

SCITUATE HOUSING AUTHORITY

791 Country way Scituate, MA 02066
Phone: 781-545-3375 Fax: 781-544-0058

The Scituate Housing Authority is a SMOKE FREE agency.

Office Use Only:	Date Stamp:
Time of Receipt: _____	
Control Number: _____	
Race: _____	
Priority Category: _____	
Preference: _____	
First Floor: <u>Yes / No</u>	

FEDERAL HOUSING APPLICATION

Incomplete applications will not be processed. Complete all information and sign where requested. If a question is not applicable, please write N/A. If necessary to complete this application, you may request a reasonable accommodation due to a disability.

1. Legal First Name _____ Legal Last Name _____

Address of Current Residence _____ Apt. No _____

City/Town _____ State _____ Zip Code _____

Mailing Address _____ Apt. No _____

City/Town _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

2. Type of Public Housing You Are Applying For:

Elderly: Federal (Central Park)

Non-Elderly/Handicapped: Federal (Central Park)

Note: To be eligible for elderly/handicapped housing you must be at least 62 years old for federally-aided housing, or handicapped. If handicapped, your handicap must be other than a history of alcohol/drug abuse. If you have a handicap, you must provide certification by a doctor clearly stating that you have a handicap and it is expected to be of long and indefinite in duration, lasting at least six months. In addition, the SHA will need to determine that certain special architectural features OR low rent housing is not available in the private market AND that the applicant is faced with living in an institution or decadent substandard housing OR the applicant is paying excessive rents.

There are only ONE bedroom units and efficiency/studio units available.

Will you accept an efficiency/studio unit Yes No

3. Special Needs: (Please check off)

Do you have any special needs due to a disability or need a reasonable accommodation? Specify: _____

Do you have the ability to climb stairs?

Yes No

Do you need a wheelchair accessible apartment?

Yes No

4. Racial Designation: (Responding to this question is optional.) Your status with respect to tenant selection procedures maybe 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) _____

5. Language: Please indicate your primary language

6. Members of household to live in unit, including head of household:

First Name, Middle Initial & Last Name	Relation to Head of Household	Sex	Racial Designation*	Ethnic Designation**	Date of Birth	Social Security
	HEAD					

*Racial Designation: American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; White; Other (Specify)

**Ethnic Designation: Hispanic/Latino or Non-Hispanic/Latino

Responding to the above asterisked *, **) categories is optional

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

7. Is a change in the household composition expected? Yes No

If yes, what type of change? _____

When? _____

8. INCOME BEFORE DEDUCTIONS

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

Household Member Name	Source of Income	Source of Income	Gross Income For Next 12 Months
	Salaries, Wages, Including Overtime/Tips		
	Net Income From Business or Profession		
	Social Security Benefits and/or SSI		
	VA Benefits		
	Pensions and Annuities		
	Unemployment or Disability Compensation		
	Trust Income and Interest & Dividends		
	EAEDC. or Public Assistance		
	Alimony, Support Payments, or Monetary Gifts		
	Other Income		

TOTAL GROSS INCOME \$

9. ASSETS: List below the assets of everyone to live in the unit. Include all bank accounts, certificates of deposit, stocks and bonds, IRA'S, real estate (house, land, mobile home), etc. DO NOT include clothing, furniture or cars.

Household Member	Asset Type	Asset Value
		\$

Has anyone to live in the unit sold, transferred or given away any real estate or asset in the last three years? Yes No

If yes, please explain: _____

10. EXPENSES: List below the out pocket monthly expenses of the household Do not include Utilities, Clothing, Furniture, and cars.

Household Member	Expense Type	Amount
	Health Insurance	
	Co-pays	
	Alimony/Child Support	
	Other (i.e. expense for care of sick children, or sick incapacitated person if necessary for employment)	

11. Does anyone in your household own a car? Yes No

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

Name: _____ Phone number: _____ Address: _____ City _____ State _____ Zip Code _____

Name: _____ Phone number: _____
 Address: _____ City _____ State _____ Zip Code _____

13. Landlord References: List Addresses for the Last Five Years in Reverse Order: (attach additional sheet if necessary)

Current Address (Street, City, State): _____ From: _____ To: Present

Full Name of Property Owner: _____ Telephone: _____

Address of landlord (Street, City, State): _____

Did this landlord bring any court action against the leaseholder or you? Yes No



Address: (Street, City, State) _____ From: _____ To: _____

Full Name of Property Owner: _____ Telephone: _____

Address of Landlord (Street, City, State): _____

Did this landlord bring any court action against the leaseholder or you? O Yes O No

Address: (Street, City, State) _____ From: _____ To: _____

Full Name of Property Owner: _____ Telephone: _____

Address of Landlord (Street, City, State): _____

Did this landlord bring any court action against the leaseholder or you? O Yes O No

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

This includes rental assistance programs. O Yes O No

Name of Head of Household at that time: _____ Relation to Applicant _____

Name of Housing Agency: _____

Complete address of rental assisted unit _____

Date Moved Out: _____ Reason Moved Out: _____

Did you leave as a tenant in good standing? O Yes O No

If no, please explain: _____

15. 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.) O Yes O No

If yes, please explain: _____

16. Do you have any pets? O Yes O NO

Please request a pet application to be completed.

If yes, please list type of animal and weight _____

17. Criminal Background: Have you or any member of your household who will live in the unit ever been convicted of a misdemeanor? O Yes O No

Have you or any member of your household who will live in the unit ever been convicted of felony? O Yes O No

If either answer is yes, please explain: _____

18. Emergency Reference: Name 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.

Name: _____ Relationship: _____
Address: _____

Telephone Number: _____ Email: _____

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 conventional unit. If I do not accept that offer, my application will be withdrawn.

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 Scituate 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 all information on this application for public housing must be verified before eligibility is determined by the Scituate Housing Authority.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.

Applicant's Signature: _____ **Date:** _____ \

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

I, the above named individual(s), have authorized the Scituate Housing Authority to verify the accuracy of the information which I have provided to the Scituate Housing Authority, from the following sources (specify):

ANY RELATIVE DOCUMENTATION DEEMED A REQUIREMENT TO COMPLETE THE SCREENING PROCESS OF THIS APPLICATION.

I hereby give you my permission to release this information to the Scituate 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 Scituate Housing Authority within five (5) business days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original.

Applicant's Signature

Date



AUTHORIZATION FOR RELEASE OF INFORMATION FROM LANDLORD

I, the above named individual, have authorized the Scituate Housing Authority to verify the accuracy of the information which I have provided to the Housing Authority from the following sources (specify): LANDLORDS

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.

Applicant's Signature

Date

AUTHORIZATION TO RELEASE INFORMATION

I, the above named individual, hereby authorize the Scituate Housing Authority to perform criminal background checks. I also authorize each agency from whom this criminal background check is requested to release to the Scituate Housing Authority any and all information which it presently has in its files relative to my criminal record including my charges or convictions, either pending, under appeal or in final disposition.

Applicant's Signature

Date

NOTE TO APPLICANT: Pursuant to G.L. ch. 6 s. 168 Housing Authorities are granted access to Criminal Offender Record Information (CORI) including conviction data and pending criminal charges, for the purpose of tenant selection only and shall not be otherwise used or disseminated.

I understand that the Housing Authority will perform Criminal Background Checks on all adult members of the household.

FAIR INFORMATION PRACTICES ACT STATEMENT OF RIGHTS

The Scituate Housing Authority collects 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 regards 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 or 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 Community Development.

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

Signature _____ Date _____

EACH OF THE ABOVE AUTHORIZATIONS IS VALID FOR A PERIOD OF ONE YEAR
FROM THE DATES NOTED ABOVE.