

Wakefield Housing Authority

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

Dear Applicant:

Enclosed please find our application for Elderly Supportive Housing at Hart's Hill Heights

Hart's Hill Heights is SMOKE FREE

Elder/Disabled Applicants:

Age: You must be 62 years of age for this Federal Program.

Income for Federal Housing: 1 person \$47,000

2 people \$53,700

Preferences and Priorities:

- Wakefield Residents
- Those living in the Mystic Valley Elder Services service area (Malden, Medford, Melrose, Stoneham, Reading and North Reading)
- Those at risk of being in a long-term care facility
- Residents of a long-term care facility that would like to relocate to supportive housing within the community.



HART'S HILL HEIGHTS

50 HART'S HILL ROAD WAKEFIELD, MA 01880

HART'S HILL HEIGHTS IS SMOKE FREE HOUSING

HART'S HILL HEIGHTS

50 HART'S HILL ROAD
WAKEFIELD, MA 01880

HART'S HILL HEIGHTS IS SMOKE FREE HOUSING

Supportive Low Income Housing for Persons 62 and Older

Managed by: Wakefield Housing Authority, 26 Crescent Street, Wakefield, MA 01880
Phone (781) 245-7328 Fax (781) 245-5136 Mass Relay (800) 439-2370

Name of Applicant: _____

Address of Current Residence: _____ Apt. No. _____

City/Town: _____ State: _____ Zip Code: _____

Mailing Address: _____ Apt. No. _____

City/Town _____ State _____ Zip Code: _____

Home Telephone () _____ Work Telephone () _____

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

Name	Relationship	Social Security Number*	Sex	Date of Birth	Occupation**
	HEAD				

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

** Employed, at home, Handicapped, or Student

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

Do you need a wheel chair accessible apartment? (Circle one) YES NO

Racial Designation: (Responding to this question is optional.) Your status with respect to tenant selection your household in that Minority Category. (Circle one)

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



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: \$

ASSETS

Do you own any real estate? (Circle One) YES NO

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.

[illegible]

EXPENSES

Unreimbursed Medical Expenses	\$
Disability Expenses (i.e. durable medical equipment, personal care assistance	\$
Health Insurance and Long Term Care Premiums	\$
Other	\$

TOTAL EXPENSES: \$ _____

PREFERENCES:

Do you live, work or have been hired to work in Wakefield? (Circle one) YES NO

Do you live, work or have been hired to work in the Mystic Valley Elder Services (MVES) service area, other than Wakefield? (MVES Service Area includes Malden, Medford, Melrose, Everett, Stoneham, Reading, North Reading and Wakefield). (Circle One) YES NO

Are you at risk of being placed in a long term care facility? (Circle one) YES NO

If yes to any of the above, documentation and additional screening will be required in order to qualify for a preference.

Does anyone in your household own a car? (Circle one) YES NO

Make of Car _____ Year _____ Registration No: _____

Make of Car _____ Year _____ Registration No: _____

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

(1) Name: _____ Telephone #: () _____
Address: _____ City: _____ State: _____ Zip: _____

(2) Name: _____ Telephone #: () _____
Address: _____ City: _____ State: _____ Zip: _____

List Addresses for each Adult Household Member for the last five years in reverse order:

(1) Address: _____ Apt. No.: _____ Dates: From _____ to Present.
City/Town: _____ State: _____ Zip: _____
Name of Landlord: _____ Telephone: () _____
Landlord Address: _____ City _____ State _____ Zip _____
Did this landlord bring any court action against you? Circle One YES NO

(2) Address: _____ Apt. No.: _____ Dates: From _____ To _____
City/Town _____ State: _____ Zip: _____
Name of Landlord: _____ Telephone: () _____
Landlord Address: _____ City _____ State _____ Zip _____
Did this landlord bring any court action against you? Circle One YES NO

(3) Address: _____ Apt. No.: _____ Dates: From _____ To _____

City/Town _____ State: _____ Zip: _____

Name of Landlord: _____ Telephone: () _____

Landlord Address: _____ City _____ State _____ Zip _____

Did this landlord bring any court action against you? Circle One YES NO

Have you sold or transferred any property in the past five years? (Circle One) YES NO

Explain: _____

Date of Transfer _____ Address of Property: _____

Have you, or any member of your household, ever received housing assistance from this or any other housing agency? (Circle one) YES NO

If YES: Name of Head of Household at that time: _____

Relation to Present Applicant: _____

Name of Housing Agency: _____

Date Moved Out: _____

Reason Moved Out: _____

When you moved out were you in compliance with the lease and other program requirements?
(Circle one) YES NO

If NO, please explain: _____

Do you have any pets? (Circle One) YES NO

Please describe: _____

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.

Name: _____ Relationship: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Telephone: () _____ () _____

Criminal Record:

Have you or any member of your household who will live in the unit been **charged or convicted** of a felony or misdemeanor? (Circle one) YES NO

If YES, please explain: _____

Do you or any member of your household who will live in the unit have any criminal matters pending? (Circle one) YES NO

If YES, please explain: _____

APPLICANT'S CERTIFICATION:

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 Housing Authority in writing of any change of address, income, or household composition.** I authorize the Housing Authority to make inquiries to verify the information I have provided in this application. I certify that the information I have given in this application is true and correct. I understand that any false statement or misrepresentation may result in the denial of my application. **I understand that the 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: _____

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.

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

PHA requesting release of information; (Cross out space if none)
(Full address, name of contact person, and date)

IHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAS for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

PHA-owned rental public housing
Turnkey III Homeownership Opportunities
Mutual Help Homeownership Opportunity
Section 23 and 19(c) leased housing
Section 23 Housing Assistance Payments
HA-owned rental Indian housing
Section 8 Rental Certificate
Section 8 Rental Voucher
Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA 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 the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may 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, the HA or the owner responsible for the unauthorized disclosure or improper use.

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.

☐ Check this box if you choose not to provide the contact information.

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)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> 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.	

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 Law 102-55- authorizes the Department of Housing and Urban Development (HUD) to collect all the information(except Social Security Number(SSN) which will be used by HUD to protect disbursement from fraudulent actions.