental assistance**?

Specify: Section 8 MRVP AHVP Homebase _____

YES NO Do you need a **wheelchair accessible unit** (or a "no-steps" unit)?

YES NO Do you need **reasonable accommodations due to a disability**, either during the application period or tenancy? _____

YES NO Are you or any member of your household subject to a lifetime registration requirement under a **State Sex Offender Registration** program?

YES NO **Priority/Preference Status:** If there is a section in this application that asks about priorities and preferences, did you claim any?

Office Only: Date/Time Stamp

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.

EMPLOYMENT INCOME BY HOUSEHOLD MEMBER:

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:

- Have you been displaced from your home? If so, please explain.

- Does your present apartment contain health code violations? If so, please describe:

- Is your present apartment too small for your family? Yes _____ No _____
- 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: _____
- Have you or any member of your household suffered actual or threats of physical violence by a spouse or other member of the household? If so, please provide details. _____

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 may 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

The SHP MANAGEMENT CORP 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 its programs or employment, or in its programs, activities, functions or services.



SHP MANAGEMENT CORP.

Consent for Release of Information
(For use with State Subsidized Programs)

SHP MANAGEMENT CORP Mangement Agent

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

Name: _____ Phone: _____

Address: _____

I, the above named individual, have authorized the SHP MANAGEMENT CORP, Management 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 SHP MANAGEMENT CORP, the Management 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 SHP MANAGEMENT CORP, the Management 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 INFORMATION IS VALID FOR A PERIOD OF ONE YEAR FROM THE DATE NOTED ABOVE.



SHP MANAGEMENT CORP.

FRAUD LETTER

Dear Applicant/Resident:

Government regulations require that upon application and annually thereafter, we verify your income, assets, and some expenses in order to determine your eligibility for rent subsidy. Information provided is kept confidential.

Cooperation: I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. I understand failure or refusal to do so may result in delays, termination of assistance or eviction.

ALL sources of income MUST BE REPORTED. Income includes but is not limited to:

- Wages/Salaries (including overtime, seasonal employment, baby-sitting, AND earnings of household members 18 or over.
- Pensions, Social Security, Supplemental Security, welfare payments, interest/dividends from savings, checking, IRAs, Keoghs, 401Ks, money market funds, certificates of deposit, stocks, bonds and US Saving Bonds.
- Net payments received from rental property or other real estate holdings.
- Child support or alimony payments received by the household.
- Cash gifts received on a regular basis.
- Gross amounts distributed from non-revocable trusts.

Reporting changes in income or household composition: I know I am required to report immediately in writing any changes in income and any changes in the household size, and when a person moves in or out of the unit. I understand the rules regarding guests/visitors and when I must report anyone who is staying with me.

ALL assets MUST be reported INCLUDING those DISPOSED OF during the two years preceding this certification. Assets include but are not limited to

- Equity in real estate (houses, land, trailers, condos, cooperatives, vacation homes, or time sharing properties).
- Stocks, bonds, savings bonds, securities, IRAs, Keoghs, 401Ks, certificates of deposit, or pension funds available in lump sums.
- All bank accounts including checking.
- Cash kept in safe deposit boxes or non-interest bearing accounts or kept at home or other locations.
- Principal value of revocable trust funds, lottery earnings, and jewelry, antiques, coins, stamps, or collectibles held as investment.
- Surrender value of whole life insurance policies.
- Amounts greater than \$1,000 divested to a non-revocable trust within the last two years.

Reporting on Prior Housing Assistance: I certify that I have disclosed where I received my previous Federal Housing Assistance and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

No Duplicate Residence or Assistance: I certify that the house or apartment will be my principal residence and that I will not obtain duplicate federal housing assistance while I am in this current program. I will not live anywhere else without notifying the Management Office immediately in writing. I will not sublease my assisted residence.

Criminal and Administrative Actions for False Information: I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of tenancy.

FEDERAL LAW ESTABLISHES PENALTIES FOR PROVISION OF FALSE INFORMATION. THE PENALTIES INCLUDE FINES OF UP TO \$5,000 AND IMPRISONMENT FOR TWO YEARS.

If you have any questions, please contact the Management Office.

Sincerely,
Dianne M. Raineri Property Manager.

**I HAVE READ AND UNDERSTAND
THIS NOTICE.**

Signed _____

Signed _____

Signed _____

Date _____

**THIS NOTICE HAS BEEN EXPLAINED
TO ME AND I UNDERSTAND ITS
CONTENTS.**

Signed _____

Signed _____

Signed _____

CERTIFICATION OF ASSET DISPOSITION

This is to certify that I?We have not disposed of an asset, i.e. a home, Certificate(s) of Deposit, savings, stock, bonds, etc., at less than market value within TWO YEARS of this certification/recertification. I did receive an earned Income Tax Credit for the year of

Date _____

Signature _____

Date _____

Signature _____



Landlord Verification

To: _____ Please return to: _____

Re: _____ Date: _____

(List all persons who will be on lease)

To Applicant: In order to be accepted, an applicant must have a good tenancy record for paying rent, maintaining the apartment, not interfering with neighbors, no housing related criminal activities, including current illegal drug abuse, and cooperation in supplying income and other information necessary to establish for the housing lease. An applicant with a past tenancy problem related to a disability may provide information regarding "mitigating circumstances" (an explanation of what happened and reasons why it is not likely to happen again) or may ask for a "reasonable accommodation" (something a landlord can do to enable you to meet lease requirements). You can choose to explain any problem and ask for a reasonable accommodation on this form, or you may do it later if the history is leading to or does result in a rejection.

To Reference Source: I am applying for housing and authorize the release of the information requested below. I understand that the information is to be used only for purposes of housing and will be kept in a confidential in a confidential file.

Signature of applicant: _____ Date: _____

1) Please check type of housing in which the above applicant lived.

Apartment _____ House _____ Rooming House _____
Long-term Care Facility _____ Shelter _____ Other _____

2) For what period within the past (5) five years did applicant live at this address:

From: _____ To: _____
If under a written lease, has it expired? _____

3) What previous address did applicant give when they applied for housing with you?

Yes or No

- 4) While living in your facility, did the applicant or guests abide by house rules and regulations? If not, please explain: _____

Optional Question: If no, do you have any reason to believe that the above behavior is not likely to reoccur? Please explain: _____

- 5) Did the applicant or pests interfere with the rights of other persons' comfort, safety, privacy, security or peaceful enjoyment within the last (5) five years (threaten, assault, exhibit public sexual behavior, or behave in an unduly loud and disruptive manner, etc.)?

If not, please explain: _____

Optional Question: If no, do you have any reason to believe that the above behavior is not likely to reoccur? Please explain: _____

- 6) Has the applicant demonstrated that he/she would be willing and able to pay rent and meet other financial obligations in a timely manner? If not, please explain: _____

- 7) What did applicant pay for rent? \$ _____ per week \$ _____ per month. Is any money still owed? _____

Optional Question: If no, do you have any reason to believe that the above behavior is not likely to reoccur? Please explain: _____

8. Did the applicant or guest damage any property? If yes, please explain: _____

Optional Question: If no, do you have any reason to believe that the above behavior is not likely to reoccur? Please explain: _____

9. Did applicant take proper care of space/property assigned to him//her? If no, please explain. (If prior tenant, was unit vacated in acceptable condition)? Please explain:

10. To your knowledge, have the applicant or guests engaged in any housing-related illegal activities, including any illegal drug or paraphernalia possession or distribution? If yes, please explain, including the source of your knowledge.

Optional Question: If yes, do you have any reason to believe that the above behavior is likely to reoccur? Please explain: _____

11. To your knowledge, have the applicant or guests engaged in careless smoking cooking or other behavior which could endanger him/her or others? If yes, please explain: _____

Optional Question: If yes, do you have any reason to believe that the above behavior is likely to reoccur? Please explain: _____

NOTE: Title 18, Section 1001 of Title 18 13 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

SIGNED:

Title: _____

Date: _____

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of Title 18 13 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false statements or misrepresentations to any Department of the United States Government., HUD, the PHA, or any owners (or any employee of HUD< the PHA, or the owner_ may be subject to penalties for unauthorized disclosure or improper use of information collected based on the Consent Form. Use of the information collected based on these verification forms is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning any applicant or participant may be subject to a misdemeanor fine of not more than \$5000. 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 of employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use.



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(List all persons who will be on lease)

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Housing History, Page 1

Note: you can often locate landlord information by using the Tax Assessor's website in each town (or by calling the Tax Assessor's phone number in most towns): To determine if there is an online Tax Assessor page for a town search the web like this: "Tax Assessor, Boston MA" or "Property Assessment, Dallas TX".

CURRENT RESIDENCE

DATES YOU LIVED THERE:

Name on the lease _____ to: _____ or present

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? Yes No

Did this landlord return your security deposit? (check one) Yes No N/A

PRIOR RESIDENCE

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? Yes No

Did this landlord return your security deposit? (check one) Yes No N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? Yes No

Did this landlord return your security deposit? (check one) Yes No N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? Yes No

Did this landlord return your security deposit? (check one) Yes No N/A

Housing History, Page 2

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? Yes No

Did this landlord return your security deposit? (check one) Yes No N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? Yes No

Did this landlord return your security deposit? (check one) Yes No N/A

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