

REVERE HOUSING AUTHORITY

78 COLEDGE STREET

REVERE, MA 02151

781-284-4394

1 BDRM

*elderly 62 or older  
or disabled any age*

Control # \_\_\_\_\_

Priority STE: \_\_\_\_\_ Pref: A B C

Age \_\_\_\_\_ Race: W B AI A H O

B/R \_\_\_\_\_ Income: Yr \_\_\_\_\_ Mo \_\_\_\_\_

Rent \_\_\_\_\_ Cori L.L. Ref. \_\_\_\_\_

APPLICATION FOR  
CARL HYMAN TOWERS  
50 WALNUT AVENUE

APPLICANT INFORMATION:

Name (Head of Household): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

FAMILY COMPOSITION:

If you have a spouse/partner who plans to live with you, please list his/her information. If you do not have a spouse/partner who plans to live with you, please skip this section.

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

DO YOU NEED A WHEELCHAIR ACCESSIBLE APARTMENT? (circle one) YES NO

VETERANS PREFERENCE:

Local Veteran's Preference: You may apply for Veteran's Preference if you are a wartime veteran, widow/widower who resides in Revere. You must submit a copy of your DD214 (military discharge papers).

If you are applying for Veteran's Preference, please list dates of military service:

\_\_\_\_\_ to \_\_\_\_\_

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) \_\_\_\_\_

**HOUSEHOLD INCOME:**

Household Member Name	Relationship to Head of Household	Source of Income	Gross Monthly Income
	HEAD		

You must submit proof of income such as Social Security print-outs, paystubs, pension payment verification, etc. COPIES OF CHECKS WILL NOT BE ACCEPTED.

Are you employed by a business or service agency in Revere? (circle one) YES NO  
 If yes, please list the name and address of your employer below:

\_\_\_\_\_

**ASSETS:**

Do you have any assets? If YES, please explain. \_\_\_\_\_

You must submit verification of assets such as bank statements, interest income statements, etc.

**LANDLORD INFORMATION:**

Please list your landlords for the past five years beginning with your present information:

1. Address: \_\_\_\_\_ From \_\_\_\_\_ to present  
 City/Town: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Name of Landlord: \_\_\_\_\_ Telephone # \_\_\_\_\_  
 Landlord's Address: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

2. Address: \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
 City/Town: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Name of Landlord: \_\_\_\_\_ Telephone # \_\_\_\_\_  
 Landlord's Address: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

3. Address: \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
 City/Town: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Name of Landlord: \_\_\_\_\_ Telephone # \_\_\_\_\_  
 Landlord's Address: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**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 cases of emergency.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

**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 that was granted on the prior application for a three (3) year period.

Based on this application I understand that 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 request a 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 \_\_\_\_\_

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: \_\_\_\_\_  
Relation 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: \_\_\_\_\_  
\_\_\_\_\_

Are you a Board Member, employee or 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: \_\_\_\_\_

**PETS:**

Do you have any pets? (circle one) YES NO If YES, please describe: \_\_\_\_\_

**CRIMINAL OFFENDER RECORD INFORMATION:**

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

If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_  
\_\_\_\_\_

REVERE HOUSING AUTHORITY  
70 COOLEIDGE STREET  
REVERE, MA 02151  
781-284-4394  
V-TTY- 781-284-1549

APPLICATION FOR CARL HYMAN TOWERS AT 50 WALNUT AVENUE

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.  
APPLICATIONS MUST BE COMPLETED IN INK!

You must submit the following information in order to submit a complete application:

1. Proof of Residence. Verified by a copy of a lease, driver's license, or utility bill. If you are homeless, a letter from a shelter or housing search agency will suffice.
2. Verification of Income. Verify income for all family members. Verified by copies of paystubs, printouts from Social Security, RAEDC, etc. COPIES OF CHECKS ARE NOT ACCEPTED!
3. Verification of Age. Copies of birth certificates for all family members.
4. Verification of Rental Payment. Copies of cancelled checks, money order stubs, and utility statements (if you are responsible for utilities). HANDWRITTEN RECEIPTS ARE NOT ACCEPTED!
5. VETERAN Preference. DD214 must be submitted to be eligible for Veteran's preference. For Hyman Towers applicants, applicant must reside in Revere.
6. Verification of Social Security Number. Applicants without a valid S.S. # are deemed ineligible.
7. Please sign all forms attached to this application: Request for Accommodation; Declaration of Residency; General Authorization for Release of Information; Fair Information Practices Act Statement of Rights. If you fail to sign any of these forms, your application will be deemed incomplete.

provide  
copies  
with  
application

INFORMATION FOR HYMAN TOWERS APPLICANTS

1. Only ORIGINAL APPLICATIONS will be accepted. Photocopies will be returned.
2. Hyman Towers is an ELDERLY BUILDING. Only the Elderly & ONE bedroom disabled applicants are eligible. FAMILY applicants who apply will be deemed INELIGIBLE. Such persons must submit an application for FAMILY HOUSING.
3. The average estimated waiting period for applicants is at least TWO YEARS for Revere residents and over TEN YEARS for non-residents of the city.

REVERE HOUSING AUTHORITY  
70 COOLEIDGE STREET  
REVERE, MA 02151  
781-284-4394  
781-284-0065 FAX  
781-284-1549 V-TTY

APPLICANT'S DECLARATION OF RESIDENCY  
AND AUTHORIZATION TO RELEASE INFORMATION

I hereby declare that I am "homeless" as defined by the state regulations,  
and that I am a resident of \_\_\_\_\_ the

City/Town:

(check one) \_\_\_\_\_ from which I was displaced through no fault of my  
own

\_\_\_\_\_ in which I am temporarily housed

I certify that I have not declared myself a resident in any other city or town  
for the purpose of obtaining local resident preference, and I hereby authorize  
other local housing authorities and nonprofit agencies to release information  
to the Housing Authority to verify this certification. If my temporary  
address changes, and I need to change my declaration of local residency, I  
will immediately notify the Housing Authority, and I authorize other local  
housing authorities and nonprofit agencies to immediately notify the  
Housing Authority of the change.

Signed under the pains and penalties of perjury.

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

\_\_\_\_\_  
Date

REVERE HOUSING AUTHORITY  
70 COOLEIDGE STREET  
REVERE, MA 02151.

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

I, the above-named individual, have authorized the REVERE HOUSING AUTHORITY to verify the accuracy of the information which I have provided to the Housing Authority, from the following sources:

EMPLOYMENT (PAST & PRESENT WAGES, PENSIONS/ANNUITIES), SELF-EMPLOYMENT INCOME, U.S. SOCIAL SECURITY ADMINISTRATION (SS BENEFITS, SSI BENEFITS, AND SOCIAL SECURITY NUMBER), STATE WELFARE AGENCIES (AFDC, GENERAL RELIEF, ETC. BENEFITS), STATE EMPLOYMENT SECURITY AGENCIES (UNEMPLOYMENT BENEFITS), HEALTH AND ACCIDENT INSURANCE & WORKMAN'S COMP., U.S. DEPARTMENT OF VETERANS AFFAIRS, FEDERAL, STATE, OR LOCAL BENEFITS, BANK AND OTHER FINANCIAL INSTITUTIONS (ASSET INCOME, INTEREST, IRA, CD'S, STOCKS & BONDS, ETC.), COURT RECORDS (ALIMONY, CHILD SUPPORT), FAMILY COMPOSITION, CREDIT HISTORY, OTHER INCOME—REGULAR ALLOWANCES OF GIFTS FROM ANOTHER PERSON, LOTTERY WINNINGS, COMMISSIONS, TIPS, BONUSES, FOSTER CARE, HANDICAPPED ASSISTANCE EXPENSES, MEDICAL CARE, MEDICAL INSURANCE PREMIUMS; AND EXPENSES, SCHOOLS AND COLLEGES (TUITION AND FEES), CHILD CARE EXPENSES (DAY CARE).

I hereby give you my permission to release this information to the REVERE 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 REVERE 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.

Thank you for your assistance and cooperation in this matter.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Copy to Signee

This Authorization is valid for a period of one year from the date noted above.

## FAIR INFORMATION PRACTICES ACT STATEMENT OF RIGHTS

The Revere Housing Authority collects information about applicants and tenants for its housing programs as required by law in order 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, other housing authorities, and to civil or criminal investigators or prosecutors. Otherwise, the information will be kept confidential and used only by housing authority staff in the course of their duties.

The Fair Information Practices Act established requirements governing housing authorities' use and disclosure of the information it collects. Applicants and tenants may give or withhold their permission when requested by a housing authority to provide information, however, failure to permit the housing authority 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 disclosed to any person other than those described above without your consent.
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 housing authority about how it will collect and use your information.
5. You may object to the collection, maintenance, dissemination, use, accuracy, completeness or type of information the housing authority holds about you. If you object, it will investigate your objection and either correct the problem or make your objection part of your file. If you are dissatisfied, you may file a grievance under the housing authority's grievance procedure.

I have read and understood this Fair Information Practices Act Statement of Rights and have received a copy for future reference.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



NOTICE TO ALL APPLICANTS:  
REASONABLE ACCOMMODATIONS ARE AVAILABLE FOR APPLICANTS  
WITH MENTAL AND/OR PHYSICAL DISABILITIES

Local Housing Authority (LHA) does not discriminate against applicants on the basis of mental or physical disabilities. In addition, the LHA has an obligation to provide "reasonable accommodation" on account of a disability if an applicant or a household member is limited by the disability and for this reason needs such an accommodation. A reasonable accommodation is a change that the LHA can make to its facilities or practices that will assist an otherwise eligible person with a disability to overcome the ~~limitations imposed by his or her disability and to be able to participate in the LHA's~~ housing or programs. Such a change must be financially and programmatically feasible for the housing authority.

An applicant household which has a member with a mental and/or physical disability must still be able to meet essential obligations of tenancy (for example, the household must be able to pay rent, to care for the apartment, to report required information to the LHA, and to avoid disturbing neighbors), but an accommodation may be the basis by which the household is able to meet those obligations of tenancy.

The LHA has an Accommodation Coordinator. If you need an accommodation because of a disability, please complete the attached form and return it to the LHA. You must also submit medical documentation verifying the existence of a disability, and the need for an ~~accommodation to overcome these limitations and to participate in the LHA's housing or~~ programs. Within thirty (30) days of receipt of your request and documentation, the Accommodation Coordinator will contact you to discuss what the LHA can reasonably do to accommodate you on account of your disability.

If you or a member of your household has a mental and/or physical disability, and as a result you need an accommodation, you may request it at any time. However, you are not obliged to make such a request, and if you prefer not to do so that is your right.



5/7/04

REQUEST FOR ACCOMMODATION

To: Accommodation Coordinator  
REVERE Housing Authority

Authority Address: 70 Cooledge Street  
Revere, MA. 02151

From: \_\_\_\_\_ Control Number \_\_\_\_\_  
Applicant Name (please print)  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Town/City, State, Zip  
( )  
\_\_\_\_\_  
Area Code/Telephone Number

1. I have a disability which limits me in the following ways (describe): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. On account of these limitations, I request the following be done in order to permit me to participate fully in the Housing Authority's housing programs. (Describe)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Documentation verifying the existence of my disability, my limitations on account of it, and my need for accommodation is attached. (Attach appropriate documentation)

4. I attest that the foregoing information is true and correct.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



5/7/04

REVERE HOUSING AUTHORITY  
70 Cooledge Street-Revere-MA-02151  
Phone #781 284 4394  
V-TTY 781 284 1549

Verification of Handicapped Status for State-Aided Elderly/Handicapped Housing

Name of Physician or Other Professional: \_\_\_\_\_

Profession: \_\_\_\_\_

Address  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

VERIFICATION OF HANDICAPPED STATUS FOR STATE-AIDED ELDERLY/HANDICAPPED HOUSING

Applicant's Name \_\_\_\_\_

Applicant Control Number \_\_\_\_\_

Applicant's Address \_\_\_\_\_  
\_\_\_\_\_

I hereby authorize release of the following information: \_\_\_\_\_ Applicant's Signature

The Housing Authority may request verification that an applicant has a qualifying physical or mental impairment in order to determine the applicant's eligibility for elderly/handicapped housing. The applicant has authorized above your release of the requested information. We would appreciate your prompt response to the questions on the reverse side of this letter. If you have questions, please contact our office. Thank you for your anticipated cooperation.

Sincerely,

\_\_\_\_\_  
Executive Director or Tenant Selector or Assistant Tenant Selector

(continued on next page)

THE FOLLOWING TO BE COMPLETED BY PHYSICIAN (OR OTHER PROFESSIONAL)

Note: an applicant's eligibility for Elderly/Handicapped Housing is contingent on the Authority being able to identify and understand whether the applicant has a qualifying impairment and how it affects his or her housing needs. Please be sure to complete this form legibly and in a manner that allows the Authority to meaningfully evaluate the applicant's eligibility.

1. Does the applicant have one or more physical or mental impairments, other than a history of alcohol or substance abuse, which substantially impede(s) his or her ability to live independently? Circle the appropriate answer.\*

Yes / No

Comment:

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2. If Yes to question 1 above, would suitable housing conditions improve the applicant's ability to live independently and, if so, what sort? Be specific.

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3. If Yes to question 1 above, is the anticipated duration of the applicant's impairment(s) more than six (6) months? Circle the appropriate answer.

Yes / No

If the anticipated duration is indefinite so specify, and estimate the approximate duration to the best of your ability:

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4. Other comment:

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CERTIFICATION

I certify that the information provided above represents my professional judgment and is true and accurate to the best of my knowledge and belief.

Signature

Date

Printed Name

Telephone

Street

City & State

Zip

\*Note: an applicant that has a history of alcohol or substance abuse may still be eligible for Elderly/Handicapped Housing if the applicant has one or more qualifying physical or mental impairments in addition to the history of alcohol or substance abuse and is otherwise eligible and qualified for such housing.