

Wakefield Housing Authority

26 Crescent Street
Wakefield, MA 01880-2430
Tel. (781) 245-7328
Fax. (781) 245-5136
(NYNEX TTY) – (800) 439-2370

Dear Applicant:

Enclosed please find our application for conventional housing.

Elder/Disabled Applicants:

Age: You must be 62 years old or disabled for the Federal Programs.

If you are under 62 years of age and wish to be considered as a disabled applicant for the Federal Program, you must provide the Authority with documentation which indicates that you comply with both the statutory and regulatory definitions of a handicapped person. For your convenience, we are attaching a form letter to be given to your physician to complete.

Income for Federal housing:

Federal Housing:	1 person	\$41,500
	2 people	\$47,400

Crystal View
101 Broadway



CRYSTAL VIEW IS SMOKE FREE HOUSING



I am interested in Elderly/Disabled Housing.....

How old do I have to be before I can apply?

For the state housing you need to be either 60 years old or disabled.

For the federal housing you need to be either 62 years old or disabled.

Are there any preferences or priorities?

We have a local preference for both our state and federal public housing.

For the state housing: If you or your spouse were a veteran and you live in Wakefield, we can also give you a veteran preference.

If you are in an emergency situation, we have emergency applications available for our state housing. Some examples of an emergency situation might be that you cannot remain in your current home because of medical needs – you live on the third floor and are now in a wheel chair. Or, your landlord is selling the house and you must leave. These types of situations are considered emergencies because they are through no fault of your own. If you think you may have an emergency, you should talk with the staff at the housing authority.

What types of verifications and checking do you do?

First we do a CORI (Criminal Offender Record Investigation). We will also ask you to sign landlord reference forms. When your name is near the top of the waiting list, we will verify your income and deductions.

How much will my rent be?

Rent is based on income. You will pay 30% of your net income. Your rent includes your electric and heat. The only other bills you might have would be for telephone and cable.

What is “net” income?

We take your gross income (social security, pension, interest from bank accounts, etc.) and subtract your deductions (medical costs, prescriptions, elderly deduction, health insurance, etc.) to arrive at your “net” income. We then multiply that by 30% to arrive at your rent.

How much can I have in assets?

Assets can be unlimited. You can even own a home. But you must remember that the interest from your assets is added to your income. For example, if you have a mutual fund and it paid a \$1,000 dividend, the \$1,000.00 would be added to your income. If you own a home, the market value of the home multiplied by .06% would be considered the income from your asset and would be added to your gross income.

Do I need to pay first month, last month and security?

No. Your rent starts the day you move in. If you move in during the middle of the month, we pro-rate the rent for the number of days you are in the unit for that month.

I have a pet. Can I bring my pet with me to live in housing?

We have a “Pet Policy” which allows our tenants to have a pet. There are guidelines as to the size of the pet; responsibilities and medical needs. We have a “pet deposit” in the amount of \$160.00 or one month’s rent (whichever is the least). This may be paid in three monthly installments.

Can I own a car?

Yes. While parking is very limited, we always find our tenants parking spaces.

Can I still work?

Yes. You can still work while you live in public housing, but your income must remain below the income limits. In the state housing you can work for up to 20 hours a week at minimum wage and this amount is not applied toward your income for rent purposes.

THIS BOX IS FOR OFFICE USE ONLY

Date/Time Stamp #1	(For Resident Section Use Only)	Initials	Date
Time Stamp #2			
Application Complete	Yes	No	_____
Entered into Logbook	Yes	No	_____
File created		Yes	No _____
Categorically Eligible		Yes	No _____
Wakefield Resident/Employee	Yes	No	_____
Entered MCS database	Yes	No	_____
Approval/Denial letter sent	Yes	No	_____

**CRYSTAL VIEW IS
SMOKE FREE HOUSING**

**Wakefield Housing Authority
26 Crescent Street
Wakefield, MA 01880-2430
(781) 245-7328
FAX (781) 245-5136**

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. 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. Make sure you sign the last page.

1. (a.) Name of Applicant: _____
 - (b.) Address or Current Residence: _____ Apt. No.: _____
 - (c.) City/Town _____ State _____ Zip Code _____
 - (d.) Mailing Address _____ Apt. No.: _____
 - (e.) City/Town _____ State _____ Zip Code _____
 - (f.) Home Telephone () _____ - _____ Work Telephone () _____ - _____
2. Type of Public Housing you are applying for: Federal Elderly/Handicapped

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

3. Do you have a place of employment in Wakefield? Yes No

4. Do you have any special needs due to a disability? Yes No

Please specify: _____

Do you need a wheel chair accessible apartment? Yes No

5. **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.

American-Indian Asian _____ Black Hispanic White Other (specify)

6. Members of household to live in Unit, including Head of Household:

Name: First, Middle, Last	Relationship	Social Security Number*	Sex*	Date of Birth*	Occupation or Student Status
	HEAD	- -		/ /	

*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. Specify all sources.

Household Member	Name and Address of Employer or Source of Income	Gross Income for Next 12 months
Name	Salaries, Wages, (Including Overtime/Tips)	\$
	Net Income From Business or Profession	\$
	Trust Income, Interest & Dividends, Pensions and Annuities	\$
	VA Disability	\$
	Regular Unemployment or Disability Compensation	\$
	Regular Social Security Benefits and/or SSI	\$
	T.A.F.D.C. or Public Assistance	\$
	Regular Alimony	\$
	Support Payments, Gifts	\$
	Other Income	\$
TOTAL GROSS INCOME		\$

9. **EXPENSES:**

<i>If necessary</i> for Employment	\$
Unreimbursed Medical Expenses	\$
Alimony Payments	\$
Health Insurance	\$
Disability related expenses (Transportation)	\$
Other	\$
TOTAL EXPENSES \$	

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

Household Member	Type of Asset	Account Number Or Location	Amount or Value	Interest Rate
	Checking			
	Checking			
	Savings			
	Savings			
	CD's or IRS's			
	Stocks			
	Bonds			
	Real Estate			
	Insurance Annuity			
	Cash			

11. Have you sold, given or placed in trust any money, real estate or other asset in the past two years? If yes, please describe: _____

12. Are you receiving any income from any trust funds which were established with household assets? If yes, please describe: _____

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

Make of Car _____ Year _____ Reg. Number _____

Make of Car _____ Year _____ Reg. Number _____

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

(a.) Name: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip _____

(b.) Name: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip _____

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

(a.) Address (Present): _____ Apt. # _____ From: _____ To: _____

City/Town: _____ State: _____

Name of Landlord: _____ Telephone: _____

Landlord Address: _____

(b.) Address (Present): _____ Apt. # _____ From: _____ To: _____

City/Town: _____ State: _____

Name of Landlord: _____ Telephone: _____

Landlord Address: _____

(c.) Address (Present): _____ Apt. # _____ From: _____ To: _____

City/Town: _____ State: _____

Name of Landlord: _____ Telephone: _____

Landlord Address: _____

(d.) Address (Present): _____ Apt. # _____ From: _____ To: _____

City/Town: _____ State: _____

Name of Landlord: _____ Telephone: _____

Landlord Address: _____

16. 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: _____

17. Are you a Board Member, employee, or a member of the immediate family of an employee or Board Member of the Wakefield Housing Authority? (If so, this will not necessarily disqualify your Application.) Yes No

If YES, please explain:

18. Do you have any Pets? Yes No

If YES, please describe:

19. **Emergency Reference:** Name of a relative or friend not planning to live with you. We will contact this person if we are not able to reach you or in cases of an emergency.

Name: _____ Relationship: _____

Address: _____

City/Town: _____ State: _____ Telephone: _____

20. **Criminal Record:**

(a.) Have you or any member of your household who will live in the unit been convicted of a crime?

Yes No

If YES, please explain:

(b.) Do you or any member of your household who will live in the unit have any criminal matters pending?

Yes No

If YES, please explain:

21. Are you and each member of your household a U.S. Citizen, or do you and each household member at least possess eligible immigrant status which can be verified with the U.S. Immigration and Naturalization Service? You will be required to complete a certification form (Application Addenda #1)

Yes No

FAIR INFORMATION PRACTICES ACT STATEMENT OF RIGHTS

The Wakefield 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 the file. If you are dissatisfied, you may file a grievance under the housing authority's grievance procedure.

APPLICANT'S CERTIFICATION:

I understand that this application is not an offer of housing. I understand that the Wakefield 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 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 the Wakefield Housing Authority. **I understand that it is my responsibility to inform the Wakefield Housing Authority, in writing, of any change of address, income, or household composition.** I authorize the Wakefield 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 Wakefield Housing Authority will request Criminal Offender Record Information from the Criminal History Systems Board for all adult members of the household.

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

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY

Applicant's Signature: _____

Date: _____

Reviewer's Signature: _____

Date: _____

Wakefield Housing Authority

26 Crescent Street
Wakefield, MA 01880-2430
Tel. (781) 245-7328
Fax. (781) 245-5136
wakeha@rcn.com

Name of Physician _____

Physician's Address _____

PHYSICIAN'S VERIFICATION OF HANDICAPPED STATUS FOR FEDERAL-AIDED ELDERLY/HANDICAPPED HOUSING

Applicant's Name

Date: _____

Applicant's Address

I hereby authorize release of the
following information.

Applicant's Signature

The Housing Authority is required by state regulations to obtain a physician's certification documenting 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 any questions, please contact our office. Thank you for your anticipated cooperation.

Sincerely,

Housing Manager

TO BE COMPLETED BY PHYSICIAN

1. Does the applicant have a physical or mental impairment which substantially impedes his or her ability to live independently?

YES NO

If yes, please describe the impediment: _____

2. If your answer to question 1 above is "yes", is the impairment one other than a history of alcohol or substance abuse?

YES NO

3. What is the anticipated duration of the impairment? _____ (If definite, so specify).

4. Would more suitable housing conditions improve the applicant's ability to live independently?

YES NO

If "yes", please explain how the ability to live independently would be improved:

5. Is there a current generally accepted drug treatment, prosthesis or other form of medical treatment available to treat the impairment or causative condition and thus to significantly lessen the impediment to independent living?

YES NO

If yes, please describe the treatment and its anticipated effect: _____

PHYSICIAN'S CERTIFICATION

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

Signature M.D. Date: _____

Name: _____ Address _____

Telephone: () _____

CERTIFICATION OF CITIZENSHIP OR ELIGIBLE IMMIGRANT STATUS

This form must be completed for **each** household member. Parents or legal guardians will sign for children under the age of eighteen.

Misrepresentation of information is grounds for termination of assistance. Information provided on this form is subject to verification with the Immigration and Naturalization Service (INS). **Please print in a legible manner.**

Name: _____
Last First Middle

Date of Birth: _____
Month/Day/Year

- I declare that I am a United States Citizen
- I choose not to declare my citizenship or eligible immigrant status.
- I declare that I have eligible immigrant status as defined by the INS and am at least 62 years of age. (Checking this box requires proof of age)
- I declare that I have eligible immigrant status as defined by one of the INS documents in the attached chart and can present the document in an original form (not a copy) as evidence of my status.

I certify that the above representations are true as of the date of this certification	
_____	_____
Name	Date
Signed under pains and penalties of perjury (18 USC 1001 and 1010)	

If signed on behalf of a minor, please initial the following statement.

I am at least 18 years of age, a member of the assisted household, and I am the legal guardian for the child listed above. Initials: _____

Acceptable INS Documentation for Purposes of Eligible Immigrant Status

INS Form #	Type of Form	Status Criteria
1-551	Alien Registration Receipt Card (AKA "Green Card")	Permanent Resident Alien Status
1-94	Arrival-Departure Record with annotation	Admitted as Refugee pursuant to Section 207
		Section 208 or Asylum
		Section 243(h) or Deportation Stayed by Attorney General
		Paroled pursuant to Section 212(d)(5) immigration Naturalization Act (INA)
1-94	Arrival-Departure Record Without annotation	Letter from an INS Asylum Officer granting Asylum and application filed on or after 10/1/90
		Letter from an INS District Director granting Asylum if application filed before 10/1/90
		Final court decision granting Asylum (no appeal)
		Court decision Withholding of Deportation
		Letter from an INS Asylum Officer granting Withholding of Deportation and application filed on or after 10/1/90
1-688	Temporary Resident Card	With "Section 245A" or "Section 210" annotation
1-688-B	Employment Authorization Card	With "Provision of Law 274s.12(11)" or "Provision of Law 274a.12" annotation
INS Receipt	Request for Replacement Documents	Must be for one of the accepted documents and status listed above.

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

The Wakefield Housing Authority (WHA) does not discriminate against applicants on the basis of mental or physical disabilities. In addition, the WHA 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 WHA 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 WHA'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 (for example, the household of tenancy must be able to pay rent, to care for the apartment, to report required information to the WHA, 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 WHA has assigned Sandra Gass, as its Accommodation Coordinator. If you need an accommodation because of a disability, please complete the form on the back of this notice and return it to the WHA address to her attention. You must also submit medical documentation verifying the existence of a disability, consequent limitations and the need for an accommodation to overcome these limitations and to participate in the WHA'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 WHA can reasonable do to accommodate you on account of your disability.

If you, or a member of your household, have 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 ACCOMMODATION

TO: Sandra Gass, Accommodation Coordinator
Wakefield Housing Authority
26 Crescent Street
Wakefield, MA 01880

FROM: _____ Control No. _____
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 program. (Describe)

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

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

Signature of Applicant

Date