

WHITTIER TERRACE

86 Austin Street, Worcester, MA 01609 ■ Tel (508) 791 1472 ■ Fax (508) 753 3534 ■ TTY: 711

RENTAL APPLICATION **(Affordable Programs)**

Please Print Clearly

This is a Rental Application for:	Community Name: Whittier Terrace
Please complete this application and return to:	Name: Whittier Terrace Address: 86 Austin Street Worcester, MA 01609

Instructions for Head of Household:

1. Please complete all sections by printing in ink. Please do not leave any section blank, including sections which do not apply to you. For instance, if a section asks for Social Security Income and you do not have Social Security Income, you may write "None" or "N/A" (not applicable). If you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change. Do not use correction fluid of any kind (e.g. "Whiteout").
2. As head of household, you should complete the Rental Application in its entirety. Each additional household member 18 years of age and older who will live in the apartment must also sign and date the Rental Application.
3. It is important that all information on this form be complete and correct. False, incomplete or misleading information will cause your household's application to be declined.
4. As long as your application is on file with us, it is your responsibility to contact us whenever there is a change in your address, telephone number, income situation or household composition (if you need to add or remove a person from your application).
5. After we receive your application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on a waiting list, but this does not mean that your household will be offered an apartment. If later processing establishes that your household is not actually eligible or not actually qualified for housing, your application will be declined. We will process your application according to our standard procedures, which are summarized in the Resident Selection Criteria. If there is no wait for an apartment and your application appears to be eligible, we will contact you to continue processing your application.



A. GENERAL INFORMATION

Applicant Name(s): _____ Yardi entry date: ____/____/____ by: _____

Address: _____
Street Apt.# City State ZIP

Daytime Phone: _____ Evening Phone: _____

Number of BR's in current apt: _____ Do you RENT or OWN (check one)

Amount of current monthly rental or mortgage payment: \$ _____

If owned, do you receive monthly rental income from property? Yes No (check one)

Check utilities paid by you: Heat Electricity Gas Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone, cable TV and Internet): \$ _____

Bedroom size requested: One BR Two BR Three BR Handicap Accessible

How did you hear about this Beacon Community? _____

Why have you selected/applied to live at a Beacon community? _____

Do you or any members of your household require any reasonable accommodations to be made to your apartment home? (i.e., wheelchair access, apparatus for the hearing impaired, etc.) Yes No

Do you have a Housing Choice Voucher (i.e. Section 8 Voucher)? Yes No (check one)

If yes, from which Housing Authority? _____ (please attach copy of your voucher).

B. HOUSEHOLD COMPOSITION

List ALL persons who will live in the apartment. List the head of household first.

	Name	Relationship to head	Birth Date	Age	SS#	Student Y/N (If yes, note Part time or full time)
Head						
Co-Head						
3.						
4.						
5.						
6.						
7.						
8.						

Please note if a member of the household is a Foster Child or Foster Adult, please note in the Relationship to Head column per the HUD Handbook 4350.3 Rev 3 Chapter 5.



Do you anticipate any additions to the household in the next twelve months? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:

C. STUDENT ELIGIBILITY

STUDENT ELIGIBILITY FOR THE LOW INCOME HOUSING TAX CREDIT PROGRAM

Will all of the persons in the household be or have been full time students during five calendar months of this calendar year, or the upcoming calendar year at an educational institution (other than a correspondence school) with regular faculty and students?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, answer the following questions:		
Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the full time student a Title IV/TANF recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the full time student a single parent living with his/her minor child and the parent and child are not dependants on another's tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

STUDENT ELIGIBILITY FOR HUD PROGRAMS

Is this household applying for Project Based Section 8, RAP, Rent Supp, Section 236, BMIR or Factored assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, no further questions are necessary to determine student eligibility, If yes, answer below.		
Are any household members full or part time students enrolled in an accredited institution of higher education and applying for subsidy separate from their parent or guardian?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, additional documentation may be required to determine eligibility when an apartment is available.		

D. CRIMINAL & RENTAL HISTORY BACKGROUND

Are you currently under eviction or have you been evicted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, describe:		
Have you or any member of your household ever been convicted of or pled guilty or "no contest" to any felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or any member of your household ever been convicted of or pled guilty or "no contest" to a sexual offense?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or any member of your household ever been convicted of or pled guilty or "no contest" to any drug-related criminal offense?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any member of your household currently engaging in illegal use of drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a registration requirement under a state sex offender registration program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, in what state?		
If yes, is the registration a lifetime requirement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Note: Federal regulations prohibit the admission to federally assisted housing of persons with a lifetime registration requirement under a state sex offender registration program.		



E. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write "NA". **Do not leave any section BLANK. Attach appropriate documentation for each income source to this application** (e.g. Social Security benefits statement, pay stubs, if applicable, etc.).

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Title IV/TANF	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Adoption Subsidy	\$
	Annuity Income	\$
	Veteran's Benefits (list claim #)	\$
	Disability Income	\$
	Unemployment Compensation	\$
	Worker's Compensation	\$
	Military Pay	\$
	Contributions to the Household (monetary or otherwise)	\$
	Net Income from a Business	\$
	Grants, Scholarships or other Financial Aid?	\$
	For the student(s) receiving financial aid are they over age 23 with dependent children?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	For the student(s) receiving financial aid are they applying for Section 8 as part of their parent/guardian's household?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Interest Income (source)	\$
	Rental Income from Real Estate	\$
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$

Please attach your 4 most recent, consecutive pay stubs and/or other proof of income



Household Member Name	Source of Income	Gross Monthly Amount
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Alimony	
	Are you legally entitled to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are entitled to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$
	Child Support	
	Are you legally entitled to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you are entitled to receive.	\$
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	Other Income	\$
	Other Income	\$
TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)		\$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		\$
Do you anticipate any changes to this income in the next 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any member of the household legally entitled to receive income assistance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any member of the household likely to receive income or assistance (<i>monetary or not</i>) from someone who is not a member of the household as listed on Page 2?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to any of the above, explain:		



F. ASSETS

List assets for ALL household members, 18 years or older.
If your assets are too numerous to list here, please attach additional list.
If a section doesn't apply, cross out or write NA.

Checking Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Trust Account	#	Bank	Balance \$	
Certificates of Deposit (CD)	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Credit Union	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Bonds	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
Retirement Accounts (401k, 403b, IRA, etc)	#	Administrator	Value \$	
	#	Administrator	Value \$	
	#	Administrator	Value \$	
Whole Life Insurance	#		Cash Value \$	
Whole Life Insurance	#		Cash Value \$	
Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
Investment Property				Appraised Value \$



Real Estate Property: Do you own any property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Type of property:	
Location of property:	
Appraised Market Value	\$
Mortgage or outstanding loans balance due	\$
Amount of annual insurance premium	\$
Amount of most recent tax bill	\$

Have you sold/disposed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Type of property	
Market value when sold/disposed	\$
Amount sold/disposed for	\$
Date of transaction	

Have you disposed of any other assets in the last 2 years (Example: given away money to relatives, set up Irrevocable Trust Accounts, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe the asset	
Date of disposition	
Amount disposed	\$

Do you have any other assets not listed above (excluding personal property)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list:	

G. REFERENCE INFORMATION

Current Landlord	Name:		
	Address:		
	Home Phone:		Bus. Phone:
	Dates of Tenancy:		
Prior Landlord	Name:		
	Address:		
	Home Phone:		Bus. Phone:
	Dates of Tenancy:		
Prior Landlord	Name:		
	Address:		
	Home Phone:		Bus. Phone:
	Dates of Tenancy:		



Credit Reference #1:	
Address:	
Account #:	Phone #:
Credit Reference #2:	
Address:	
Account #:	Phone #:
Personal Reference #1:	
Address:	
Relationship:	Phone #:
Personal Reference #2:	
Address:	
Relationship:	Phone #:

In case of emergency notify:	
Name:	Address:
Relationship:	Phone #:

H. DEMOGRAPHIC INFORMATION (Optional)

These are optional questions, but are important for fair housing purposes. Please indicate appropriate category. Thank you.

Ethnicity of Head of Household # _____

1. Hispanic 2. Non-Hispanic 3. Declined to Report

Race of Head of Household # _____

1. American Indian or Alaskan Native 3. African American 5. Other
2. Asian or Pacific Islander 4. Caucasian 6. Declined to Report

I. VEHICLE AND PET INFORMATION (if applicable)

List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.

Type of Vehicle:	License Plate #:	
Year/Make:	Color:	
Type of Vehicle:	License Plate #:	
Year/Make:	Color:	
Is a pet a member of your family?	Yes	No
If yes, describe:		



J. OTHER INFORMATION

Community Eligibility

Elderly and/or Disability Eligibility (where applicable): For some applicable HUD-regulated communities, we are required by HUD to request the following information for the purpose of determining eligibility for admission and/or to give special considerations with regard to allowances in determining rent. Please check the box or boxes that apply.

Head of Household, Spouse or Co-Head is:

- [] 62 years of age or older
[] 51- 61 years of age
[] Disabled

Enterprise Income Verification (EIV) System Notification

HUD's EIV System enables this community to cross reference resident-reported benefits and wage income to ensure the integrity of income and rent calculations. Please initial here that you have read this Notification. If you have any questions, you are encouraged to ask the management staff.

HOH Initials: _____ Co-Resident Initials: _____ Co-Resident Initials: _____

Federally Assisted Housing Requirement per 24 C.F.R. Part 5 Section 5.856

Federal regulations prohibit the admission to federally assisted housing of persons with a lifetime registration requirement under a state sex offender registration program.

- Do you have a registration requirement under a state sex offender registration program? _____
- If so, in what state? _____
- Is the registration requirement a lifetime requirement? _____

Implementation of the Violence Against Women and Justice Department Reauthorization Act of 2005

Are you a victim of domestic violence, dating violence or stalking? Yes No

If yes, please complete the Certification of Domestic Violence, Dating Violence or Stalking form (HUD-91066) which will be provided by the management staff upon request.



CERTIFICATION

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized apartment home in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my/our eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

In consideration for being permitted to apply for this apartment, I Applicant, do represent all information in this application to be true and that the owner/manager/employee/agent may rely on this information when investigating and accepting this Rental Application. Applicant hereby authorizes the owner/manager/agent to make independent investigations to determine my credit, financial standing, criminal background, including sex offender registration history, and character standing. Applicant authorizes any person, or background checking agency having any information on him/her to release any and all information to the owner/manager/employee or their agents or background checking agencies. Applicant hereby releases, remises and forever discharges, from any action whatsoever, in law and equity, and all owners, managers and employees or agents, both of landlord and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold harmless from any suit or reprisal whatsoever.

Beacon Residential Management Limited Partnership, Agent for this community, does not discriminate on the basis of race, color, religion, sex, national origin, familial status, physical or mental disability, ancestry, marital status, sexual orientation, age (except minors) or lawful source of income in the access or admission to its programs or employment, or in its programs, activities, functions or services.

(Signature of Resident)

Date

(Signature of Co-Resident)

Date

(Signature of Co-Resident)

Date

(Signature of Management Representative)

Date

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 use 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. 408 (a) (6), (7) and (8).

**PLEASE BE AWARE THAT EFFECTIVE AUGUST 1, 2015,
THIS WILL BE A SMOKE-FREE COMMUNITY.**

**SMOKING WILL NOT BE ALLOWED ANYWHERE ON THE PROPERTY, INCLUDING
BUT NOT LIMITED TO: APARTMENT HOMES, COMMON AREAS, PARKING LOTS AND
LANDSCAPED AREAS. THIS POLICY MEANS "NO SMOKING", NOT "NO SMOKERS".**

EVERYONE IS WELCOME TO APPLY FOR AN APARTMENT AT A BEACON COMMUNITY.



**RENTAL APPLICATION
(Affordable Programs) -- Continued**

**OPTIONAL QUESTIONS TO ASCERTAIN IF AN
APPLICANT IS ELIGIBLE FOR PRIORITY STATUS
PLEASE INDICATE YES OR NO TO EACH QUESTION**

1st Priority: Are you Homelessness due to Displacement by Natural Forces: An applicant, otherwise eligible and qualified, who has been displaced by:

- (i) fire not due to the negligence or intentional act of applicant or a household member;
- (ii) earthquake, flood or other natural cause; or
- (iii) a disaster declared or otherwise formally recognized under disaster relief laws.

YES _____ No _____

2nd Priority: Are you Homelessness due to Displacement by Public Action (Urban Renewal): An applicant, otherwise eligible and qualified, who will be displaced within 90 days, or has been displaced within the three years prior to application, by:

- (i) any low rent housing project as defined in M.G. L. c. 121B, § 1, or
- (ii) a public slum clearance or urban renewal project initiated after January 1, 1947, or
- (iii) other public improvement.

YES _____ No _____

3rd Priority : Are you Homelessness due to Displacement by Public Action (Sanitary Code Violations): An applicant, othwise eligible and qualified, who is being displaced, or has been displaced within 90 days prior to application, by enforcement of minimum standards of fitness for human habitation established by the State Sanitary Code or local ordinances, provided that:

- (i) neither the applicant nor a household member has caused or substantially contributed to the cause of enforcement proceedings; and
- (ii) the applicant has pursued available ways to remedy the situation by seeking assistance through the courts or appropriate administrative or enforcement agencies.

YES _____ No _____

Note: For purposes of this subsection, "enforcement" is interpreted as a formal condemnation of the apartment. Citation for code violations does not, without more, constitute a condemnation.



4th Priority: Are you Involuntary Displaced by Domestic Violence: “Domestic Violence” as defined in M.G.L. c. 209A means actual or threatened physical violence directed against one or more members of the applicant’s family by a spouse or other member of the applicant’s household. An applicant is involuntarily displaced by domestic violence if:

- (i) The applicant has vacated a housing unit because of domestic violence; or
- (ii) The applicant lives in a housing unit with a person who engages in domestic violence.

YES _____ No _____

If the applicant is still living in the housing unit with a person who engages in domestic violence at the time of selection, the violence must have occurred within six months or be of a continuing nature.

Priority for Involuntary Displacement by Domestic Violence applies only to households with one or more children under the age of 18.

Head of household must initial verifying the Priority status selection here:

(initial above)



VERIFICATION OF LANDLORD HISTORY

ALL APPLICANTS: PLEASE SIGN 2ND PAGE ONLY. FORM TO BE FILLED IN BY WHITTIER TERRACE'S STAFF.

DATE: _____

TO: _____

FROM: Whittier Terrace
86 Austin Street
Worcester, MA 01609
PH: 508-791-1472 /Fax: 508-753-3534

SUBJECT: Verification of Information Supplied by the Applicant Shown Below for Housing Assistance

NAME _____
SSN _____
ADDRESS _____

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the Property Manager of the property shown at the top of this form. Your prompt return of this information will help to assure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelop for this purpose. The applicant/resident has consented to this release of information as shown here.

INFORMATION BEING REQUESTED BY LANDLORD/PREVIOUS LANDLORD

1. When did the referenced applicant move in: _____
2. When did the referenced applicant move out: _____ (if applicable).
3. How many bedrooms? _____; how many persons lived in the unit? _____
4. What was the monthly rent? \$ _____. Please circle which utilities were included in the monthly rent: Gas/Electric/Water
5. Was the applicant ever late in the payment of the monthly rent? _____? If yes, and after the 5th day of the month, how many times was the applicant late over the past twelve (12) months?

6. What living conditions did the applicant maintain? Please check.
 Acceptable housekeeping (safe and sanitary)
 Unacceptable housekeeping. Please describe (including but not limited to pest infestation, hoarding, etc.):



7. Was the applicant destructive to the apartment/home or the surrounding public areas? _____ . If yes, please explain:

7. Did you receive any resident complaints in reference to the applicant? _____ .
 If yes, please explain:

8. Did the applicant give a proper vacate notice? _____ . What was the reason given for vacating?

9. Would you re-rent to the applicant in the future? _____ If not, why:

10. Additional Comments:

Print Name and Title of Person Supplying the Information	Name of Agency/Organization
Signature of Person Supplying the Information	Date
	Telephone Number with Area Code

YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.

RELEASE I hereby authorize the release of the requested information.

Signature of Applicant	Date
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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 use 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. 408 (a) (6), (7) and (8).



OPTIONAL

**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.

Form HUD- 92006 (05/09)



Applicant's and Resident's Right to Request a Reasonable Accommodation

If you have a disability and you need:

- A *change or waiver in the rules or policies* of the community to afford equal access and full enjoyment of your apartment home, the common facilities or to participate in special programs located at the community;
- A *physical modification* in your apartment or to some other feature of the community which would afford you equal access and full enjoyment of your apartment home or use of the facilities located at the community; or
- A *more effective means of communication* to provide official information or permit you to contact the management office.

Then you can request these modifications or exceptions to how the community conducts its operations by making a request for a Reasonable Accommodation. The right to request a Reasonable Accommodation is established under federal and state law.

If you have a physical or mental limitation (disability) which meets the legal definitions under federal and state law and have a request that is not too expensive or difficult to arrange *and* this request will provide you with improved use of your apartment home or the common facilities of the community, then we will try to fulfill your request.

You may make this request in writing by completing a Reasonable Accommodation Request Form or some other type of permanent and comprehensible document (e.g., a tape cassette) which answers all the questions on the Request Form. If you need assistance completing the Request Form, we can put you in touch with group(s) that can better assist you. If you require additional information about our procedures, we will be happy to explain them in a manner that is fully comprehensible by you. If this requires the use of sign language or another alternative form of communication, we will attempt to meet your needs.

We will give you an answer within ten (10) working days of our receipt of a Reasonable Accommodation Request unless there is a problem getting the information we require to verify the appropriateness of the request. If we require additional time, we will notify you and explain the reason for the delay. We will let you know if we require additional information or if we would like to propose an alternative solution which has an equal outcome to the accommodation requested.

If for any reason we are unable to fulfill your accommodation request, we will provide you with an explanation. You will then have ten (10) working days from the date of denial to provide additional information before we consider the matter closed.

You may obtain a Reasonable Accommodation Request Form at the management office. If you have a disability and have any comments on your experience at the community, please contact the onsite Property Manager who will make arrangements for you to be contacted to discuss your experience.

Applicant/Resident Signature

Date



Do Not Write Below this LINE – MANAGEMENT USE ONLY

Application Processing

Approved: _____ Approved by: _____ Waitlist(s): _____
Date Signature Title
(Approval is only for waiting list placement, final eligibility will be determined at move in).

Disapproved: _____ Disapproved by: _____ Reason: _____
Date Signature Title

Applicant notified in writing on (date): _____ (written notification attached)

Appeal Processing

Applicant appealed decision on (date): _____ (written notification attached)

Applicant notified of informal conference on (date) _____ by _____
(written notification attached)

Applicant appeal reviewed by: _____
Signature Title Date

Appeal decision: _____ Approved _____ Disapproved

Applicant notified in writing on (date) _____ (written notification attached)



Exhibit 3-3: Owners Notice No. 1

Dear Applicant/Resident:

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than U.S. citizens or nationals, or certain categories of eligible noncitizens, in the following HUD programs:

- a. Section 8 Housing Assistance Payments programs;
- b. Section 236 of the National Housing Act including Rental Assistance Payment (RAP); and
- c. Section 101/Rent Supplement Program.

You have applied, or are applying for, assistance under one of these programs; therefore, you are required to declare U.S. Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are seeking housing assistance. You must do the following:

1. Complete a Family Summary Sheet, using the attached blank format (identified as Exhibit 3-4) to list all family members who will reside in the assisted unit.
2. Each family member (including you) listed on the Family Summary Sheet must complete a Citizenship Declaration (see Exhibit 3-5) If there are 10 people listed on the Family Summary Sheet, you should have 10 completed Citizenship Declarations. The Citizenship Declaration has easy-to-follow instructions and explains what, if any other forms and/or evidence must be submitted with each Citizenship Declaration.
3. Submit the Family Summary Sheet, the Citizenship Declarations, and any other forms and/or evidence to the name and address listed below by with your application.

This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached items or determining the type of documentation required, please contact the Management Office at 508-580-1404. They will be happy to assist you. Also, if you are unable to provide the required documentation by the date shown above, you should immediately contact this office and request an extension, using the block provided on the Citizenship Declaration. Failure to provide this information or establish eligible status may result in your not being considered for housing assistance.

If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, your family may be eligible for proration of assistance. That means that when assistance is available, a reduced amount may be provided for your family based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, that assistance may be provided to you if at least one member of your household has submitted the required documentation. Following verification of the documentation submitted by all family members, assistance may be adjusted depending on the immigration status verified. You will be contacted as soon as we have further information regarding your eligibility for assistance.

If you have any questions, please contact the Management Office at 508-791-1472

Sincerely,

Exhibit 3-5: Citizenship Declaration

INSTRUCTIONS: Complete this Citizenship Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME _____

FIRST NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

LAST 4 OF SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

ADMISSION NUMBER _____ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. _____
(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Citizenship Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

DECLARATION

I, _____ hereby declare, under penalty of perjury, that I am _____
(print or type first name, middle initial, last name):

_____ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____

_____ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below. If you checked this block and you are less than 62 years of age, you should submit the following documents:

a. Verification Consent Form (Exhibit 3-6).

AND

b. One of the following documents:

- (1) Form I-551, Permanent Resident Card.
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
 - (a) "Admitted as Refugee Pursuant to section 207";
 - (b) "Section 208" or "Asylum";
 - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
 - (a) A final court decision granting asylum (but only if no appeal is taken);
 - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
 - (c) A court decision granting withholding or deportation; or
 - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (4) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (5) Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.

If #2 above is checked, sign and date below and submit the documentation required above with this declaration and a verification consent form to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below. If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

Signature

Date

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in Section 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature

Date

Check if adult signed for a child: _____

_____ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If #3 is checked, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this form to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____

Exhibit 3-6: Verification Consent Form

INSTRUCTIONS: Complete this form for each noncitizen family member who declared eligible immigration status on the Citizenship Declaration. If this form is being completed on behalf of a child, it must be signed by the adult responsible for the child.

CONSENT

I, _____ hereby consent to the following:
(print or type first name, middle initial, last name)

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it to the following:
 - a. HUD, as required by HUD; and
 - b. The DHS for purposes of verification of the immigration status of the individual.

NOTIFICATION TO FAMILY:

Evidence of eligible immigration status shall be released only to the DHS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the DHS.

Signature

Date

Check here if adult signed for a child: _____

Exhibit 3-4: The Family Summary Sheet

Member No.	Last Name of Family Member	First Name	Relationship to Head of Household	Sex	Date of Birth
Head					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

(To be completed by Applicant/Resident)

Exhibit 3-7: Owner's Summary of Family

Member No.	Last Name of Family Member	First Name of Family Member	Relationship to Head of Household	Sex	Date of Birth	Declaration	Date Verified	Document Expiration Date
Head								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

(To be completed by site staff)