



**MAYNARD HOUSING AUTHORITY  
15 POWDERMILL CIRCLE  
MAYNARD, MA 01754**

T: 978-897-8738 • F: 978-897-3583

Dear Applicant:

Enclosed is a copy of the Maynard Housing Authority's Application for Concord Street Circle. Please complete the application, enclose copies of Social Security Cards for all members of the household, sign it and return it to our office. The application must include figures for all income and assets.

**Incomplete applications will not be processed.**

Enclosed is a description of the program, including income limits, *Security Deposit Information* (effective August 1, 2017), currently administered by the Maynard Housing Authority.

The Authority will place your name on the waiting list for the Concord Circle program when you are determined to be eligible upon the submission of your application. You will then be given only one unit offer from the waiting lists on which your control number first appears, which you will have to accept or reject, and your control number will be terminated on any other list. The Authority believes this to be a fair system of unit placement for those in need of assistance.

If you need assistance to complete the application, our staff is available Monday through Friday from 8:30 a.m. to 3:00 p.m.

Sincerely,

*Amanda Tyler*

Amanda Tyler  
Program Manager

***Equal Housing Opportunity***

**Maynard Housing Authority**  
15 Powdermill Circle, Maynard, MA 01754  
978-897-8738 fax 978-897-3583  
**APPLICATION FOR  
FEDERALLY-AIDED HOUSING**

THIS BOX IS FOR OFFICE USE ONLY

Date of Receipt: \_\_\_\_\_  
Time of Receipt: \_\_\_\_\_  
Control Number: \_\_\_\_\_  
Bedrooms: \_\_\_\_\_  
Race: \_\_\_\_\_  
Priority Category: \_\_\_\_\_  
Preference Category: \_\_\_\_\_  
Language: \_\_\_\_\_

**Incomplete applications will not be processed.** Complete all information and sign where requested. If a question is not applicable, please write N/A. If necessary to complete this application, you may request a reasonable accommodation due to a disability.

1. Legal First Name \_\_\_\_\_ Legal Last Name \_\_\_\_\_  
Address of Current Residence \_\_\_\_\_ Apt. No \_\_\_\_\_  
City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Apt. No \_\_\_\_\_  
City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Telephone (\_\_\_\_\_) \_\_\_\_\_ Work Telephone (\_\_\_\_\_) \_\_\_\_\_

2. Type of Public Housing You Are Applying For: (Check one)

- a. Elderly: ☐ Federal  
b. Non-Elderly/Handicapped: ☐ Federal

**Note: To be eligible for elderly/handicapped housing you must be at least 62 years old for federally aided housing, or handicapped. If handicapped, your handicap must be other than a history of alcohol/drug abuse.**

3. If you want to apply for Federal Emergency Housing, you must select one of the categories below:

**Note: To be eligible for Emergency applicant status you must be "homeless," which is defined by federal regulations as: an applicant who is without a place to live or who is in a living situation in which there is a significant, immediate and direct threat of life or safety that would be alleviated by placement in an appropriate unit, who has not caused or substantially contributed to the situation, who has made reasonable efforts to prevent or avoid the situation and to locate alternative housing, and who is displaced from is/her primary residence for one of the following reasons. Please check the reason that applies to your situation. (Federal Housing Program Only)**

- ☐ Displaced by Natural Forces (i.e. Fire, Flood, Earthquake)  
☐ Displaced by Public Action (i.e. Urban renewal, eminent domain)  
☐ Displaced by Public Action (i.e. Condemnation of home, code violations)  
☐ Displaced through No-fault of applicant or applicant household member(s), Severe Medical emergency and/or Victim of Abuse (domestic violence) where the housing situation significantly contributes to or is a direct threat to the life and safety of the applicant.

If you have selected one of the above emergency categories in this section, provide third party written verification as to the emergency status you are claiming.

4. Do you have any special needs due to a disability? Specify: \_\_\_\_\_

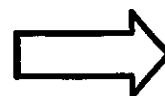
Do you need a wheelchair accessible apartment? (Check one) ☐ Yes ☐ No

Do you have the ability to climb stairs? (Check one) ☐ Yes ☐ No

5. Are you a Board Member, employee, or a member of the immediate family of an employee or Board Member of this Housing Authority? (If so, this will not necessarily disqualify your application.)

Check one) ☐ Yes ☐ No If yes, please explain: \_\_\_\_\_

6. Please indicate your primary language: \_\_\_\_\_



7. Are you living or working in the town of Maynard at the time of this application? (Check one) Yes ☐ No ☐  
In order to qualify for the "Local Preference", you must be living or working in the town of Maynard at the time of your application and at the time your name comes to the top of the Waiting List.
8. **Racial Designation:** (Responding to this question is optional.) Your status with respect to tenant selection procedures may be affected by this information. If anyone in your household is a Minority, you may classify your household in that minority category.  
(circle one) American-Indian Asian Black Hispanic White Other (specify) \_\_\_\_\_
9. Members of household to live in unit, including head of household: (attach additional sheet if necessary)

Name: First, Middle, Last	Relationship	Social Security Number	Sex	Date of Birth	Occupation or Student Status
	<b>HEAD</b>				

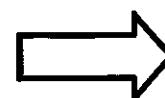
10. Is a change in the household composition expected? (Check one) ☐ Yes ☐ No  
If yes, what type of change? \_\_\_\_\_ When? \_\_\_\_\_

**11. INCOME BEFORE DEDUCTIONS**

Estimate the Gross Income anticipated for **ALL** Household Members from all sources for the next 12 months.

Household Member Name	Source of Income	Name & 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 and Annuities		\$
	Regular Unemployment or Disability Compensation		\$
	Regular Social Security Benefits and/or SSI		\$
	T. A. F. D. C. or Public Assistance		\$
	Regular Alimony Support Payments, Gifts		\$
	Other Income		\$

**TOTAL GROSS INCOME** \$ \_\_\_\_\_



**12. VETERAN'S STATUS:** A copy of the Veteran's discharge papers (Form DD214) must be submitted.

The Applicant or Co-Applicant is a US Veteran or the spouse of a US Veteran, or the guardian of a child of a deceased US Veteran or a member of the household is a dependent child of a deceased US Veteran? (Check one) ☐ Yes ☐ No

Dates of U.S. Military Service: From \_\_\_\_\_, \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_

**13. ASSETS:** List below the assets of everyone to live in the unit. Include all bank accounts, stocks and bonds, trust agreements, real estate (house, land, mobile home), etc. **DO NOT** include clothing, furniture or cars.

Household Member	Asset Type	Asset Value
		\$
		\$
		\$
		\$

Has anyone to live in the unit sold, transferred or given away an asset in the last three years? (Check one) ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

**14. List Addresses for the Last Five Years in Chronological Order: (attach additional sheet if necessary)**

(1) Current Address (Street, City, State): \_\_\_\_\_ From \_\_\_\_\_ To Present

Full Name of Property Owner: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address of Landlord (Street, City, State): \_\_\_\_\_

(2) Address: (Street, City, State) \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Full Name of Property Owner: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address of Landlord (Street, City, State): \_\_\_\_\_

(3) Address (Street, City, State): \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Full Name of Property Owner: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address of Landlord (Street, City, State): \_\_\_\_\_

**15.** Were you the age 62 or older as of January 31, 2010, and do not have a SSN? If so, were you receiving HUD rental assistance at another location on January 31, 2010? (Check one) ☐ Yes ☐ No

**16.** Have you or any one other household member ever resided in any other state other than Massachusetts? If so, list below:

\_\_\_\_\_

**17.** Have you, or any member or your household, ever received housing assistance from this or any other housing agency? (Check one) ☐ Yes ☐ No

If yes: Name of Head of Household at that time: \_\_\_\_\_

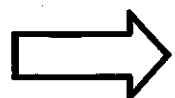
Name of Housing Agency: \_\_\_\_\_

Complete address of rental assisted unit \_\_\_\_\_

Date Moved Out: \_\_\_\_\_ Reason Moved Out: \_\_\_\_\_

**18.** Have you or any member of your household who will live in the unit, ever been convicted of a crime? (Check one) ☐ Yes ☐ No

**19.** Are you or any member of your household subject to State lifetime sex offender registration in any state? (Check one) ☐ Yes ☐ No

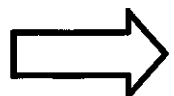


**APPLICANT'S CERTIFICATION:**

Based on this application I understand I should not make any plans to move or end my present tenancy until I have received a written Unit Offer from the Housing Authority. **I understand that it is my responsibility to inform the Housing Authority in writing of any change of address, income, or household composition.** 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 cancellation of my application. I understand that the Housing Authority will perform Criminal Background Checks on all adult members of the household.

**SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_



**CLEARLY PRINT APPLICANT'S LEGAL NAME:** \_\_\_\_\_

**GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION**

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

**ANY RELATIVE DOCUMENTATION DEEMED REQUIRED TO COMPLETE THE SCREENING PROCESS OF THIS APPLICATION.**

I hereby give you my permission to release this information to the Maynard Housing Authority 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 Maynard Housing Authority within five (5) days of receipt of this request.

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

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**AUTHORIZATION FOR RELEASE OF INFORMATION FROM LANDLORD**

I, the above named individual, have authorized the Maynard Housing Authority to verify the accuracy of the information which I have provided to the Housing Authority from the following sources (specify): **LANDLORDS**

I hereby give you my permission to release this information to the Housing Authority. I would appreciate your prompt attention in supplying the information requested on the attached page to the Housing Authority within five (5) days of receipt of this request.

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

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**AUTHORIZATION TO RELEASE INFORMATION**

I, the above named individual, hereby authorize the Maynard Housing Authority to perform criminal background checks. I also authorize each agency from whom this criminal background check is requested to release to the Maynard Housing Authority any and all information which it presently has in its files relative to my criminal record including my charges or convictions, either pending, under appeal or in final disposition.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**NOTE TO APPLICANT:** Pursuant to G.L. ch. 6 s. 168 Housing Authorities are granted access to Criminal Offender Record Information (CORI) including conviction data and pending criminal charges, for the purpose of tenant selection only and shall not be otherwise used or disseminated.

**EACH OF THE ABOVE AUTHORIZATIONS IS VALID  
FOR A PERIOD OF ONE YEAR FROM THE DATES NOTED ABOVE.**





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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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <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: 48%;"> <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>	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.