

PEABODY

HOUSING AUTHORITY

Board of Commissioners

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Executive Director

ANNE MARIE BURNS

Dear Applicant:

This notice applies to any elderly applicant who is a Veteran, the spouse, surviving spouse, dependent parent or child or divorced spouse with a dependent child of a Veteran..

An Act Relative To Housing, Operations, Military Service, and Enrichment was signed into law on July 14, 2016.

This law removes the requirement for those elderly applicants whom are veterans to be local residents in order to receive the veterans preference.

On this application you will see that on Section 5, paragraph b. it still states the local resident requirement.

The Department of Housing and Community Development will be updating the housing regulation and then will update the application.

Until the application has been changed please disregard Section 5, paragraph b.

If you have any questions please feel free to call 978-531-1938.

Sincerely,
Peabody Housing Authority Tenant Selection Department



Peabody Housing Authority
75 Central Street
Peabody, MA 01960
(978) 531-1938

THIS BOX IS FOR OFFICE USE ONLY

| | |
|----------------------|--|
| Date of receipt: | |
| Time of receipt: | |
| Control Number: | |
| Bedrooms: | |
| Race: | |
| Priority Category: | |
| Preference Category: | |
| Language: | |

**STANDARD APPLICATION FOR STATE-
AIDED PUBLIC HOUSING**

Incomplete applications will not be processed. Please complete all information on the application. If a question is not applicable, please write N/A. Make sure you sign the last page.

1. Name of Applicant _____
- Address of Current Residence _____ Apt # _____
- City/Town _____ State _____ Zip Code _____
- Mailing Address _____ Apt # _____
- City/Town _____ State _____ Zip Code _____
- Home Telephone () _____ Work Telephone () _____

2. Type of Public Housing You Are Applying For: (Circle One)

- a. Family b. Elderly/Handicapped c. Handicapped

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

3. (a) **Local Veteran's Preference:** (Only for Elderly/Handicapped Housing) You may apply for Veteran's Preference if you are a wartime Veteran who resides in this City or Town.

(b) **Veteran's Preference** (Only for Family Housing) You may apply for Veteran's Preference if you are a wartime Veteran, the spouse, surviving spouse, dependent parent or child, or divorced spouse with a dependent child of a wartime Veteran.

(c) If you wish to apply for either 3(a) or 3 (b) above, list dates of U.S. Military service:
From _____, _____ to _____, _____

(d) For Family Housing applicants, check applicable Veteran category:

_____ Service connected disability _____ Family of a deceased veteran whose death was service connected _____ Other veteran

EQUAL HOUSING OPPORTUNITY

A copy of the Veteran's discharge or operation papers must be submitted with this application.

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

Do you need a wheel chair accessible apartment? (circle one) Yes No

5. Do you want to apply for Emergency Housing? (circle one) Yes No

If you circled "Yes" then you **MUST** fill out an Emergency Application and submit it with this Standard Application.

6. Are you currently living in non-permanent transitional housing which is subsidized under the Massachusetts Alternative Housing Voucher Program? (circle one) Yes No

If yes, you must attach documentation verifying AHVP participation.

7. **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)_____

8. **Number of Bedrooms needed:** (circle one) 1 2 3 4

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 |
|---------------------------|--------------|------------------------|-----|---------------|------------------------------|
| | HEAD | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**This will be used only for verifying income, assets, deductions and CORI.*

10. Is a change in the household composition expected? (circle 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. 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 and Annuities | | \$ |
| | Regular Unemployment or Disability Compensation | | \$ |
| | Regular Social Security Benefits and/or SSI | | \$ |
| | TAFDC, EAFDC, or Public Assistance | | \$ |
| | Regular Alimony Support Payments, Gifts | | \$ |
| | Other Income | | \$ |

TOTAL GROSS INCOME \$ _____

12. EXPENSES

| | |
|---|--|
| Extraordinary Expenses Required by Employer | |
| Expense for Care Of Children Or Sick/Incapacitated Person If Necessary For Employment | |
| Unreimbursed Medical Expenses | |

| | |
|-----------------------------------|--|
| Alimony or Child Support Payments | |
| Health Insurance | |
| Other | |

Total Expenses: \$ _____

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

| Household Member | Asset Type/Asset Value | Income | Imputed Income (Office Only) |
|------------------|------------------------|--------|---------------------------------|
| | / \$ | \$ | |
| | / \$ | \$ | |
| | / \$ | \$ | |
| | / \$ | \$ | |

14. Does anyone in your household own a car? (circle one) YES NO
 Make of Car _____ Year _____ Reg. Number _____
 Make of Car _____ Year _____ Reg. Number _____

15. **References:** List two references. These should not be relatives or household members.

(1) Name: _____ Telephone # () _____
 Address: _____ City: _____ State: _____ Zip: _____
 (2) Name: _____ Telephone # () _____
 Address: _____ City: _____ State: _____ Zip: _____

16. List Addresses for the Last Five Years in Reverse Order:

(1) Address _____ Apt No. _____ 19 _____ to present
 City/Town _____ State _____
 Name of Landlord: _____ Telephone: () _____

(2) Address _____ Apt No. _____ from _____ to _____
 City/Town _____ State _____
 Name of Landlord: _____ Telephone: () _____

(3) Address _____ Apt No. _____ from _____ to _____
 City/Town _____ State _____
 Name of Landlord: _____ Telephone: () _____

(4) Address _____ Apt No. _____ from _____ to _____
City/Town _____ State _____
Name of Landlord: _____ Telephone: () _____

(5) Address _____ Apt No. _____ from _____ to _____
City/Town _____ State _____
Name of Landlord: _____ Telephone: () _____

17. Have you, or any member of your household, ever received housing assistance from this or any other housing agency? (circle one) **YES** **NO**

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

Relationship to Present Applicant: _____

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: _____

18. Do you have a place of employment in this City? (circle one) **YES** **NO**

If **YES** name and address of employer: _____

19. 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.) (circle one) **YES** **NO**

If **YES**, please explain: _____

20. Do you have any Pets? (circle one) **YES** **NO**

If **YES**, please describe: _____

21. 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 or in cases of an emergency.

Name: _____ Relationship: _____

Address: _____

City/Town: _____ State: _____ Telephone: () _____

22. Criminal Record: Have you or any member of your household who will live in the unit been convicted of a misdemeanor? (circle one) **YES** **NO**

Have you or any member of your household who will live in the unit been convicted of a felony? (circle one) **YES** **NO**

If yes, please explain: _____

APPLICANT'S CERTIFICATION:

I understand that this application is not an offer of housing. I understand that the Housing Authority will make no more than one offer of an appropriate public housing unit. If I do not accept that offer, my application will be removed from the waiting list, and, if I reapply, my application will not receive any priority or preference received on the prior application for a period of three (3) years.

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 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 request Criminal Offender Record Information from the Criminal History Systems Board for all adult members of the household.

I acknowledge receipt of the Fair Information Practices Act Statement of Rights for all adult members of the household.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.

Applicant's signature: _____ Date: _____

Reviewer's signature: _____ Date: _____

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

| | |
|--|--|
| Applicant Name: | |
| Mailing Address: | |
| Telephone No: | Cell Phone No: |
| Name of Additional Contact Person or Organization: | |
| Address: | |
| Telephone No: | Cell Phone No: |
| E-Mail Address (if applicable): | |
| Relationship to Applicant: | |
| Reason for Contact: (Check all that apply) | |
| <input type="checkbox"/> Emergency | <input type="checkbox"/> Assist with Recertification Process |
| <input type="checkbox"/> Unable to contact you | <input type="checkbox"/> Change in lease terms |
| <input type="checkbox"/> Termination of rental assistance | <input type="checkbox"/> Change in house rules |
| <input type="checkbox"/> Eviction from unit | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Late payment of rent | |
| Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you. | |
| Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law. | |
| Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975. | |

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

| | |
|--|--|
| | |
|--|--|

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.