



EQUAL HOUSING OPPORTUNITY



This box is for Office Use Only	
Date of Receipt:	_____
Time of Receipt:	_____
Control Number:	_____
Bedrooms:	_____
Language:	_____
Complex:	Concord Circle

APPLICATION FOR FEDERAL Elderly/Disabled HOUSING

Maynard Housing Authority
 15 Powdermill Circle
 Maynard, MA 01754
 Phone: 978-897-8738 Fax: 978-897-3583

Incomplete applications will not be processed. Please complete all information requested on the application. If a question is not applicable, please write N/A. **Please make sure you sign the last page.** If you need additional space to provide an answer, please attach an additional sheet(s). Please deliver completed form to the Maynard Housing Authority, 15 Powdermill Circle, Maynard, MA 01754

1. Applicant's Name: _____

Current Street Address: _____ Apt. No. _____

City/Town: _____ State: _____ Zip: _____

Phone: _____ Business Phone: _____ Cell Phone: _____

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

City/Town: _____ State: _____ Zip: _____

2. Type of Federal Public Housing You Are Applying For: Elderly Disabled

Note: To be eligible for elderly/disabled housing you must be at least 62 years of age or older or a person with a disability. If you have a disability, the disability must be other than a history of alcohol/drug abuse.

3. Do you need a wheelchair accessible apartment? yes no

4. Note: Elderly/disabled housing developments only have 1 bedroom units.

5. **Preferences:** The Maynard Housing Authority will verify all claims of preference made by you prior to making an offer of housing.

Do you currently reside in any Maynard? (Circle One)	YES	NO
Are you currently employed in Maynard? (Circle One)	YES	NO

If YES: Please provide the name of your Employer: _____

Provide Dates of Employment: From: _____ To: _____

Veteran/Active Serviceperson Preference: 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 ACOP, 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 the 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

6. Do you have any special needs due to a disability or need a reasonable accommodation such as a first floor unit for medical reasons? (Circle One) Yes No

If yes, please specify: _____

7. Does anyone in your household own a car? yes no

Make of Car _____ Year _____ Reg. No. _____

8. Members of household to live in unit, including **Head** of Household:

First & Last Name	Relationship to Head of Household	Racial Designation*	Ethnic Designation**	Social Security Number***	Sex (M/F)	Date of Birth and Birthplace (Country)	Occupation - Employed - At home - Handicapped
	HEAD						

***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".

What language does the Head of Household: Speak: ___ English Other _____
Write: ___ English Other _____

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

9. Is a change in the household composition expected?

YES

NO

If yes, what type? _____ When? _____

10. **Income Before Deductions:** Estimate the Gross Income anticipated for ALL household members from ALL sources For the next 12 months. Please specify all sources.

Household Member Name	Sources of Income	Name & Address of Employer or Source of Income	Gross Income for Next 12 months
	Salaries, Wages, including Overtime/Tips, Income From Self-Employment		\$
	Salaries, Wages, including Overtime/Tips, Income From Self-Employment		\$
	Unemployment or Disability Compensation		\$
	Pensions & Annuities		\$
	Regular Social Security Benefits and/or SSI and or SSDI		\$
	VA Disability Income		\$
	TAFDC or Public Assistance or EAEDC		\$
	Regular Alimony Support Payments or Child Support Payments received		\$
	Other Income		\$
		Total Gross Income:	\$

11. **Expenses:**

Annual Un-reimbursed Medical Expenses:	\$
Annual Alimony or Child Support Payments Made to Someone Else:	\$
Annual Health Insurance Expenses:	\$
Annual Un-reimbursed Disability Expenses Necessary for Employment:	\$
Annual Un-reimbursed Child Care Expenses:	\$

12. **Assets:** Do you own any real estate? YES NO

If yes, please provide the complete address: _____

List below **ALL** assets for everyone who will reside in the unit. Include **ALL** bank accounts, stocks and bonds, trusts, real estate, life insurance policies, etc. **DO NOT INCLUDE** clothing, furniture or cars. Use additional paper if necessary.

Household Member	Asset Type	Asset Value or Current Balance	Name of Financial Institution	Account No.
		\$		
		\$		
		\$		
		\$		
		\$		

13. Have you sold, transferred or given away any real estate, property or assets in the last two (2) years? yes no

If yes:

Date of sale/transfer: Month _____ Day _____ Year _____

Amount of sale/transfer: \$ _____

Value of sale/transfer: \$ _____

14. **References: Please list two references.** Please **DO NOT LIST** relatives or household members.

- (1) Name: _____ Phone Number: _____
Address: _____
City: _____ State: _____ Zip: _____
- (2) Name: _____ Phone Number: _____
Address: _____
City: _____ State: _____ Zip: _____

15. **Please List All 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.

- (1) Name of Primary Leaseholder: _____ From: _____ To: _____
Address: _____ Apt. No. _____
City: _____ State: _____ Zip: _____
Landlord Name: _____ Phone Number: _____
Landlord Address: _____
City: _____ State: _____ Zip: _____

Did this landlord bring any court action against the leaseholder or you? (check one) yes no

Did this landlord return your security deposit? (check one) yes no

- (2) Name of Primary Leaseholder: _____ From: _____ To: _____
Address: _____ Apt. No. _____
City: _____ State: _____ Zip: _____
Landlord Name: _____ Phone Number: _____
Landlord Address: _____
City: _____ State: _____ Zip: _____

Did this landlord bring any court action against the leaseholder or you? (check one) yes no

Did this landlord return your security deposit? (check one) yes no

(3) Name of Primary Leaseholder: _____ From: _____ To: _____

Address: _____ Apt. No. _____

City: _____ State: _____ Zip: _____

Landlord Name: _____ Phone Number: _____

Landlord Address: _____

City: _____ State: _____ Zip: _____

Did this landlord bring any court action against the leaseholder or you? (check one) yes no

Did this landlord return your security deposit? (check one) yes no

16. Have you, or any Household Member ever received housing assistance from this or any other Housing Authority or Agency? (check one) yes no

If yes:

Name of Head of Household at that time: _____

Relation to Applicant: _____ Date Moved Out: _____

Name of Housing Authority/Agency: _____

Reason for Moving Out: _____

When you moved out, were you in compliance with the Housing Authority/Agency lease and were all debts including all outstanding rent amounts paid in full? (check one) yes no

If no, please explain: _____

17. Are you a Board Member, employee, or immediate family member of any employee of a board member of the Housing Authority? (check one) yes no

If yes, please explain: _____

18. Do you have any pets? (check one) yes no

If yes, how many? _____

Please describe: _____

19. **Emergency Reference:** Name of a relative or friend **NOT** planning to live with you. MHA will contact this person if unable to reach you in the case of an emergency.

Name: _____ Relationship: _____

Address: _____ Apt. No. _____

City: _____ State: _____ Zip: _____

Phone: _____ Business Phone: _____ Cell Phone: _____

Email Address: _____

20. **Criminal Record:** Have you or any member of your household who will live in the unit ever been convicted of a crime? (check one) yes no

If yes, please explain: _____

21. Do you or any household member who will live in the unit have any criminal matters pending? yes no

If yes, please explain: _____

APPLICANT'S CERTIFICATION:

I understand that this application is not an offer of housing. I understand that the Maynard 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. I understand that if I reapply, my application will not receive any priority or preference that was granted on the prior application for a three (3) year period.

Based on this application, I understand I should not make plans to move or end my present tenancy until I have received a written Unit Offer from the Maynard Housing Authority. **I understand that it is my responsibility to inform the Maynard Housing Authority in writing of any change of preference status, address, income, or household composition as soon after such change as possible.** 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 denial of my application.**

I understand that all adult household members will be required to sign a Declaration of U.S. Citizenship form, and that adults responsible for minor children under the age of 18 will also sign a Declaration of a U.S. Citizenship form for such children. The Maynard Housing Authority will verify that those not claiming U.S. citizenship are eligible non-citizens. I understand that the Maynard 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. 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 is considered as valid as the original.

Applicant's Signature: _____ Date: _____

Reviewer's Signature: _____ Date: _____



MAYNARD HOUSING AUTHORITY

15 POWDERMILL CIRCLE

MAYNARD, MA 01754

PHONE: 978-897-8739 FAX: 978-897-3583

Maynard Housing has been certified by the Criminal History Systems Board of Access to conviction and pending criminal case data. As an applicant for Housing, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.



Name _____ Former Last Name _____

Date and Place of Birth _____ Last Six SSN _____

Applicant ID# _____ Sex _____ Race _____

Father's Name _____ Mother's full Name _____

Mother's maiden name _____

Applicant's Signature _____ Date _____



For MHA Use Only (Staff Conducting CORI and SORI Check)

A Criminal Offender Record Check (CORI) was conducted on _____. Based on the information received, the following determination has been made regarding the household member referenced above:

Approved CORI Disapproved CORI

A Sex Offender Register Information (SORI) check was conducted on _____. Based on the information received, the following determination has been made regarding the household member referenced above:

Approved SORI Disapproved SORI

****The above information was verified by reviewing the following form of government issued photographic ID****



To be signed by Maynard Housing Staff

Maynard Housing Staff Name

Staff Signature

Date

Supplemental and Optional 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.

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)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
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.	

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

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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.