

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 Lincoln School House

Lincoln School House is *SMOKE FREE*

Elder/Disabled Applicants:

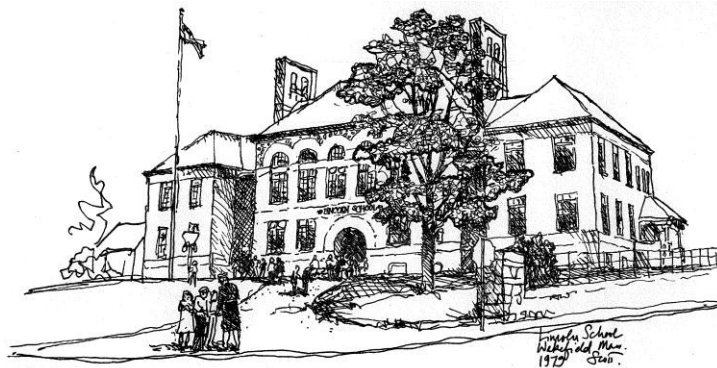
Age: You must be 62 years old or Handicapped for this Federal Program.

Income for Federal Housing:

1 person	\$57,900
2 people	\$66,200

Preferences and Priorities:

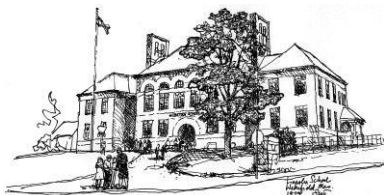
- Wakefield Residents
- Veterans



Lincoln School House

**26 CRESCENT STREET
WAKEFIELD, MA 01880**





Control# _____

Lincoln School House

THE LINCOLN SCHOOL HOUSE IS SMOKE FREE

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 () _____

I work in Wakefield (Circle one) YES NO

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

Name	Relationship	Social Security Number*	Sex	Date of Birth	Total Gross Income
	HEAD				

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

1. Were you age 62 or older as of January 31, 2010? YES _____ NO _____
2. Did you have a social Security number at that time? YES _____ NO _____
3. Were you receiving HUD rental assistance at another location as of January 31, 2010?
YES _____ NO _____

** 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 wheelchair accessible apartment? (Circle one) YES NO



Types of Housing You are applying for? (Circle)

Elderly Non-Elderly 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.

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 _____

Veterans Preference: You may apply for Veteran Preference if you are a Veteran, the spouse or surviving spouse of a veteran, parent or other dependent 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.

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

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
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		

EXPENSES

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

TOTAL EXPENSES: \$ _____

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: _____

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:

Are you or any member of your household who will live in the unit subject to lifetime state sex offender registration?

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 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 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: _____

Applicant's Signature: _____ Date: _____



Wakefield Housing Authority

26 Crescent Street
Wakefield, MA 01880-2430
Tel. (781) 245-7328
Fax. (781) 245-5136
cwalsh@wakefieldhousing.org

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 federal 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,

Christine Walsh
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



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 Christine Walsh, 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 reasonably 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: 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



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:			
Mailing Address:			
Telephone No:	Cell Phone No:		
Name of Additional Contact Person or Organization:			
Address:			
Telephone No:	Cell Phone No:		
E-Mail Address (if applicable):			
Relationship to Applicant:			
Reason for Contact: (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <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 </td> <td style="width: 50%; vertical-align: top;"> <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: _____ </td> </tr> </table>		<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: _____
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Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.			
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.			

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

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

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 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 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: _____ Date: _____

Head of Household

