



70 COOLEDGE STREET  
REVERE, MASSACHUSETTS 02151  
TEL: 781-284-4394  
FAX: 781-284-0065  
[www.revereha.org](http://www.revereha.org)

Dear Applicant:

Enclosed please find our application for Carl Hyman Towers  
**One-bedroom units for Elderly/Young Disabled individuals**

Carl Hyman Towers is *SMOKE FREE*

**Elderly/Disabled Applicants:**

You must be 62 years old or Handicapped for this Federal Program.

**Income Limits are based on the U.S. Department of Housing and Urban  
Developments (HUD) Income Limits for the Boston area**

**Preferences and Priorities:**

- Revere Residents
- Veterans



**Carl Hyman Towers  
50 Walnut Ave  
Revere, MA 02151**



7/25/2024



Application for  
Carl Hyman Towers  
50 Walnut Ave  
Revere, MA 02151

This box is for Office Use Only	
Date of Receipt:	_____
Time of Receipt:	_____
Control Number:	_____
Barrier free:	_____
First Floor:	_____
Elderly Handicapped:	_____
Race and/or Ethnicity:	_____
Priority /Preference Category:	_____
Language:	_____

**Incomplete applications will not be processed.** Please complete all information requested on the application. **If a question is not applicable, please write N/A.** **Make sure you sign the last page.** **If you need additional space to provide an answer, please attach an additional sheet(s).** **Once completed please mail or hand carry to the Revere Housing Authority main office.**

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

Current Residence Address: \_\_\_\_\_ Apt No: \_\_\_\_\_

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

Primary Phone #: \_\_\_\_\_ Secondary #: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt No: \_\_\_\_\_

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

Primary Spoken Language: \_\_\_\_\_

Primary Written Language: \_\_\_\_\_

\*Type of Public Housing You are Applying For:  Elderly  Non-Elderly, Handicapped

Note: To be eligible for Federal elderly/handicapped housing you must be 62 years old or a person with a handicap. If you have a handicap, the handicap must be other than a history of drug or alcohol abuse, you must provide certification by a doctor clearly stating that you have a handicap, and it is expected to be of a long and indefinite duration lasting at least six months.



**Local Preference:** *In addition to receiving local preference for the City or Town where you principally reside, you may receive local preference based on where you are employed.*

Please answer the following:

- Provide the name of the City/Town in which you are employed: \_\_\_\_\_
- Provide the dates of employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Home Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Veteran Preference:** You may apply for Veteran Preference if you are a Veteran, the spouse, surviving spouse, dependent parent or child or divorced spouse with a dependent child of a Veteran.

If you wish to apply for Veteran Preference, list the dates of U.S. military service. Include service dates for service in the U.S. Army, Marine Corps, Coast Guard, Air Force or National Guard.

**Service Date:**

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**A Copy of the Veteran's Department of Defense Form DD214 must be submitted with this application.**

Do you have any special needs due to a disability or need a reasonable accommodation such as a first-floor unit for medical reasons, or a wheelchair accessible apartment?  yes  no

Please Specify: \_\_\_\_\_

Are you currently living in a non-permanent transitional housing which is subsidized under the Massachusetts Alternative Housing Voucher Program?  yes  no

**Please list all other states that you or any member of your household, who will live in the unit, have resided in:**

**Are you or a household member a full-time student**  yes  no

**Have you, or any member of your household, ever received housing assistance from this or any other housing agency?**  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?

yes  no

If NO, please explain: \_\_\_\_\_



Does anyone in your household own a car?  yes  no

Make of car: \_\_\_\_\_ Year: \_\_\_\_\_ Reg. Number: \_\_\_\_\_

Make of car: \_\_\_\_\_ Year: \_\_\_\_\_ Reg. Number: \_\_\_\_\_

**Members of household to live in unit, including Head of Household:**

First & Last Name	Relationship To Head of Household	Social Security Number**	Sex	Date of Birth	Occupation* <ul style="list-style-type: none"><li>• Employed</li><li>• At Home</li><li>• Handicapped</li><li>• Student</li></ul>
	Head				

\* This information will be used to verify income, assets, and criminal record information.

\*\* Employed, at home, Handicapped, or Student

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**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 case of an emergency.**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Home phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Home phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Do you have any Animals?**  yes  no

Please describe: \_\_\_\_\_

\*The RHA has a Pet Policy



## INCOME BEFORE DEDUCTIONS

Estimate the Gross Income anticipated for ALL Household Members from all sources for the next 12 months. Specify all sources.

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		\$	\$
VA Disability Income		\$	\$
Public Assistance		\$	\$
Regular Alimony, Support Payments, Gifts		\$	\$
Other Income		\$	\$

**TOTAL GROSS INCOME:** \$ \_\_\_\_\_

## EXPENSES

Un-reimbursed Medical Expenses:	\$
Alimony of Child Support Payments:	\$
Health Insurance:	\$
Other (i.e. expense for care of sick children, or sick incapacitated person if necessary for employment)	\$

**TOTAL EXPENSES:** \$ \_\_\_\_\_



# ASSETS

Have you sold, transferred, or given away any real property or assets in the last three (3) years?  yes  no

<b>If YES:</b>	Date of sale / transfer:	Month	_____	Day	_____	Year	_____
	Amount of the sale / transfer:						
	Value of the sale / transfer:						

If yes, please provide the address: \_\_\_\_\_

Please list below the assets of everyone to live in the unit. Include all bank accounts, stocks and bonds, trusts, real estate, etc.

**DO NOT** include clothing, furniture, or cars.

Household Member	Asset Type	Asset Value or Current Balance	Name of Financial Institution	Account Number
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		

Are you a Board Member, employee, or a member of the immediate family of an employee of a board member of this housing Authority?  yes  no If so, this will not necessarily disqualify your application.

If Yes, Please Explain:

## How did you hear about us?

RHA Website  Search Engine  Word of Mouth  Other (specify) \_\_\_\_\_



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

(1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Home phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Home phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**List Addresses for each Adult Household Member for the Last Five Years in Reverse Order. Please list primary lease holder (head of household) if someone other than yourself. (Use additional sheet if necessary)**

(1) Name of Primary Leaseholder: \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_ Date From: \_\_\_\_\_ **Current:** \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Landlord Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Landlord City/ \_\_\_\_\_

Address: \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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) Name of Primary Leaseholder: \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_ Date From: \_\_\_\_\_ To: \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Landlord Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Landlord Address: \_\_\_\_\_ City/ \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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) Name of Primary Leaseholder: \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_ Date From: \_\_\_\_\_ To: \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Landlord Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Landlord Address: \_\_\_\_\_ City/ \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

**CRIMINAL & SEX OFFENDER BACKGROUND INFORMATION**

Federal and State law requires RHA to obtain drug and criminal background and sex offender registration information about all household members applying for assisted housing. To enable us to do this, all household members aged 18 or older must answer the following questions. RHA will deny the application of any applicant who does not provide complete and accurate information on this form.

**Please Print**

Name: \_\_\_\_\_  
First, Middle Initial, Last

1. Have you ever been evicted from federal, or state assisted housing for drug-related criminal activity?  
 yes     no
2. Do you currently use illegal drugs or abuse alcohol?  yes     no
3. Are you currently subject to a lifetime registration requirement under a state sex offender registration program?  
 yes     no
4. Have you been convicted of any drug-related crime?  yes     no
5. Have you ever been convicted of any felony?  yes     no
6. Have you ever been convicted of any crime involving fraud or dishonesty?  yes     no
7. Have you ever been convicted of any crime involving violence?  yes     no
8. Are you currently charged with any of the above criminal activities?  yes     no
9. Have you ever used or been known by any other name?  yes     no
10. If yes, please list names used: \_\_\_\_\_

I understand that the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection or termination of my lease. I understand that RHA will conduct a CORI and a background check on me.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**APPLICANT'S CERTIFICATION:**

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I understand that this application is not an offer of housing. I understand that a Housing Authority will make no more than one offer of an appropriate 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 preferences that were granted on the prior application for a three (3) year period.

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 a Housing Authority. **I understand that it is my responsibility to inform the Revere Housing Authority in writing of any change of address, income, or household composition.** I authorize the Revere 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 denial of my application. 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. **I understand that the Revere Housing Authority will request Criminal Offender Record Information from the Criminal History Systems Board and perform credit checks and internet searches 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: \_\_\_\_\_



**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 (specify):

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 COMPENSATION, U.S. DEPARTMENT OF VETERANS AFFAIRS, FEDERAL, STATE, OR LOCAL BENEFITS, BANK AND OTHER FINANCIAL INSTITUTION (ASSET INCOME, INTEREST, IRA, CD'S, STOCK & 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, SCHOOL AND COLLEGES (TUITION AND FEES), CHILD CARE EXPENSES (DAY CARE).

I hereby give you my permission to release this information to the Housing Authority. I would appreciate your prompt attention in supplying the information requested on the attached page to the 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 cooperation in this matter.

\_\_\_\_\_  
(signature)

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

**THIS AUTHORIZATION IS VALID FOR A PERIOD OF ONE YEAR FROM THE DATE NOTED ABOVE.**



**FAIR INFORMATION PRACTICES ACT**

**STATEMENT OF RIGHTS**

Local Housing Authorities collect information about applicants and tenants for their 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. Where permitted by law, it may be released to government agencies, other housing authorities, and to civil or criminal investigators and prosecutors. Otherwise, the information will be kept confidential and only used 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 the 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. If we receive a legal order to release the information, we will notify you.
3. You and your authorized representative have 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 we collect and use your information.
5. You may object to the collection, maintenance, dissemination, use, accuracy, completeness, or type of information we hold about you. If you object, we will investigate your objection and will either correct the problem or make your objection part of the file. If you are dissatisfied, you may appeal to the Executive Director who will notify you in writing of the decision and of your right to appeal to the Department of Housing and Urban Development.

I have read and understand this Fair Information Practices Statement of Rights and have received a copy for future reference. This form must be signed, dated and mailed with your application.

Signature: \_\_\_\_\_  
Head of Household

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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.







## Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

### A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.
  1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
  2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
2. The five racial categories to choose from are defined below: You should check as many as apply to you.
  1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
  2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
  3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
  4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
  5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.



**Verification of Handicapped Status for Elderly/ Handicapped Public Housing**

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

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

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

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

I hereby authorize release of the following information: \_\_\_\_\_ *(Applicant's Signature)*  
The Revere 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 Selection Coordinator

(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 or No

Comments: \_\_\_\_\_  
\_\_\_\_\_

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

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 or No

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

Other comment: \_\_\_\_\_

**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

\_\_\_\_\_  
Print Name

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.



**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 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 programs. 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.

**Request for Reasonable Accommodations/Modifications**

From: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Applicant Name (please print) Area Code/Telephone Number

\_\_\_\_\_  
Address Town/City, State, Zip

1. On account of my disability, I request the following be done in order to permit me to have equal opportunity to use and enjoy the housing or public or common use areas or to participate fully in the Housing Authority’s programs, activities, or services: (Describe)

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

2. This request for a reasonable accommodation/modification is necessary so that I can:

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

3. Documentation needed to verify the existence of my disability and my disability-related need for the accommodation/modification is attached. (Attach appropriate documentation)

I attest that the foregoing information is true and correct.

\_\_\_\_\_  
**Signature of Applicant or Resident** (or authorized representative) **Date**



**STUDENT STATUS AFFIDAVIT**  
**Each Household member who is 18 or older must sign this form**

Applicant/Resident Name: \_\_\_\_\_

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

Are you or a household member a student who enrolled as either a part time or full-time student at an institute of higher education for the purpose of obtaining a degree, certificate, or other program leading to a recognized educational credential?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered no, please skip the following questions and sign below.

If you answered yes, please complete the following questions:

**YES**      **NO**

1. Are you a graduate or professional student? \_\_\_\_\_

2. Are you disabled? \_\_\_\_\_  
If yes, were you receiving Section 8 assistance as of November 30, 2005 \_\_\_\_\_

3. Are you at least 24 years of age? \_\_\_\_\_

4. Are you a veteran of the United States military? \_\_\_\_\_

5. Are you married? \_\_\_\_\_

6. Do you have a dependent child? \_\_\_\_\_

7. Will you be living with your parents? \_\_\_\_\_

If no: Are your parents receiving or eligible to receive Section 8 assistance?  
Are you claimed as a dependent on your parent's tax return? \_\_\_\_\_

8. Are you classified as a Vulnerable Youth? \_\_\_\_\_

A student meets HUD's Definition of vulnerable youth when:

- a) The individual is an orphan, in foster care, or a ward of the court or was an orphan, in foster care, or a ward of the court at any time when the individual was 13 years of age or older;
- b) The individual is} or was immediately prior to attaining the age of majority, an emancipated minor or in legal guardianship as determined by a court of competent jurisdiction in the individual's State of legal residence;
- c) The individual has been verified during the school year in which the application is submitted as either an unaccompanied youth who is a homeless child or youth (as such terms are defined in section 725 of the McKinney-Vento Homeless Assistance Act) or as unaccompanied, at risk of homelessness.

10. Are you receiving any financial assistance to pay for your education? \_\_\_\_\_

If yes, please list the sources of financial assistance: \_\_\_\_\_

**PENALTIES FOR MISUSING THES CONSENT:** Title Section 1001 of the US code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant 'nay 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). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

**Signature of Applicant/Resident:** \_\_\_\_\_

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

