

70 COOLEDGE STREET

REVERE, MASSACHUSETTS 02151

TEL: 781-284-4394

FAX: 781-284-0065

www.revereha.org

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| --- |
| Standard Application for Federal Public Housing |

*Equal Housing Opportunity*

The information which you are being asked to provide as the head of household is used to determine if your Household is both eligible and qualified for admission to the programs indicated below. This information is subject to verification, and you will be required to sign releases that will permit the Authority to confirm all information provided below. By signing this application, you are certifying that the information you have provided is correct. Misrepresentation of information is grounds for removal from the waiting list or eviction from housing.

For applicants to federal housing, Title 18, Section 1001 of the U.S. Code states that it is a felony to intentionally make false or fraudulent statements to any federal department or agency. As the information provided below may be shared with the U.S. Department of Housing and Urban Development, misrepresentation of information is a felony.

Incomplete applications will not be processed. You will be notified by letter that your application is incomplete. It is the responsibility of the applicant to provide all required information for the program(s) which you have indicated. If a question is not applicable to your household, please indicate this on the application. Your household will be added to the waiting list for the programs specified on this application only at the time that the application is complete. **Faxed or emailed applications will not be excepted.**

*Please Print all Answers Legibly*

**Name of Applicant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Apt. No:** \_\_\_\_\_\_\_\_\_\_\_

**City /Town**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State: \_\_\_\_\_\_\_** Zip**:**\_\_\_\_\_\_\_\_\_\_

**Home Telephone: \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Work Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Best # to reach you:** (circle one) Home Cell Work

**Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City /Town**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State: \_\_\_\_\_\_\_** **Zip:**\_\_\_\_\_\_\_\_\_\_

*Please indicate the programs for which you believe you are eligible and wish to apply. The RHA Tenant Selection Staff will make the final determination as to which programs you are eligible and will place you on the appropriate waiting list(s):*

|  |  |
| --- | --- |
| **Federal Elderly/Disabled Housing** |  |
| **Federal Family Housing** |  |

1. Is there a member of your Household who requires a physically modified unit to address a disability? Please indicate below.

|  |  |
| --- | --- |
| **No unit modifications required** |  |
| **A wheelchair accessible unit** |  |
| **A sensory-impaired accessible unit** |  |
| **Other physical adaptions** |  |

1. Are you and each member of your household a U.S. Citizen, or do you and each household member possess eligible immigrant status which can be verified with the U.S. Immigration and Naturalization Service?  Yes No
2. Do any of the Preference Categories listed below pertain to your current status? Please select all that describe your household. RHA staff will review the basis of your claimed Preference to determine if you are eligible for the Preference.

|  |  |
| --- | --- |
| Federal Public Housing Tenant Transfers |  |
| Lives, works or has been hired to work in the jurisdiction. |  |

1. Please indicate all racial, minority, or ethnic group(s) to which household members belong by circling the appropriate group(s) listed below. An answer to this question is not mandatory for completion of this application. (circle one)

**Native American Asian African-American White Hispanic Non-Hispanic**

1. Number of Bedrooms Requested. (The Authority will determine final eligibility for the bedroom size requested.)

**(Circle One)** **1 2 3 4**

1. Please provide the full name including middle initial of all Household member who will be living in the unit, their date of birth, sex, relationship to the Head of Household, and Social Security Number. Social Security #s will be used for income verification. **If any of this information is not provided, the application will be considered incomplete and will not be processed.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **First & Last Name** | **Date of Birth** | **SEX**  **Male/Female** | **Relation to Head of Household** | **Social Security**  **Number** |
|  |  |  | HEAD |  |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

1. Please list all types and sources of income for each household member in Part A. In Part B, please list all deductions for allowable expenses.

## **Summary of Gross Income**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Household Member** | **Type of Income** | **Source of Income,**  **Name of Employer** | **Gross Monthly Amount** | **Gross Amount For next** **12 Months** |
|  | Salaries, Wages,  Including Overtime & Tips |  | $ | $ |
|  | Net Income From  Business or Profession |  | $ | $ |
|  | Trust Income, Interest & Dividends |  | $ | $ |
|  | Pensions and Annuities |  | $ | $ |
|  | Unemployment or  Disability Compensation |  | $ | $ |
|  | Regular Social Security Benefits and/or SSI |  | $ | $ |
|  | Veterans Administration Disability |  | $ | $ |
|  | Public Assistance |  | $ | $ |
|  | Regular Alimony,  Support Payments, Gifts |  | $ | $ |
|  | TANF or Family Independence Program (formerly AFDC) |  | $ | $ |
|  | First $480,00 of any adoption Assistance Payments |  | $ | $ |
|  | First S480.00 of any income of fulltime students |  | $ | $ |
|  | Other Income |  | $ | $ |
|  | Other Income |  | $ | $ |

*This should include all funds received from individuals not in your Household who provide funds to cover Household living expenses.*

**Gross Monthly Income** $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X 12 = **Gross Annual Income** $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **Summary of Adjustments to Gross Income**

|  |  |  |  |
| --- | --- | --- | --- |
| **Expense** | **Description of Cause of Expense** | **Verified** | **Gross Annual Expense** |
| Disabled Child Care/ Home Care Expenses to Facilitate Employment |  |  |  |
| Medical/Disability Expenses in Excess of 3% of Income (elders/disabled) |  |  |  |
| Day care Expenses in Excess of $480.00 to Facilitate Training or Employment |  |  |  |
| Other |  |  |  |
| Other |  |  |  |

1. **List below all assets of all Household members. If necessary, use an additional page.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Household Member** | **Type of Asset** | **Last 4 Digits of Account Number** | **Amount or Value** | **Interest Rate** |
|  | Checking |  |  |  |
|  | Checking |  |  |  |
|  | Savings |  |  |  |
|  | Savings |  |  |  |
|  | CDs or IRAs |  |  |  |
|  | CDs or IRAs |  |  |  |
|  | Stocks/Bonds |  |  |  |
|  | Real Estate |  |  |  |
|  | Insurance Annuity |  |  |  |
|  | Other |  |  |  |
|  | Other |  |  |  |

1. If your household owns one or more motor vehicles or motorcycles, please provide the following

Make of Vehicle Year: Reg. #

Make of Vehicle Year: Reg. #

1. Does anyone in your Household own a pet? If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you or a member of your household ever participated in a housing subsidy program?

Yes No

If yes, what program, where and when did you participate? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you sold, given, loaned or placed in trust any money, real estate or other asset in the past two (2) years? Yes No

If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you receiving, or can you receive any income from any trust funds which were established with household assets? Yes No

If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please list the full addresses of all residential settings (Apartments, houses, shelters, group homes, etc.) in which you (Head of Household) or any adult household members have lived during the past five (5) years. You should either list the landlord (owner) or the Shelter\ Group Home Program Director. The Authority will contact all individuals listed.

|  |
| --- |
| **(1) Current residence: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(mm/dd/yyyy) to Present** |
| Name of Primary Leaseholder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt. #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| City/Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_ |
| Landlord Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Landlord Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| City/Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_ |
| Names of all household members who lived at this address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Did this landlord bring any court action against the leaseholder or you? (check one)  yes  no |
| Did this landlord return your security deposit? (check one)  yes  no  n/a |
|  |
| **(2) Previous residence: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(mm/dd/yyyy) to \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mm/dd/yyyy)** |
| Name of Primary Leaseholder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt. #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| City/Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_ |
| Landlord Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Landlord Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| City/Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_ |
| Names of all household members who lived at this address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Did this landlord bring any court action against the leaseholder or you? (check one)  yes  no |
| Did this landlord return your security deposit? (check one)  yes  no  n/a |
|  |
| **(3) Previous residence: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(mm/dd/yyyy) to \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mm/dd/yyyy)** | |
| Name of Primary Leaseholder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt. #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| City/Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_ | |
| Landlord Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Landlord Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| City/Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_ | |
| Names of all household members who lived at this address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Did this landlord bring any court action against the leaseholder or you? **(check one)**  yes  no | |
| Did this landlord return your security deposit? **(check one)**  yes  no  n/a | |

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| --- |
| **(4) Previous residence: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(mm/dd/yyyy) to \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mm/dd/yyyy)** |
| Name of Primary Leaseholder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt. #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| City/Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_ |
| Landlord Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Landlord Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| City/Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_ |
| Names of all household members who lived at this address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Did this landlord bring any court action against the leaseholder or you? (check one)  yes  no |
| Did this landlord return your security deposit? (check one)  yes  no  n/a |

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| --- |
| **(5) Previous residence: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(mm/dd/yyyy) to \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mm/dd/yyyy)** |
| Name of Primary Leaseholder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt. #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| City/Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_ |
| Landlord Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Landlord Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| City/Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_ |
| Names of all household members who lived at this address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Did this landlord bring any court action against the leaseholder or you? (check one)  yes  no |
| Did this landlord return your security deposit? (check one)  yes  no  n/a |
| Names of all household members who lived at this address: |

1. Are you living in a residence in which the lease is not in your name but for which you contribute rent?

Yes No

1. Have you or any member of your household ever been evicted from housing or removed from a residential

program? Yes No

If yes, WHAT Housing Authority? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Who should the Authority contact in case of an emergency? Emergency Contact

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

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

City or Town & Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Criminal Record:**

1. Have you or any member of you household who will reside in the unit been convicted of a misdemeanor in the last five years? Yes No

If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you or any member of your household who will reside in the unit been convicted of a felony in the last ten years? Yes No

If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you or any member of your household subject to a lifetime registration requirement under a state sex offender registration program?

Yes No

**NOTE:** Information received from local criminal history databases as well as the Dru Sjodin National Sex Offender Database for you and/or any other adult or juvenile household members to the extent allowed by state and local law will be reviewed. Information from the National Criminal Information Clearinghouse (NCIC) may also be obtained.

Failure to respond to the question may jeopardize the approval of your application.

1. We need to determine your household's ability and willingness to meet the lease requirements of the Authority. A copy of the lease will be provided upon request. Unanswered questions will require this application being treated as incomplete.

|  |  |  |
| --- | --- | --- |
| 1. Are you able and willing to pay your rent in full when it is due? | Yes | No |
| 1. Are you able and willing to take responsibility for the behavior of all guests and household members while they are on or about the development? | Yes | No |
| 1. Are you and your household able and willing to conduct yourselves in such a manner as to permit the peaceful and quiet enjoyment of the development by other residents? | Yes | No |

I understand that this application is not an offer of housing. I certify that the information contained in this application is true and complete under pains and penalty of perjury. I authorize the Authority to make inquires to verify the information I have provided on this application. I understand that it is my responsibility to immediately inform the authority of any change in address or household composition.

Applicant's Signature Date

Co-Applicant's Signature Date

OMB Control # 2502-0581

Exp. (02/28/2019)

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 Assist with Recertification Process  Unable to contact you Change in lease terms  Termination of rental assistance Change in house rules  Eviction from unit Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  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)

**NOTICE TO ALL APPLICANTS:**

**REASONABLE ACCOMMODATIONS ARE AVAILABLE FOR APPLICANTS WITH MENTAL AND/OR PHYSICAL DISABILITIES**

The Revere Housing Authority (RHA) does not discriminate against applicants on the basis of mental or physical disabilities. In addition, the RHA 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 RHA 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 RHA’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 RHA, 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 RHA has assigned Robin Perry, Tenant Selector as its Accommodation Coordinator. If you need an accommodation because of a disability, please complete the attached form and return it to the RHA addressed to his/her attention. 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 RHA’s housing or program. Within thirty (30) days of receipt of your request and documentation, the Accommodation Coordinator will contact you to discuss what the RHA 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.

