

Application for Housing AssistanceProperty: **Harvard Court**

For Agency Use Only

Whitman Housing Authority
Harvard Court, P.O. Box 334
Whitman, MA 02382
Phone: (781) 447-6363

Date
Time
Initials

Please print neatly in ink. All fields are required. Submit this form only. Incomplete, photocopied, e-mailed, or faxed applications will not be accepted. When your application has been received you will receive notification of its acceptance and placement on the waiting list. We cannot be responsible for material that is illegible or missing as a result of transmitting by fax or e-mail or lost/delayed through the mail.

Please circle # of Bedrooms Needed
All units are (1) bedroom

How did you hear about the property? (Newspaper, online, etc.)

IMPORTANT! One-third of all applicants are dropped from the waiting list due to unreported address changes. Do not let this happen to you. Report any change of address in writing to the owner/agent listed above.

Head of Household Information (please list current mailing address)

First Name:	Middle Name:	Last Name:	
Street Address:			Apartment #:
City:	State:	Zip Code:	
Phone (include area code):		Alternate Phone (include area code):	
Email Address:			

Family Information

List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the Head of Household. For Example: Spouse/partner, etc.

First Name	Last Name	Relation to Head	Birthdate	Age	Citizenship Status	Social Security #
		Head of Household				

This property does not discriminate against any person on the basis of race, color, religion, sex, handicap/disability, familial status, national origin, marital status, or sexual orientation in the admission or access to, or treatment or employment in, its federally assisted programs and activities.



Family Income Write in the approximate amount of your family's gross annual income (before deductions). Do you or anyone in your household receive the following?

Income Source	Family Member's Name	Amount Received	Documentation Needed at Eligibility Interview
Wages/Salaries (Gross Income)			Last 4-6 consecutive paystubs
Social Security, SSI, Railroad Pension (Gross Income)			Current Award Letter (dated within the last 120 days)
Unemployment			Benefit letter showing the weekly benefit amount
Child Support or Alimony Payments			Print out of most recent 12-month period for court orders or notarized statement from the absent parent and/or ex-spouse
VA Disability Benefits			Current Benefit Letter
VA Pension or Survivor's Pension			Current Benefit Letter
Annuities			Most Recent Statement/Check Stub
Pension			Most Recent Statement/Check Stub
Disability Insurance/Workers Comp			Most Recent Statement/Check Stub
Interest from Investments			Bank Statement; Form 1099 - INT
Dividends			Dividend Statement, 1099 - DIV
Trust Income			Most Recent Statement
Student or Financial Aid Income			Current Award Letter
Income from Self-Employment			Tax Documents or Profit/Loss Statement

Assets: Do you or any member of your household have any of the following assets?

Asset	Current Value	Documentation Needed at Eligibility Interview
Cash (in excess of \$1,000)		Signed Statement
Checking Account (s)		Six most recent consecutive bank statements for each account. Transaction journals are not accepted.
Savings/Money Market Account (s)		Most recent statement for each account
Debit Cards (Direct Express, Way2Go, Cash App / PayPal)		Current ATM Balance Inquiry
Stocks and Bonds		Six most recent consecutive statements for each account.
Certificate of Deposit		Most Recent Statement
Collectibles held for Investment		Copy of Certificate and statement of current value
Annuity/Annuities		Current Appraisal
Burial Insurance		Most recent Statement
Crowdfunding (Go Fund Me, Kickstarter)		Letter from Insurance Company with the policy number, current cash value and earnings (guaranteed or dividend)
Non-necessary Personal Property		Current statement showing balance in the account
IRA, Keogh or Pension Accounts		Stamp Collection, Coin Collection, Patents, Royalties, etc.
Whole Life Insurance Policy/policies		Most Recent Statement plus prior tax year 1099
		Need letter from Insurance Company with the policy/policies number, face value, current cash value and dividends earned in the previous 12 months.

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Do you or any member of your household own a home, commercial property, or other real estate either here in the United States and/or in a foreign country? ☐ Yes ☐ No

If yes, please list and provide documents.

Address: _____

Check if the Head of Household or Spouse is: ☐ 62 years or older or ☐ Disabled

Check if anyone in the household requires a mobility accessible unit: ☐

Check here if you have a reasonable accommodation request due to a disability that would allow you to meet the requirements of the application process and/or potential residency: ☐

If yes, please list the request: _____

Check here if you have a pet ☐ Do you plan to use a service or assistance animal in this facility: ☐

If yes, please describe the animal and include the weight _____

Check if you have been displaced by Natural Forces (i.e. fire, flood, earthquake) or a presidentially declared disaster ☐

Check if you have been displaced by Public Action (i.e. urban renewal, eminent domain) ☐

Check here if you have been displaced by Board of Health (i.e. no-fault condemnation, code violations) ☐

Check here if you have been displaced by Emergency Case or Domestic Abuse (i.e. severe medical emergency, victim of abuse) ☐

Check here if you reside and/or are employed in the Town of Whitman ☐

Check here if you are a veteran or the spouse of a veteran with an honorable discharge ☐

Current Housing Status: Please list addresses where you have lived during the past ten years. This includes all family members. If more space is needed, please attach paper

Address (including Apt. #)	City/State/Zip	Dates	Rental?	Manager

Student Information

Yes No Is anyone in your household a student enrolled in an institution of higher education?
If yes, please list the name and address of the Institution _____

EXPENSE INFORMATION: (Please provide documentation)

Yes No Does your household have un-reimbursed medical expense in excess of 10 percent of annual income?

Yes No Does your household pay care expenses for the care of a family member with disabilities that enable a family member to work? _____

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SCREENING BACKGROUND CHECKS:

Please be aware that applicants will undergo the following checks as part of the final screening process:

- Criminal background report
- National sex offender registry
- Credit Check

We collect data on race & ethnicity in accordance with federal regulations. People of various races may also be of Hispanic ethnicity. Please indicate if you are Hispanic. This information does not influence your application. Please circle one of the following:

Race of Head of Household (you may choose more than one of the following):

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other

Ethnicity of Head of Household (check only one)

- Hispanic or Latino
- Not-Hispanic or Latino

Language preference: English, Portuguese, Spanish Other: _____

Have you ever used or been known by any other name? _____ Yes _____ No If yes, please list names used:

PRIOR TENANCY:

Are you or any members of your household currently receiving assistance from HUD or any other type of rental assistance?
Yes No

Were any household members age 62 or older as of January 31, 2010, and who do not have a SSN, and were receiving HUD rental assistance at another location on January 31, 2010. This information is needed for the owner/agent to verify whether the household member qualifies for the exemption from disclosing and providing verification of a SSN
Yes No
If yes, please list name and address of the property _____

Have you or any members of your household ever been evicted from Federally Assisted housing or other types of housing (this includes drug-related criminal activity). Yes No

Are you or any members of your household currently engaged in illegal drug use? Yes No

Are you or any members of your household currently engaged in alcohol abuse that may threaten the health and safety of the residents or staff or hinders the peaceful enjoyment of the housing premises? Yes No

If you have answered yes to any of the above questions, please indicate which household member and the situation on a separate piece of paper to be included with this application.

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Criminal History

Are you or anyone living in your household listed on any state life-time sex offender list? Yes No

Have you or anyone living in your household been evicted from federally assisted housing for drug related criminal activity? Yes No

Have you or anyone living in your household been convicted of a crime? Yes No

Please list all of the states in which you and members of your household have resided: _____

Certification of Applicant

Please read this statement very carefully. By signing, you agree to its terms.

I hereby certify that the information I have provided in this application is true and accurate. I understand that:

Any misrepresentation or false information will result in my application being denied.

This is an application for project-based rental assistance through Whitman Housing Authority and is not an offer of housing.

I understand that I will be required to provide verification of the information I have provided in accordance with federal housing regulations.

It is my responsibility to notify Whitman Housing Authority in writing of any change of address and my application may be cancelled if I fail to do so.

My participation in the Section 8 housing program is subject to my being eligible and in compliance with HUD regulations, and that I will be subject to a criminal history check.

Signature of Head of Household

Date

Signature of Spouse or Co-head of Household

Date

Agency Signature

Penalties for misusing this consent: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. 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 or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at **208 (a) (6), (7) and (8).** Violation of these provisions are cited as violations of 42 U.S.C. Section **408 (a) (6), (7) and (8).**

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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) ☐ Emergency ☐ Unable to contact you ☐ Termination of rental assistance ☐ Eviction from unit ☐ Late payment of rent ☐ Assist with Recertification Process ☐ Change in lease terms ☐ Change in house rules ☐ Other: _____	
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.	

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.

Form HUD- 92006 (05/09)