



EQUAL HOUSING OPPORTUNITY



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

STANDARD APPLICATION FOR PROJECT BASED SECTION 8 VOUCHER PROGRAM

HAVERHILL HOUSING AUTHORITY

25 C Washington Square
P. O. Box 751
Haverhill, MA 01831
Phone: (978) 372-6761
Fax: (978) 373-1107

MISSION TOWERS

180 Water Street
Haverhill, MA 01830
Phone: (978) 374-2173
Fax: (978) 374-0582

(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 return to Mission Towers, 180 Water Street, Haverhill, MA 01830.

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

2. Type of Project Based Section 8 Housing You Are Applying For:

Mission Towers (at least 62 years of age or older):

Studio ___ 1 bedroom ___ 2 bedrooms ___ 1bedroom W/C Access___ 2 bedroom W/C Access___

3. Do you have any special needs due to a disability? YES NO
If yes, please specify:

4. Do you need a wheelchair accessible apartment? (Circle One) YES NO

5. Please list the members of your 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
	HEAD		M F		
			M F		
			M F		
			M F		
			M F		
			M F		
			M F		

6. Is a change in household composition expected? (Circle One) YES NO
 If yes, what type? _____ When? _____

7. 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		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 \$ _____

8. 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 \$ _____

9. 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
		\$		
		\$		
		\$		
		\$		

10. 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: _____

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

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

12. List Addresses for each Adult Household Member for the last FIVE (5) 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: _____ Apt. # _____ 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**

(c.) Address: _____ Apt. # _____ 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**

13. References: List two (2) 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: _____

14. Have you, or any member of your household ever received housing assistance from this or any other Housing Agency Housing Authority? (Circle One) **YES NO**

If yes: Name of Head of Household at that time: _____

Relation to Present Applicant: _____ Date Moved Out: _____

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: _____

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

(Circle One) YES NO

If yes, please explain: _____

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

If yes, please describe: _____

17. **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: () _____ () _____

18. 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: _____

(b.) 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 Haverhill Housing Authority, in writing, of any change of preference status, address, income or household composition. I authorize the Haverhill 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 Haverhill Housing Authority will verify that those not claiming U.S. citizenship are eligible non-citizens. I understand that the Haverhill Housing Authority will request Criminal Offender Record Information from the Criminal History Systems Board 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 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. Queira mandá-lo traduzir.
Este es un aviso importante. Sirvase mandarlo traducir.
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。请将之译成中文。
នេះគឺជាជំនាញសំខាន់ សូមមេត្តាបកប្រែជូនជន



EQUAL OPPORTUNITY HOUSING/EQUAL OPPORTUNITY EMPLOYER

**Haverhill Housing Authority
Occupancy Department/Tenant Selection
25-C Washington Square
P. O. Box 751**



**Haverhill, Massachusetts 02148
Telephone: Phone: (978) 372-6761 Fax: (978) 373-1107**

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 Haverhill Housing Authority (HHA) 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 HHA the SSN(s) of household members at least six (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 HHA, the HHA 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 HHA. If you are an applicant and you fail to give the HHA this information, the HHA may have to reject your application or delay acting on it. If you are receiving housing assistance and you do not give the HHA this information, the HHA may have to evict you or withdraw your housing assistance.

FAIR INFORMATION PRACTICES ACT STATEMENT OF RIGHTS

The Haverhill Housing Authority (HHA) 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 HHA staff in the course of their duties.

The Fair Information Practices Act established requirements governing HHA's use and disclosure of the information it collects. Applications and tenants may give or withhold their permission when requested by HHA to provide information (subject to the exceptions above); however, failure to permit HHA 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 has a right to inspect and copy any information collected about you.
4. You may ask questions and receive answers from the HHA 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 HHA'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, Head of Household

Date