

# Wakefield Housing Authority

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

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Dear Applicant:

Enclosed please find our application for conventional housing.

Elder/Disabled Applicants:

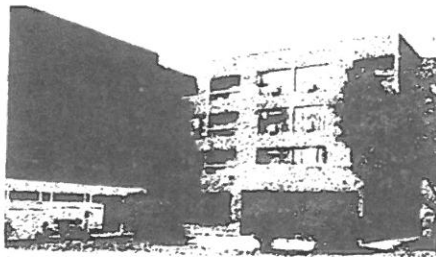
Age: You must be 62 years old or disabled for the Federal Programs.

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	\$51,950
2 people	\$59,400

## Crystal View 101 Broadway



### CRYSTAL VIEW IS SMOKE FREE HOUSING

May 1, 2023

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  
Time Stamp #2

(For Resident Section Use Only)

Initials Date

**CRYSTAL VIEW IS  
SMOKE FREE HOUSING**

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	_____

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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

9. **EXPENSES:**

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

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 \_\_\_\_\_

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:

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(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:

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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

## 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.

**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.